

Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
Removal of Meals in the Community Subsidy

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

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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

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- 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.

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- 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)

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- 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 X marked against them			
	Employee Monitoring Data	x	Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints		Risk Assessments
x	Service User Surveys	x	Research Findings
x	Census Data	x	East Sussex Demographics
x	Previous Equality Impact Assessments		National Reports
x	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). 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:

Primary Support Reason (Long Term Support)	Number of clients	%
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%
Total	679	

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
East Sussex	526671	482769	3966	815	17872	7473	9143	2912	1721
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 65¹. The peak age for caring is 50-64 both locally and nationally¹.
- 2,000 (3%) of carers in East Sussex are aged over 85 years¹
- 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?

¹ 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.

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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.**

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
x	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	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 Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	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
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance	

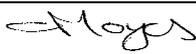
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	equality, provided you have satisfied yourself that it does not unlawfully discriminate	<p>some cases individuals may still need additional support to access a nutritional meal; this will be decided at the point of their assessment.</p> <p>We would not withdraw the subsidy on an individual basis until alternatives had been identified and set out in the person's support plan.</p>
	<p>D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <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?

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

Part 6 – Equality impact assessment action plan

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

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

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

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

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

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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		

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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.			

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 1st 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 1st day of the month

Further details can be found on the East Sussex directory of care, support and wellbeing services 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

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

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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.