



Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
Support for Working Age Adults

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 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills

- Part time workers
- Rurality

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

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

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

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

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

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

1.6.3 *Some key points to note :*

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

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

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

2.1 What is being assessed?

a) Proposal or name of the project or service.

Support for Working Age Adults

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

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

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

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

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

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

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

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

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

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

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

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

Leon Gooding, Head of Service Mental Health

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

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

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

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

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

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

The proposal will be implemented by:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

No complaint has been received about this proposal.

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

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

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

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

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

Part 4 – Assessment of impact

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

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

The overall population of East Sussex is 552,259. East Sussex has a higher than average older population with around 25.4% of people aged over 65, compared to the national average of 18%. There are 294, 807 people aged 45+ (53.3%) (ONS *Mid-Year Population Estimates in June 2018*) in East Sussex, and 21,816 (4%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data). The tables below shows projected figures in 2018 and how there is a growing older population.

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

Population estimates by age for East Sussex and districts.

This is the latest data released in June 2018.

(source: ONS Mid-Year Population Estimates)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

g) Provide details of the mitigation.

If the proposal went ahead, we will:

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

h) How will any mitigation measures be monitored?

Mitigations will be monitored through:

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

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

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

Part 4 Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): [number](#) and [percentage](#)

	All people	People with long term health problem and disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
East Sussex	526,671	107,145	58,902	48,243	419,526
Eastbourne	99,412	20,831	11,209	9,622	78,581
Hastings	90,254	19,956	10,375	9,581	70,298
Lewes	97,502	19,054	10,583	8,471	78,448
Rother	90,588	21,242	11,591	9,651	69,346
Wealden	148,915	26,062	15,144	10,918	122,853

Residents with limiting long-term illness in 2011 - super output areas (source: ONS Mid-Year Population Estimates)

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

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

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

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

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

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

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

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

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

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

f) Provide details of any mitigation.

If the proposal went ahead, we will:

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

g) How will any mitigation measures be monitored?

Mitigations will be monitored through:

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

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact. Race categories are: Colour. E.g. being black or white, Nationality

e.g. being a British, Australian or Swiss citizen, Ethnic or national origins
e.g. being from a Roma background or of Chinese Heritage

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

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

Language Service suppliers report the following languages to be commonly in use in the county (June 2015):

British Sign Language, Mandarin, Czech, Polish, Portuguese, Russian, Bengali, Arabic, Albanian, Lithuanian, Turkish

Ethnicity	All White	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or British	All Black or British	Other ethnic group
England and Wales	86.0	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1.0
South East	90.7	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
East Sussex	96.0	91.7	0.8	0.2	3.4	1.4	1.7	0.6	0.3
Eastbourne	94.1	87.4	1.0	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	93.8	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	96.6	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	97.1	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	97.5	93.8	0.6	0.2	2.8	1.0	1.2	0.2	0.2

Population estimates by **ethnicity** as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates)

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

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

White British	91.5%
White other	2.9%
BME	5.6%

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

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

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

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

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

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

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

If the proposal went ahead, we will:

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

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

Mitigations will be monitored through:

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

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

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

46.2% Female

53.8% Male

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

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

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

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

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

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

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

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

f) Provide details of any mitigation.

If the proposal went ahead, we will:

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

g) How will any mitigation measures be monitored?

Mitigations will be monitored through:

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

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

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

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

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

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

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

Of the remaining 60%, this is the breakdown:

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

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

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

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

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

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
x	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The outcome of this Equality Impact Assessment is that the proposals will have a positive impact on those receiving care packages from ESCC as they will undergo a review following the strength-based approach.
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

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

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

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

Equality Impact Assessment

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

Part 6 – Equality impact assessment action plan

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

x

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)
Develop a phased approach to start the review process of existing clients in receipt of care packages	Develop a methodology to achieve the aim of reviewing 2500+ cases of those currently in receipt of care packages	Head of Operations, ASC	October 2019 – March 2020		

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6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
While undertaking a review of care packages, it is possible that the care packages may have to increase in financial terms. This is a financial risk to the organisation but overall good for the clients being reviewed.	Financial	Yes	DMT	Head of Operations, ASC	

APPENDIX 1

Working Age Adults Action Plan – Draft V3 March 2019

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

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

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		below			
			*1/7/19		
1.4	<p>Budget Management:</p> <p>Finance and HoS to review and agree a standardised finance report for panel to enable funding decision makers to monitor and control expenditure against team / service level efficiency target and to identify when corrective action needs to be taken. To monitor expenditure, the following information needs consideration for inclusion in the report</p> <ul style="list-style-type: none"> • budget for the area of activity for the full year and profiled for the year to date with projected seasonal variances. • actual expenditure to date • future expenditure commitments • balance of annual budget remaining. • Forecast outturn. • Weekly Control expenditure amount (including deceased) • analysis and explanation of any positive or negative variances when comparing expenditure and forecast outturn to budget, together with a documented action plan in order to address adverse variances. 	<p>Martin Halson</p> <p>*George to link with Martin</p>	<p>23/4/19</p> <p>*18/4/19</p>	<p>Finance panel member to take an active role in panel in supporting the funding decision maker with budgetary control.</p> <p>(see Roles and Responsibilities Above)</p>	
1.5	<p>MH Services:</p> <p>MH services to implement a single countywide panel to have oversight of all funded care requests including all current and future East Sussex funded accommodation placements for mental health service users. Ensuring placements are time limited, outcomes focused and reviewed in a timely manner. The panel will also support quality assurance of Care Act and associated assessment by all referrers.</p>	<p>Leon Gooding</p> <p>*George to link with Leon</p>	<p>From 1/4/19</p> <p>*18/4/19</p>	<p>Learning from single panel to be shared at HoS OMT.</p>	<p>Implemented, LG requested to present learning to HOS</p>

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

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		 Workshops planned			HOS OMT
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3.0 Culture and Practice issues	Agencies involved/ Lead person	Target Date	Additional Information	Status (RAG)
<p>3.1 Training package with refreshed practice guidance to be set up for managers and staff to reinforce what a 'good' assessment and support plan should look like; eligibility thresholds; and to ensure the right level of quality assurance is in place to meet our legal duties under the Care Act. Training needs to support a lean and streamlined approach to practice.</p>	<p>Sara Lewis / PSW Assessment & Care Management Operations Managers</p> <p>JLW - Training dates have been scheduled as per the attached</p> <p style="text-align: center;">  Training dates </p>	<p>Guidance to be completed by 23/4/19</p> <p>Training to Start by 1/5/19</p> <p style="text-align: center;">*</p>	<p>Training to be provided to OM's first so they can deliver training to workforce.</p> <p>Training to focus on eligibility threshold, strengths based and outcomes focused practice.</p>	<p>JLW - Training dates scheduled 12-31 July – 2 sessions per locality</p>

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3.2	<p>Training</p> <p>Further training package with practice guidance to be set up to support culture shift and focus on strengths based approaches to practice with a focus on identifying and using community alternatives rather than defaulting to the LA to meet needs.</p> <p>OM to ensure all team members including managers to attend training in year 2019-20.</p>	Sara Lewis / PSW	Ongoing.	This has already started as part of the shift in practice.	*this has been done already - JLW
3.3	<p>Communication:</p> <p>Provide series of information briefings to ASC workforce setting out the refreshed authorisation approach, what is required from frontline practice and training package to support staff.</p>	<p>All Heads of Service</p> <p>*GK to get high level timeline agreed at 23/4 HoS</p> <p>*Gk to share with JLW</p> <p>*JLW to send out detailed comms after Hos Comms</p>	<p>First brief 19/3/19</p> <p>Second Brief</p> <p>23/4/19</p>	Briefings to be presented and discussed in team meetings by OM / PM	

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4.0 Comparison with other LA	Agencies involved/ Lead person	Target Date	Additional Information	Status (RAG)
<p>4.1</p> <p>A back office exercise is undertaken by Performance Team to look at clients receiving Long Term Support with a PSR of Social Support (approximately 150 cases) and recode these where necessary prior to submission of the 2018-19 SALT return.</p>	Steve Darvill	31/3/19	This work is in progress and will also do the same for OP prior to submission of the 2018/19 SALT return	Completed – see attached updates
<p>4.2</p> <p>Mapping to be undertaken by the Performance Team to illustrate where clusters of both high and low cost packages are in East Sussex.</p>	Steve Darvill	23/4/19		Completed – see attached updates