



## Equality Impact Assessment

### Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy Performance and Resources (RPPR) 2018/19:</b>
<b>Proposed review of Milton Grange and Firwood House Intermediate Care Services</b>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

### Contents

Equality Impact Assessment .....	1
Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA) .....	2
Part 2 – Aims and implementation of the proposal, project or service ...	5
Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics. ....	8
Part 4 – Assessment of impact .....	11
Part 5 – Conclusions and recommendations for decision makers .....	24
Part 6 – Equality impact assessment action plan .....	26
Appendix 1: Care Act duties on information and advice .....	28

## **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.**

East Sussex County Council is reviewing the intermediate care bed services provided by Milton Grange and Firwood House in order to deliver £1,232,000 savings.

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

The review will look at the impact of closure or other savings options such as re-provision. This review is closely linked to a related review of day services at Milton Grange and Warwick House.

East Sussex County Council is reviewing the intermediate care bed services provided by Milton Grange.

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

Audrey Franks, Operations Manager – Directly Provided Services

Shane Heber, Head of Service – Directly Provided Services

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

As Milton Grange and Firwood House both provide services for older people with disabilities (especially mental health), it is likely that those who are elderly and disabled will be affected by this proposal, as well as those with caring responsibilities.

### **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 review and subsequent proposal will be conducted by East Sussex County Council, Adult Social Care, and will be led by Shane Heber, Head of Service and Audrey Franks, Operations Manager.

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

East Sussex Hospitals Trust and the two Clinical Commissioning Groups – Eastbourne Hailsham and Seaford and Hastings and Rother CCGs - both provide services and/or staff at Firwood House and Milton Grange.

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

The proposals are as a consequence of the strategic planning activity in response to the council's RPPR (Reconciling Policy, Performance and Resources) process.

As well as meeting our duty under the Care Act 2015 to meet eligible care and support needs, we have described our duties under the Care Act (Information and Advice) at Appendix one. This would be crucial in signposting people to find appropriate care and support – as well as advice for carers.

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

People are referred through Health & Social Care Connect, Adult Social Care's and Health's contact centre, which also provides a referral service for health professionals in the NHS.

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

Clients may be referred through a number of sources including Hospitals, A&E departments, GPs, social work teams.

Assessments are carried out using the adult social care assessment process. Referrals are processed by HSCC. On receipt of new referrals, staff at Milton Grange /Firwood House will visit the person either at home or at hospital to explain about the service and gain a greater understanding of specific needs. This pre-screening will also explore the suitability of the service in relation to the person's needs and whether or not they are ready for rehabilitation.

They will also consider any specific health and dietary related needs, any moving and handling issues, transport requirements, medication requirements as well as gathering essential information relating to next of kin, (emergency contacts, GPs etc), and gain an understanding of the social activities the individual enjoys. They will then design a care plan to meet these needs and agree date of transfer if the persons needs can be met at Milton or Firwood.

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

Milton Grange and Firwood House both offer 'intermediate care'. Intermediate care is best described as 'a short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or inappropriate admission to hospital or residential care. The care is person-centred, focused on rehabilitation and delivered by a combination of professional groups.<sup>1</sup>

Milton Grange is located in Eastbourne. Of the 37 beds, 19 provide a 'generic service' which includes an integrated team of professionals providing nursing and therapy to support people with a range of physical needs and enable them to return home after a stay in hospital.

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<sup>1</sup> <https://www.kingsfund.org.uk/sites/default/files/Developing-Intermediate-Care-guide-health-social-services-professionals-Jan-Stevenson-Linda-Spencer-The-Kings-Fund-July-2009.pdf>

The remaining 18 beds support older people with mental health needs and provide specialist nursing care and therapy. The aim of the service is to enable people to return to their own homes following a period of rehabilitation, thus reducing the risk of re-admission to hospital. Firwood House is located in Hampden Park. The 19 beds provide a 'generic service' which includes an integrated team of professionals providing nursing and therapy to support older people with a range of physical needs to enable them to return home after a stay in hospital, and reducing the risk of re-admission. The service at Firwood is jointly delivered by staff from Adult Social Care and East Sussex Hospitals Trust.

Both services operate 24 hours every day of the year.

The services at Milton and Firwood support timely discharges from hospital and prevent admissions to hospital where possible. The services at Milton Grange and Firwood House are supported by an on-site multidisciplinary team consisting of Physiotherapists, Occupational Therapists, and Nurses. There is a visiting Pharmacy and GP service. Additionally, the service at Milton Grange also includes Social Workers and Mental Health professionals.

It is this multi-disciplinary approach which makes these services unique in the county. Although other care services exist, the integrated team providing short term support (usually for up to 6 weeks) for people is achieving very positive outcomes. According to 2016/17 data, referenced by the Care Quality Commission, 90.5% of people aged 65+ who received rehabilitation or reablement services after discharge from hospital were still at home 91 days after discharge. This was higher than similar areas (nationally) where 81.7% were still at home after 91 days and the England average was 82.5%.<sup>2</sup> Client compliments for the service also bear this out.

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<sup>2</sup> East Sussex Local System Review, CQC, page 35

**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
<b>x</b>	Complaints	<b>x</b>	Risk Assessments
	Service User Surveys		Research Findings
	Census Data	<b>x</b>	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

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

None

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

- On line public consultation
- Inclusion Advisory Group
- Comments forms available at both sites

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

**Overall themes from public consultation:**

**Firwood House specific themes**

- People said don't make savings here and that the current service works well.
- People value the rehabilitation it provides. It helps get people ready to go home and improve their independence.



- People said that access to a physio and support with exercising made the biggest difference in getting them ready to go home.

### **Milton Grange intermediate care specific themes**

- People said the service shouldn't be closed and that it will be more expensive in the long term for the Council and the NHS.
- People value the rehabilitation that this high quality service provides.
- The service also provides valuable residential respite for carers of people with dementia and allows them to cope with their caring role.
- It helps to get people ready to go home and improve their independence.
- Having a high quality service with good support from staff made the biggest difference in getting people ready to go home. Access to assessments made a difference too.

### **Firwood House**

- **Value most:** People value the high quality service that it offers. They praised the staff who are friendly and supportive. They said the value the rehabilitation it offers and is an essential service which helps to prevent delayed transfers of care.
- **Biggest difference in getting ready to go home:** People said that the support of helpful and caring staff made the biggest difference. Access to a physio and support with exercising are important. Having a high quality service and getting help to go home.
- **Suggestions:** People said don't make savings here and suggested limiting the use of expensive agency staff.
- **If the service were to close how would people be affected:** Eastbourne District General Hospital would be affected through increasing delayed transfers of care. It will have a negative impact on people who need this sort of support and their families and carers. There will be more pressure on the NHS locally and people may end up in care homes. Where would people go instead?
- **Any other comments:** The service shouldn't be closed. It is a silly idea to consider closing a service that stops delayed transfers of care. Eastbourne would lose a vital service.

### **Milton Grange intermediate care**

- **Value most:** People said that they value the high quality service it provides. They praised the staff who are friendly and supportive. The service provides residential respite for carers and helps avoid delayed transfers of care at the hospital. People value the rehabilitation the service provides.
- **Biggest difference in getting ready to go home:** Having a high quality service with good support from staff. The service helped rebuild their confidence and gave them access to assessments. Time to regain their strength and get help to return home was important too.

- **Suggestions:** People said don't make savings here and suggested limiting the use of expensive agency staff.
- **If the service were to close how would people be affected:** Eastbourne District General Hospital would be affected through increased delayed transfers of care. It will have a negative impact on people who need this sort of support and their families and carers. There will be more pressure on the NHS locally and people may end up in care homes. Where would people go instead?
- **Any other comments:** The service shouldn't be closed. It is essential. Look at other areas for savings. Closing the service would cause delayed transfers of care and Eastbourne would lose a vital service.

### Sample quotes:

#### Intermediate care

"These facilities have considerable expertise at supporting vulnerable people. If they were closed there is a huge safety issue and a risk that this expertise could be lost and the care provided compromised."

"We are concerned that the closure of these two institutions compromises patient safety and would add extra cost to the health and social care system through increased cost of care of social care at home or institutions, and in an increased number of hospital bed days."

#### Inclusion Advisory Group 14 March 2018

- Concerns raised (particularly within ESSA) about meeting intermediate need should Milton Grange & Firwood House close. Fear and unrest has been whipped up by the press.
- The impact of the proposals are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours should not be underestimated. Such drastic changes can result in the upheaval and detriment to many lives the long-term effects of which (isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.
- Although there's been an increase of people for whom English is not their first language, this hasn't been reflected in demand for interpreters as many have a good level of English. People from Black and Minority Ethnic (BAME) communities have been consulted a number of times over the years, and the perceived lack of action has led to distrust and engagement fatigue. These groups and communities are often used as a scapegoat which is divisive and potentially dangerous, and an individual cited an increase in anti-Semitic harassment.
- The group feel that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.

**Part 4 – Assessment of impact**

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

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

The overall population of East Sussex is 527,209 (2011 Census data) and projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

Age	Population
15-29	83,791
30-44	90,220
45-64	147,613
65+	120,722

ESIF Dataset: Census Population in 2011 – Districts:

Age groups	All people	0-14	15-29	30-44	45-64	65+
Geography						
England & Wales	56,075,900	9,891,200	11,183,200	11,515,200	14,263,400	9,223,000
South East	8,634,800	1,535,300	1,604,100	1,761,300	2,252,300	1,482,000
East Sussex	526,700	85,000	83,700	90,800	147,500	119,800
Eastbourne	99,400	15,600	18,400	18,200	24,800	22,300
Hastings	90,300	15,700	17,200	17,600	24,400	15,300
Lewes	97,500	15,800	14,900	16,900	27,800	22,200
Rother	90,600	13,200	12,000	13,000	26,500	25,700
Wealden	148,900	24,600	21,300	24,900	43,900	34,000

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data).

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

The services are for older people therefore this cohort will be directly impacted. Some of the services are for people who have a Dementia diagnosis which is more common in older people. Clients have frailty and physical needs, as well as mental health needs.

- 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?**

Older people are likely to be more affected by the proposals – not only clients but their families and carers.

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

Negative impact would arise if these services were closed, and may result in unnecessary admissions to hospital/ delayed discharges from hospital and a reduction in the opportunity to return home.

In the absence of alternative short term specialist intervention, some people would have no alternative but to move to long term care which may not be their preferred choice. Clients may take longer to recover without access to the specialist intervention provided by these services.

Clients would be more likely to be readmitted to hospital at a future date than if they had the opportunity of an intermediate care service.

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

Commissioning of suitable alternative services should existing services cease.

It would be important to source facilities near to peoples home wherever possible.

- f) Provide details of the mitigation.**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

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

See above

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

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

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

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

The majority of clients who receive a service at Milton Grange or Firwood House will be older and thus have a range of physical and mental health needs associated with the ageing process.

**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

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

Currently older people with physical disabilities and mental health needs can receive onsite therapy and nursing enabling them to return home and maintain their independence. This may affect their psychological wellbeing as people experience longer periods away from home and their routine, and the associated anxieties of this. Without these services people may need to access acute care, and remain in hospital if appropriate rehabilitation is not available.

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

If the services close and are provided in an alternative way, for example – by a range of external providers - it should meet a wide range of needs (both mental and physical) as clients may have sensory impairments, physical disabilities and/ or mental health conditions.

The unique nature of the current service provision at Milton Grange and Firwood House means that there is unlikely to be a like-for-like alternative. Therefore, any future services should be modelled on the current services (ie, a multidisciplinary approach) in order to continue to provide the same level of support and same positive outcomes for future clients.

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

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

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

See above.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

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

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups’ migration and other societal changes. Largest overall minority populations are ‘White other’ and ‘Asian and Asian British’.

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	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

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

Ethnicity information isn't collected from clients, however a sample of clients are sent customer satisfaction surveys. Data from completed surveys indicate that people from black and ethnic minorities use services in line with population data.

**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?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances. It has greater impact if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

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

A neutral Impact is anticipated.

**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?**

Data from the 2011 Census shows the population of East Sussex to be **527,209**, broken down into the following gender and age groupings:

East Sussex	Total	18+	18-64	65+	18-64 %	65+ %
<b>Female</b>	<b>273,142</b>	222,604	154,510	68,094	69.4	30.6
<b>Male</b>	<b>254,067</b>	200,320	147,692	52,628	73.7	26.3
<b>All people</b>	<b>527,209</b>	422,924	302,202	120,722	71.5	28.5

Source: ONS Mid Year Population Estimates 2011 (based on Census) released 25/9/11 by ONS

Limited data on the number of transgender people in East Sussex is available.

A gender/transgender question is included in Adult Social Care's satisfaction survey to better understand the needs for this group and to ensure an appropriate service response. Data from 241 "About You" forms were analysed as part of the "Listening To You" satisfaction questionnaires from the summer of 2017.

The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

- 2% of respondents stated they were transgender
- 2% of respondents said they preferred not to say,
- 96% of respondents stated they were not transgender.

Source: ASC Listening To You Results, October 2017

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

As this is a short term service it is not possible to predict the ratios of male or female clients who would be affected in the future if this service were to cease.

No information is held about transgender clients, although clients are randomly sampled and surveyed for the Listening to You customer satisfaction reports (as shown above).

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

It is anticipated that there will be a neutral impact. However, it's important to note that transgender men and women express concern about the need to use care and support services (as above).

As women form the slight majority of clients there may be larger numbers affected however the service is open to all genders.

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

Neutral.

There may be an additional cross-impact with the proposals around carers services; where it is acknowledged that working age women have the majority of caring relationships in East Sussex for older people.

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

It is important for providers to be aware of the personal care needs of any individual transgender person (including regular medical support) and to be aware of confidentiality issues arising from both good practice and the provisions of the Gender Recognition Act.

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

N/A

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

N/A



**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?**

A neutral impact is anticipated.

**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?**

A neutral impact is anticipated.

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

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

A neutral impact is anticipated.

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

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

Estimates of the UK LGB population generally vary between 5%-7% of the overall population ([www.stonewall.org.uk](http://www.stonewall.org.uk)). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. <http://www.eastsussexjsna.org.uk/briefings.aspx>.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	560759 12	92230 73	16.4	409616 1	7.3	5126912	9.1
South East	863475	14820	17.2	656272	7.6	825748	9.6

	0	20						
<b>East Sussex</b>	<b>526671</b>	<b>11976</b>	<b>3</b>	22.7	52124	9.9	67639	12.8
Eastbourne	99412	22303		22.4	9363	9.4	12940	13
Hastings	90254	15401		17.1	6803	7.5	8598	9.5
Lewes	97502	22154		22.7	9623	9.9	12531	12.9
Rother	90588	25763		28.4	11174	12.3	14589	16.1
Wealden	148915	34142		22.9	15161	10.2	18981	12.7

Age	All people	65+	65+ LGB (5%)
Geography			
England and Wales	56075912	9223073	
South East	8634750	1482020	
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>5988</b>
Eastbourne	99412	22303	1115
Hastings	90254	15401	770
Lewes	97502	22154	1107
Rother	90588	25763	1288
Wealden	148915	34142	1707

Limited data on the sexuality of the residents of East Sussex is available.

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

Although this information isn't routinely collected from clients, a sexual orientation question is included in Adult Social Care's satisfaction survey. Data from 280 "About You" forms were analysed as part of the "Listening To You" satisfaction questionnaires from the summer of 2017. The questionnaires were sent to a random sample of clients and carers who had had relevant assessments or reviews. The responses received showed:

Heterosexual/Straight	91%
Other	0%
Prefer not to say	6%
Gay man	1%

Bi/Bisexual	1%
Gay woman/Lesbian	0%

Source: ASC Listening To You Results, October 2017

**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?**

LGB older people may have greater anxiety than other older people about care and support; especially in a residential setting. Many people will not ‘come out’ to service providers unless it is clearly safe to do so. Not being able to do so has a negative impact on mental health in itself. It is important that care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive on sexual orientation- including providing staff training on practical support.

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

People who need intermediate care in the future may experience delays in accessing appropriate services. They may need to stay in hospital for longer. The lack of available intermediate care service may compromise their opportunity to return to their own homes resulting in more people being admitted prematurely to long term care. Stress and anxiety will be increased which in turn may negatively impact on people’s health and well being. This is particularly likely for people who identify as LGB, as continuous disclosure about their sexuality – especially if their partner is a carer for them – could cause additional stress and anxiety, alongside fear of discrimination or judgement.

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

Any specific individual needs relating to a client’s sexuality will be taken into account in individual care plans when considering alternative provision should the decision be closure of services.

It is important that care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive on sexual orientation- including providing staff training on practical support for carers as well as clients themselves.

**f) Provide details of the mitigation**

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

Individual service reviews, client feedback and client survey mechanisms such as Listening to You would play an important part in ensuring the service was being provided as equitably as possible, and in monitoring.

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

See above.

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

**Carers**

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

Provision of unpaid care in 2011 - districts

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
<b>East Sussex</b>	<b>526671</b>	<b>467262</b>	<b>59409</b>	<b>39537</b>	<b>6745</b>	<b>13127</b>
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
<b>East Sussex</b>	<b>100</b>	<b>88.7</b>	<b>11.3</b>	<b>7.5</b>	<b>1.3</b>	<b>2.5</b>
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

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

Current service data suggests around 30% of clients may have carers who would be affected by these proposals.

**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?**

It is likely that there would be a greater impact on these groups than the general population, due to the care and support that they currently provide clients and the extra pressure that this proposal may cause.

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

There is the risk that carers will themselves become ill and disabled as a result of increased pressures.

Many people who access these services are themselves carers. These services support them to recover, return home and resume their caring role. Without these services this opportunity would be limited and would impact on the carer in terms of their ability to resume caring. Consequently there would be a further negative impact on the cared for person perhaps resulting in them moving to long term care prematurely.

When carers are in hospital the intermediate care beds often provide a place of safety for the cared for person enabling the carer to have sufficient time to recover and return home while ensuring the safety of the cared for person. Without these services there would be added pressure on the whole system to find suitable alternative care for the person while their carer recovered.

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

Any future provision will need to consider the needs of carers and the provision of a place of safety should a carer require a hospital admission.

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

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

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

Monitoring of delayed discharge and hospital admissions on residential care will provide evidence of the impact and if the mitigations are working.

**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 (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.
	<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 evidence suggests that if the proposal proceeds in its current form, i.e. possible closure of the intermediate care beds at Milton Grange and Firwood House, there is evidence to suggest there is likely to be a negative impact on people falling within many of the protected characteristics.
x	<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.	It may not be possible to mitigate against this impact, and we have a duty to ensure we continue to meet eligible care and support needs.
	<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	However, if the review produces options which enable the current service to continue, there may be some flexibility in the way in which it is provided which does not require the services to remain in their exact current format.
	<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?**




## Equality Impact Assessment

*Should the proposals be agreed, there will be regular progress updates given to DMT and include monitoring of the equality elements identified in this EqIA.*

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

April 2019

<b>Date completed:</b>	June 2018	<b>Signed by (person completing)</b>	Audrey Franks & Shane Heber
		<b>Role of person completing</b>	RPPR Leads
<b>Date:</b>	June 2018	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

# Equality Impact Assessment

## Part 6 – Equality impact assessment action plan

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

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

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

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

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

**6.1 Accepted Risk**

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
<p>Unique nature of service means that like-for-like replacement in the independent sector would be more difficult to procure. Closure of these services would leave clients and their carers with a significant gap in their care and support provision, and increase the pressure on primary and acute healthcare.</p>	<p>Financial</p>	<p>If closure of the services is recommended by Cabinet, we will need to ensure adequate service provision for this cohort and liaise with NHS colleagues.</p>	<p>DMT</p>	<p>Shane Heber, Audrey Franks</p>	<p>N/A</p>

## Appendix 1: Care Act duties on information and advice

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

**Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.

**Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.

### Online directories

There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – a free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

**East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.