Equality Impact Assessment

East Sussex County Council

Name of the proposal, project or service
Decommissioning of Commissioning Grants Prospectus Older People Outcome

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

Contents

How to use this form

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

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

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

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

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

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

1.3 The Public Sector Equality Duty (PSED)

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

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

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

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

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

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

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

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

- Literacy/Numeracy Skills
- Part time workers
- Rurality

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

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

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

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

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

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

1.6.3 *Some key points to note :*

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

- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

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

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

2.1 What is being assessed?

a) Proposals to reduce funding for:

Services commissioned for Older People through the 2014 Commissioning Grants Prospectus

Outcomes will ensure that local people:

- Are supported to maintain their independence, physical health and mental wellbeing, self care and rebuilding of confidence are promoted;
- Feel they have more choice and control;
- Feel integrated and more connected with the wider community (building social capital);
- Feel less socially isolated; and
- Will be aware of where to access advocacy, advice and information services

The specific services are:

Objective 1 - Support timely return home from hospital and to prevent admission/readmission

Home from Hospital – short term discharge support by volunteers EH & S CCG.

Home from Hospital – short term discharge support by volunteers H&R, HWLH CCGs.

Take Home and Settle – discharge support including transport home from Eastbourne District General and Conquest Hospitals.

Objective 2 - Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Eastbourne Shed – educational, occupational, leisure activity opportunity in Eastbourne.

123 Service – on-going access to day opportunities with different levels of support /transport/ activities.

Befriending service for people with early stage dementia to maintain independence.

Weekly day centre/lunch club promoting independent living for those isolated in the rural Marsham area.

Get Well, Stay Well Newhaven – good neighbours service combatting isolation in the community.

Community participation and activities coordinator in Wealden district.

b) What is the main purpose of these proposals?

Objective 1 - Support timely return home from hospital and to prevent admission/readmission – elements to include:

- Maintenance of independence and rebuilding of confidence;
- Integration and signposting to services in the wider community; and
- Assistance with transport home.

Objective 2 - Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness – elements may include:

- Support to access a range of local social, leisure, educational, community health and recreational activities;
- Promotion of good physical and mental health and self care;
- Empower and support clients to build wider social networks and opportunities through participation in community/group activities to support healthy lifestyles in their everyday life;
- Local volunteer and community involvement;
- Respite for carers; and
- Assistance with transport

c) Manager(s) responsible for completing the assessment

Geraldine O'Shea

2.2 Who is affected by the proposals and how?

Objective 1 (Support timely return home from hospital and to prevent admission/readmission)

A mixed community of people aged 55 years or older and/or their carer who are normally resident in East Sussex.

People who may have care and support needs and/or are in the early stages of dementia and/or who have physical disabilities and long term conditions.

Objective 2 (Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness)

A mixed community of people aged 55 years or older and/or their carer who are normally resident in East Sussex.

People with more complex needs, particularly those with Adult Social Care eligible needs, or at risk of developing eligible needs and/or are in the early stages of dementia and/or who have physical disabilities and long term conditions.

How:

Objective 1- services commissioned under this objective provide practical support (transport from hospital to home and then follow up support once home). If these services are removed this may lead to delays in people returning home, increased risk of admission / readmission to hospital due to failed discharge and may lead to deterioration in their physical and mental health and wellbeing.

Objective 2- services commissioned under this objective provide a range of services to support people to become more involved their community and reduce social isolation. If they are removed this may reduce access to these type of services for some people and may lead to deterioration in their physical and mental health and wellbeing.

2.3 How will the proposals be put into practice and who is responsible for carrying these out?

If the Council decide to go ahead with these budget proposals these services will be decommissioned. A 3 month notice period will be served on providers.

Providers will be asked to communicate this to people using the service at that time and work to identify options for them, where appropriate.

Options may include information and advice about alternative services where available, or referral to ASC for assessment and support planning where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include the service): a letter will be provided to advise them to contact their social worker for review if they are concerned that their eligible needs may no longer be manageable and they require advice and guidance, advocacy or further support planning.

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

The key partners are East Sussex County Council Department - Adult Social Care and Health and the local NHS who are involved as joint investors; and third sector organisations who are currently providing these services. Providers have been advised of this proposal and will be working with ASC and health partners to assist in informing their staff and clients and their carers of this proposal and the consultation process.

It is acknowledged that these services are part of a range of voluntary and community sector services that could support efforts to transform health and social care in East Sussex under East Sussex Better Together. The East Sussex Better Together Programme was set up by the County Council and Clinical Commissioning Groups to provide the best possible health and social care outcomes for the resources we have available. As the County Council faces immediate cuts to its budget we are working with our Clinical Commissioning Group partners to consider the impact this has overall and how we manage the short-term risks to support the long term objectives for transformation.

2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

The proposals are made as part of ESCC's budget planning process, **Reconciling Policy, Planning and Resources for 2016-17**. The Council and Adult Social Care's statutory duties under the **Care Act 2014** will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.

- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being
2. Secondary prevention/early intervention
3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to the primary prevention approach.

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

2.6- 2.8 How do people access or how are people referred to the services, if there is a referral method how are people assessed? How, when and where are the services provided? Please explain fully.

<u>General access to services</u>

All services are expected to market and promote the services to ensure that people can be supported to access services and have the required information to inform choice. This includes fully utilising social media and presenting to key staff groups/ organisations/ forums. Providers have key milestones to achieve in this area and report progress on these in quarterly performance reports provided to ESCC.

<u>General referral method</u>

All services are expected to provide clear and accessible information on the service, eligibility criteria (as appropriate) and who it will benefit to potential referrers so that appropriate referrals are made. Protocols have been established between some of the providers to prevent duplication and support effective referral processes.

Summarised below is additional information on each service:

Objective 1

Home from Hospital services - referrals to the service are countywide from adult social care staff, acute and primary care staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are carried out either over the phone or in person by a trained member of staff either prior to the person leaving hospital or when they have just returned home. Practical/ emotional support is provided by volunteers to person and /or their carer over the telephone or through home visits for up to 6 weeks. Support includes shopping, collecting prescriptions, accompanying frailer patients to appointments, wellbeing calls and referrals to ongoing support.

Take Home and Settle service- referrals are primarily from the Hospital Intervention teams, discharge lounge and ward staff on site at the Conquest and Eastbourne District hospitals. On receipt of referral information, assessments are carried out in person by a trained member of staff prior to the person leaving hospital. Transport home and short term practical/ emotional support is provided by member of staff. Support includes shopping, collecting prescriptions and referrals to ongoing support from HFH service or other services if required.

Objective 2

123 Service -referrals to the service are countywide from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are carried out in person by a trained member of staff in the persons' home. This is a locally-focused volunteer-based service which is provided county wide and aims to establish on-going access to day opportunities. There are 3 support-levels (up to 1 year):

1. Companionship (befriending; shared activities; practical help) to explore options;
2. Transport/escorts to support access to opportunities;
3. Support/encouragement to continue accessing opportunities and maintaining own friendships/networks without the project's involvement.

The service also enables carers to benefit from a short break.

Get Well, Stay Well Service- referrals to the service are from the Newhaven, Peacehaven, Telscombe Cliffs ,East Saltdean and surrounding areas from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are carried out either over the phone or in person by a trained member of staff. This is a locally-focused volunteer-based service which supports through a 'good neighbour' model of support including befriending, support with domestic and practical tasks (help with shopping), a fortnightly social club, carers respite and referrals on to other services.

Eastbourne Shed - referrals to the service are from the Eastbourne area from adult social care staff, self- referrals, family members and other voluntary and community organisations. On receipt of referral information, assessments are in person by a trained member of staff. The 'shed' is in a warehouse in Eastbourne and provides an opportunity for people who may have previously been reluctant/ or not been able to engage in community activities (people living with dementia and those without transport) to pursue practical interests such as DIY, woodwork, model making, to talk to each other, offer peer

support, share skills and meet new people. Support is provided by a paid member of staff and volunteers. The service also enables carers to benefit from a short break.

Befriending service- referrals to the service are countywide from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are in person by a trained member of staff. The service is countywide and provides companionship and social support for people in the early to moderate stages of dementia. Trained volunteer befrienders work with the person with dementia to identify interests, supporting them to plan activities and take part in interesting and entertaining activities which help them stay as independent as possible. The service also enables carers to benefit from a short break.

Weekly day centre/lunch club in Fairlight- referrals to the service are primarily from the Fairlight, Guestling, Icklesham, Winchelsea Beach, Pett Level and Pett areas from adult social care staff, NHS staff, self- referrals and family members and other voluntary and community organisations. This service offers a weekly day centre and lunch club in Fairlight community Hall for elderly, isolated and lonely people. People enjoy a healthy, home-cooked lunch, social interaction, entertainment and physical exercise. Health information, on site toe nail cutting services and a hearing aid maintenance service are also provided. The service also enables carers to benefit from a short break.

Community participation and activities coordinator in Wealden district- referrals to the service are primarily from the TN21/TN22 area from adult social care staff, self- referrals and family members and other voluntary and community organisations. On receipt of referral information, assessments are in person by a trained member of staff. The project initially undertook a survey across Wealden, researching what activities and groups are currently available and what is missing and then organised new learning/socialisation opportunities which included movement to music and Android tablet training sessions in the Wealden area.

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

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

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

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

None

3.3 Are there any potential impacts concerning safeguarding that this assessment should take account of? Please consider any past evidence of safeguarding events or potential risks that could arise.

The total number of concerns received during this period was 4,023. 810 led to a safeguarding enquiry.

Age group	Concerns received
18-64	1374
65-74	485
75-84	864
85-94	1095
95+	183
Unknown	22
Grand Total	**4023**

Age group	Number of enquiries started
18-64	281
65-74	92
75-84	174
85-94	228
95+	33
Unknown	2
Grand Total	**810**

Older people in the oldest age groups are more at risk. The most frequent area of recorded risk is neglect, followed by financial and physical abuse.

Type of abuse	Number of enquiries started
Discriminatory	1
Emotional / Psychological	46
Financial	128
Institutional	1
Neglect	307
Physical	120
Sexual	27
Not yet recorded	180
Grand Total	**630**

3.4 If you carried out any consultation or research explain what consultation has been carried out.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Research and guidance

The guidance on section 2 of the **Care Act 2014** states:

'*it is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach crisis point'.*

'*The local authority's responsibilities for prevention apply to all adults…'*

The guidance also describes three general approaches to prevention,

1. Primary prevention/promoting well- being

2. Secondary prevention/early intervention

3. Delay/ tertiary prevention

The **Social Care Institute for Excellence (SCIE**) has a prevention library of information on emerging practice and research which provides a range of evidence on the potential benefits of practice / services to promote well-being and prevent physical and mental health deterioration in older people and their carers. See link below:

http://www.scie.org.uk/prevention-library/getsearchresults?f_subject_terms=older+people&st=atoz

NICE has just bought out some guidelines (NG22) for Older people with social care needs and multiple long-term conditions
http://www.nice.org.uk/guidance/ng22/chapter/recommendations

Section 1.6.5 advises '*Consider contracting with voluntary and community sector enterprises and services to help older people with social care needs and multiple long-term conditions to remain active in their home and engaged in their community, including when people are in care homes'.*

Stonewall's research Lesbian, Gay and Bisexual People in Later Life (2011) highlights how key risk factors for social isolation affect older lesbian, gay and bisexual people in unique and disproportionate ways.

The research shows that older (over 55) lesbian, gay and bisexual people in Britain are more likely than their heterosexual counterparts to: live alone (41% compared to 28%), be single (41% compared to 28%) and have less contact with family (less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people). Gay and bisexual men and women are also less likely to have children (just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women).

Older lesbian, gay and bisexual people are also therefore nearly twice as likely as heterosexual people to expect to rely on a range of external services as they get older, including GPs, health and social care services and paid help.

Concerns around social isolation are also shown to be high for older transgender people in the **Trans Mental Health Study** 2012 by Jay McNeil, Louis Bailey, Sonja Ellis, James Morton & Maeve Regan:

'There were fears around isolation and ageing, with many people losing family and friends or employment opportunities.

Provider Engagement

Meetings and /or telephone calls have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers.

As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered by ASC to assist with providing any additional information/ support if required.

Public Consultation A full public consultation on the RPPR proposals has taken place between 23rd October- 18th December 2015. This has included a survey, comments and public drop-in events and has been open to clients and carers, member's of the public, providers and other stakeholders.

Inclusion Advisory Group took place on 3rd November 2015. Comments on the proposals are below.

3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Inclusion Advisory Group 3rd November 2015.

The full range of RPPR proposals have been presented to the Inclusion Advisory Group. Key points of feedback below.

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive.

The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

Social isolation is a concern for older people where capacity is being taken out of supported housing and day support services. Likelihood of people needing more hospital care, safeguarding issues and this impact more on people in rural areas.

People on low incomes will also struggle to pay for services or manage to reach services if they live in rural areas.

Intervening when people are in crisis will be distressing for them and their families and costly for ASC and Health services. There will be an increase in people who need social care services and who are eligible for them. It is important not assume that people have family networks who can step in.

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people's choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients - loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.

- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

1. Organise drop in consultation events for full-time workers. Need to arrange evening sessions.
2. Communicate the changes carefully, precisely and clearly to clients and carers.
3. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way to help them survive.
4. Advise about becoming social enterprises.
5. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation.
6. Monitor the delivery of the savings and the ESBT programme progress carefully.
7. Monitor the impact of the changes on existing clients and people whose needs escalate.

Public Consultation results

Comments included general views and comments on particular services, in this case MOPPs, Home from Hospital and Take Home and Settle services. Home from hospital services were recognised as excellent services that should be protected, with a number of people raising the issue of pressure on the NHS and bed blocking if funding stopped. The Parish Council responded regarding MOPPs explaining the value of the service and the fact that the needs of people would still need to be met. Isolation was also mentioned as an issue of removing funding for this service. Increased costs through people needing other services and the risk of voluntary sector closures were also raised. Suggestions included raising Council tax, cutting out duplicate services and cutting admin and management costs.

People will be housebound and isolated, with others being stuck in hospital without help to get home. All of this will put more demands on social care in the long term. Some comments on the range of voluntary sector services which may close which will have a negative cumulative impact on older and disabled people.

'I believe the voluntary sector are already providing much needed services in the community that statutory services have not been able to provide over a number of years. If these cuts go ahead they will be leaving a big gap again for the most vulnerable / disabled in the community. **Home from hospital,** ESDA daily living centre, Hearing Resource. As we are all living longer these services are even more important.'

Age Concern Eastbourne **a**sks Councillors to watch a video of people who use the Eastbourne Shed service as well as commenting on Home from Hospital which has exceeded its targets and is a vital transition service. Stopping the service would affect the work of East Sussex Better Together and increase NHS costs. Eastbourne Shed is an innovative service that has been a model for other local groups. Stopping funding would increase social isolation with direct impacts on peoples' mental and physical health.

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

'Who will do this service if **Home from Hospital** closes? What will happen to those discharged from hospital? This service provides a helping hand to get clients back on their feet so they can help themselves. They need this helping hand at this important time. Not everybody has a family or kind neighbours to help them. This is short term help by caring volunteers. What will happen if this help is withdrawn. Think about the consequences.'

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

'If Marsham Older People's Project (MOPP) were to close due to not receiving their funding then members would not get to go out once a week and have access to the services they provide, such as hearing aid maintenance and toe nail cutting. As well as social interaction with their peers -the members would be housebound and isolated. Possibly resulting in depression and loneliness which may have an impact in other areas such as the health service.'

Age UK submitted client feedback from the Take Home and Settle service which illustrates the perceived impact of removing this type of service:

"13 of 36 who responded said they would have stayed in for another night and 18 said they may have stayed in longer. 21 of the 36 that if the service didn't exist they would have had no one to support them, while 11 said family and friends would have supported them and 1 said they would have received professional support. 35 people said it would be a significant loss if the service had to stop and 1 said it would be a loss. Comments included: "I would have made my own way home by public transport against the advice of the hospital staff". "I would have had to stay in hospital longer or wait a long time for transport". "I would have had to wait for equipment which might result in another fall."

The impact on carers (both in their caring role and with support needs in their own right) has also been highlighted by several respondents, including the multiple impact of savings made across several voluntary sector services at once:

'…. we wish to note that funding for carers' services has not been included in the savings proposals, and we welcome ASC's recognition of carers. That said, carers' primary concern is that those they look after are safe and well cared for, and the loss of many of the services, and indeed organisations, that may be affected would have a significant impact on carers and those they care for.

We expect the savings to increase the intensity of caring roles, and to reduce carers' access to respite and practical support beyond that offered by dedicated carers' services. For carers, this is likely to translate into increased stress and physical health problems, greater difficulties in juggling caring and employment, and reduced finances. The impact of this will be felt by statutory social care services, but also health.

Whilst we find it hard to prioritise some services over others, those services of particular importance to carers include: Advocacy, Welfare and benefits advice, **Home from Hospital, Take Home and Settle**, and the Disability Living Centre. '

'Many carers also have their own care needs, and risk feeling the effect of cuts to services multiple times, both as a carer and service user. '

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Part 4 – Assessment of impact

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

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

Population estimates by age groups as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

These services are primarily aimed at and accessed by people over 55. Data provided by providers on clients using these services for the period October 2014- September 2015 who responded to a request for information on their age is as follows[1]:

Objective 1 **Support timely return home from hospital and to prevent admission/readmission**

Under age 54 = **15** people

Age 55 plus = **1701** people

Age 65 plus = **1585** people

Age 85 plus = **792** people

Preferred not to say their age = **45.**

Objective 2 **Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness**

Under age 54 = **23** people

Age 55 plus = **676** people

Age 65 plus = **618** people

Age 85 plus = **158** people

Preferred not to say their age = **8**

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

People over 55 and in particular people over 85 access these services (Objective 1 and 2) and therefore will be affected more than those in the general population. Within this age group a number of people will have carers or be carers and therefore will also be more affected than the general population.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

If these proposals are implemented this may lead to delays in people returning home from hospital, increased risk of admission / readmission to hospital due to failed discharge, which may

[1] It should be noted that the quality of this data has been verified by ESCC and some minor discrepancies were identified. However in general the data primarily provides an accurate overview of the protected characteristics in this report where this data has been used.

lead to deterioration in their physical and mental health and wellbeing and lead to increased health, care and support needs.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

If these proposals are implemented this may reduce access to these type of services for some people and therefore increase social isolation which may lead to deterioration in their physical and mental health and well -being and lead to increased health, care and support needs.

d) What are the proposals' impacts on different ages/age groups?

These proposals will have most impact on people over 55 and in particular people over 85 who primarily access these services. Within this age group a number of people will have carers or be carers and therefore will also be more affected.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as family members may have moved to another area, spouses/ partners/ carers may also be frail and unable to assist or are deceased.

Support with transport may be required due to other demands on hospital transport, reduced or non-existent available public transport to rural areas or expensive private transport. Following on from this, support once home may be also be limited due to family members living in other areas, spouses/ partners/ carers also being frail and unable to assist or deceased.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented

Case study- Take Home and Settle Service

A client in their mid-sixties was admitted with a broken pelvis. She had moved to the area about a year ago with her husband after he had retired. This meant she had no local relations or long term friends living close by. Her husband has since died unexpectedly (three months ago) so the client was alone.

Services provided.

Mrs P was taken home in transport provided by the service. A toilet frame and rollator frame was put in place. The provider fed the dog and went to collect painkiller medication from the pharmacist as the hospital had only prescribed enough for three days. Upon getting to the pharmacist the provider was told that the prescription from the hospital was not specific enough since it needed details of the actual number of tablets before they could proceed. The provider then went to Mrs P's surgery to get a new prescription from the G.P. as a way of avoiding returning the 17 miles to the Conquest as the client was in great pain and needed relief. The surgery was very helpful and the G.P. not only wrote out a new prescription but also prescribed enough for two weeks!

<u>Outcome</u>

Mrs P had the appropriate equipment at home and the pain killers to see her through a longer period before she would be able to get out to the pharmacist. Mrs P said she would have been completely stuck were it not for the service and probably would have had to been readmitted to hospital because of the pain.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older they may become socially isolated as family members/ friends may have moved to another area or they themselves have moved to another area when they have retired and find it difficult to get to know people. Due to increasing age related health issues they may also find it hard to get out and about in their community socialise. Spouses/ partners/ carers/ friends may also be frail or are deceased. There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and well being.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented

Case study- befriending service for people in early or moderate stage of dementia

Mrs M. is 78 years old and has lived in Sussex all her life. She has been married to her husband for 57 years and they both live in sheltered accommodation. In their early married life they ran a number of successful pubs in Eastbourne and the local area but after having her 3 children, 2 of which were profoundly disabled**,** Mrs M worked in a local tea shop in Eastbourne.

Mrs M was diagnosed with dementia in June 2014 and was referred to the Befriending Service late December 2014 by a Dementia Advisor. Mrs M felt that she was becoming more isolated and losing her confidence as she felt she wasn't able to communicate as well with people as she had difficulty in finding words and sometimes finishing sentences. She also has additional health needs which meant that she wasn't as mobile as she had been previously. Mrs M was assessed and risk assessed. During the assessment Mrs M expressed that she missed the company of younger people and would welcome a young Befriender to visit her. She particularly wanted to chat about everyday things; e.g. the news, what was current on TV and soaps. She also wanted to leave the flat and go down to the communal hall for some coffee.

We were able to match her with one of our young volunteers who are currently studying physiotherapy at the University of Brighton. As part of a first year module the students have to find a non-clinical volunteer placement for a minimum of 30 hours involvement. It was explained that the expectations from the Society was that involvement should be a minimum of 9 months which was agreed. As a trial, the summer holiday period would be covered by phone calls or postcards/ letters from the student until their return in September. This would also be explained to the person they were going to befriend.

S had some prior experience of working with people with dementia and also has an elderly grandmother of whom she is very fond. S and Mrs M were successfully matched on 7/05/2105. S had a copy of Mrs M's support plan so she knew which topics and activities Mrs M would like to do during her visits. Unfortunately in mid-June, Mrs M had a fall which necessitated a stay in hospital. S kept in contact via phone and card during this time which was appreciated by Mrs M and her husband.

Feedback from Mrs M -Mrs M felt that she was able to chat more freely with S and that she didn't feel anxious or "silly" when she forgot words. "I really look forward to her coming .She's like a breath of fresh air."

Feedback from Spouse "It has been delightful when S visits as she and my wife never stop talking and laughing!"

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015). Further support has also offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arrange independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

  (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates

voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)

- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

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

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

b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposals?

Data provided by providers from these services for the period October 2014- April 2015 is as follows:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Disability	1164
Physical Impairment	743
Sensory Impairment	151
Longstanding Illness	457
Mental Health Condition	218
Learning Disability	7
Other	9

The above data is based on people who answered these questions and illustrates that **66 %**[2] people have a disability and that some people may have more than one form of disability.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Disability	289
Physical Impairment	73
Sensory Impairment	66
Longstanding Illness	130
Mental Health Condition	81
Learning Disability	8
Other	2

The above data is based on people who answered these questions and illustrates that 41%[3] people have a disability and that some people may have more than one form of disability.

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

[2] This % is based on the 1761 people who responded to the question on age.

[3] This % is based on the 707 people who responded to the question on age.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Yes. 66% of the people receiving these services have some form of disability including physical and sensory impairment and mental health and long standing illness (see above). Some people may have all of these conditions. These services provide support for people when they are at their most vulnerable and often require additional support due to their disability.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Yes. 41% of the people receiving these services have some form of disability including physical and sensory impairment and mental health and long standing illness (see above). Some people may have all of these conditions. These services provide support for people who may become socially isolated due to their disability and may also help prevent further deterioration and some people from developing a disability.

d) What are the proposals' impacts on people who have a disability?

These proposals will have a significant impact on people who have a disability as these services are primarily accessed by people over 55 and people in this age group (and in particular aged over 85) are living with at least one form of disability or long term illness. This is illustrated in the information in item 4.2 b.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as it is likely that they will be living with at least one form of disability or/ and long term illness. This combined with other factors such as limited or no support from family members (they may have moved away) or friends/ spouses or partners as they may also be living with a disability leads to a need for support from other external agencies.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone living with a disability.

Case study- Home from Hospital Service

Mr M was referred to the HFH service by Lewes Neighbourhood Support Team (LNST). He is 59 and lives alone in his own house close to the centre of Eastbourne. His only family are a sister and mother, who live in London, and his father is in a care home with Alzheimer's. It was understood that he had no support at home and Mr M is on long term sick as a result of a hit and run accident in 1982 and is now a full time wheelchair user. He has an intense dislike and mistrust of all things official.

Mr M was being discharged from the Meadow Lodge facility in Lewes having had a shoulder operation and rehabilitation. He needed to be met by someone at his home on the day of discharge. The LNST were unable to refer to the Age UK Take Home and Settle Team as they are only contracted to take people from the Eastbourne District General and Pembury hospitals, so they phoned AGE Concern Eastbourne for support.

It was agreed that the Co-ordinator would meet him on the morning of 2nd December and that the Meadow Lodge staff would contact her when he left. The transport was cancelled and Mr M was discharged the following day.

On arrival at the house, the front door was open, having been left open by the ambulance staff: the temperature was close to zero and Mr M was in bed in the living room – directly accessed from the front door.

His boiler, Lifeline machine and smoke alarm were not working. He did not want to fix his boiler because he had to pay towards his carers cost and could not afford both that and the cost of his utility bills.

Following a conversation with the co-ordinator he was happy to discuss his situation and the support he currently had in place. The following actions were taken:

- The front door was closed properly
- He was advised to register with his utility company as a Priority User and to check he was on the lowest tariff.
- The LNST was contacted to request a referral to the STEPS service who would provide support to assist with the boiler repair; to contact East Sussex Fire and Rescue Service to sort out the fire alarm; and to contact the Lifeline company to repair the machine.

The co- ordinator contacted his friend/carer to ensure that he did not require any shopping – she covered this with another friend – and to point out that there were no keys in the key safe (she had them). Mr M did not require any further support at this stage from the HFH service.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older it is likely that they will be living with at least one form of disability or/ and long term illness issue and this may make it hard to get out and about in their community to socialise. This combined with other factors such as limited or no contact with family members/ friends as they may have moved to another area or they themselves have moved to another area when they retired and find it difficult to get to know people. There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and well- being.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone living with a disability.

Case study- Eastbourne Shed

Mr S is 64 and was an engineer. He is at The Ambersone Rehab Unit. He suffers from depression and anxiety and finds it very difficult to communicate with other people.

He attends the shed weekly and comes to our wood turning sessions. From being isolated and introverted he now communicates with the other shedders and says this is the best time of his week. He would like to come more and we are discussing the possibilities of this with Amberstone. Whenever they come to pick him up he does not want to leave. Being able to make

something and being at the shed has made a great difference to him and given him something to do which he genuinely enjoys and gives him a positive focus.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015). Further support has also been offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of any mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required.

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

Ethnicity is not impacted by this proposal

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

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

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

The ONS Mid-Year Population Estimates population data for East Sussex by **gender** as in June 2014 shows 55.6% of the population over 65 years are female and 44.5% are male.

Gender Identity:

Gender Identity:

Transgender men and women are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected gender identity data to date.

In an attempt to gather data on numbers of transgender people in East Sussex, and better understand their needs to ensure an appropriate service response for this group, data from 254 "About You" forms were analysed in Quarter 2, as part of the Listening To You satisfaction questionnaires. The questionnaires were sent to a random sample of clients and carers who had had the provision of OT equipment or sensory equipment / service in the 3 last months; people who had a Direct Payment put in place or reviewed in the last 3 months; and carers. The responses received showed:

- 1% of respondents stated they were transgender
- 5% of respondents said they preferred not to say,
- 94% of respondents stated they were not transgender.

Source: ASC Equalities Data Set, January 2012

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Data provided by providers from these services for the period October 2014- April 2015 on clients who responded to a request for information on their gender is as follows:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Female	1150
Male	592
Transgender	2
Prefer not to say	35
Total	1779

The above data is based on the 1777people who answered these questions and illustrates that 64 % are female and 33% are male.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Female	353
Male	358
Transgender	3
Prefer not to say	2
Total	716

The above data is based on the 716 people who answered these questions and illustrates that 50 % are male and 49% are female. However, this may be because one of the services has been successful in attracting males to its services. This is not reflective of the general % of males and females attending day opportunities services in East Sussex which tends to be more females.

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Objective 1 Support timely return home from hospital and to prevent admission/readmission

The above data in shows that 64% of the current clients are female and 33% are male, therefore nearly twice as many women as men will be affected by these proposals.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Slightly more males (51%) than females (47%) will be affected by this proposal.

Although figures for transgender people using the service are low percentage-wise, the impact of losing this service could be heightened for transgender people due to the risk factors for social isolation already being high for many older transgender people (e.g. through loss/lack of family support as noted in the, Trans Mental Health Study: *"*There were fears around isolation and ageing, with many people losing family and friends or employment opportunities.").

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

Objective 1 Support timely return home from hospital and to prevent admission/readmission

These proposals will have a significant impact on both females and males who are over 55 who primarily access these services. More females than males will be affected as shown in the information above in item 4.4 b illustrates this. The case study—(see 'Take Home and Settle Service' in item 4.1 d) illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

These proposals will have a significant impact on both females and males who are over 55 who primarily access these services. Slightly more males than females will be affected as shown in the information above in item 4.4 b illustrate this. The case study (see 'Eastbourne Shed' in item

4.2.d) illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented.

These proposals could increase potentially already high social isolation risk factors for the transgender people.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of any mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

4.6 Pregnancy and maternity:

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

4.5 – 4.7 protected characteristics are not impacted by this proposal.

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

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

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

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

Data provided by providers from these services for the period October 2014- April 2015 on clients who responded to a request for information on their sexual orientation is as follows:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Heterosexual	Gay men	Lesbian women	Prefer not to say
1661	2	2	133

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

Heterosexual	Gay men	Lesbian women	Prefer not to say
594	4	3	39

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

Yes the impact on older lesbian, gay and bisexual (LGB) people could be greater in terms of social isolation being compounded as Stonewall research (see below) indicates that older LGB are disproportionately affected by social isolation due to LGB people often having thinner support structures in place than heterosexual peers and older LGB people being more being likely to: be single, live alone and not have children than older heterosexual people.

Stonewall's research shows that older (over 55) lesbian, gay and bisexual people in Britain are more likely than their heterosexual counterparts to: live alone (41% compared to 28%), be single (41% compared to 28%) and have less contact with family (less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people). Gay and bisexual men and women are also less likely to have children (just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women).

Older lesbian, gay and bisexual people are also therefore nearly twice as likely as heterosexual people to expect to rely on a range of external services as they get older, including GPs, health and social care services and paid help.

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

If the decommissioning of the outcome goes ahead this could have the effect of compounding social isolation risk factors for LGB people who already experience a disproportionately higher social isolation risk factors.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced. Where clients may be particularly vulnerable to social isolation this will be addressed in those discussions.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

  (Providers/Commissioning Team, during the notice period))

  - Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
  - Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
  - Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

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

4.9.1 Rural population

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

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

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

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

These services are primarily aimed at and accessed by people over 55. Data provided by providers on clients using these services for the period October 2014- September 2015 is illustrated in item 4.1 and the majority of these are over 65. 27% of people over 65 live in rural areas in East Sussex (source: ONS Census 2011) and a significant % live in the rural districts as illustrated in the table below:

Area	% of people over 65
East Sussex	27%
Rother	46%
Wealden	50%
Lewes	23%

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

Yes. People over 55, the majority of which are over 65 access these services (Objective 1 and 2) and therefore will be affected more than those in the general population. Within this age group a significant number of people live in the rural areas of Wealden, Rother and Lewes. A number of these people will have carers or be carers and therefore will also be more affected than the general population.

d) What is the proposal, impact on the factor or identified group?

These proposals will have a significant impact on people who live in rural areas as these services are primarily accessed by people over 65 and 27% of people in this age group in East Sussex live in rural areas. This is illustrated by the information above in item 4.9. b.

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as it is likely that they will be living with at least one form of disability or/ and long term illness. This combined with other factors such as limited or no support from family members (they may have moved away) or friends/ spouses or partners as they may also be living with a disability leads to a need for support from other external agencies.

In addition, if they live in a rural area support with transport may be required due to other demands on hospital transport, reduced or non-existent available public transport to rural areas or expensive private transport. It may also be difficult to access local facilities (shops, GP's) as they may be some distance away without some initial support on returning home.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone.

Case Study- **Take Home and Settle Service**

A Lady in her eighties, living in a flat in a block of four flats in a secluded part of Little Common, two of which are unoccupied, so she had become somewhat depressed due to not seeing anyone as her son lived in London and her daughter was on holiday abroad. She had been quite independent following husband's death and had moved to the flats to be closer to the surgery, but then had become less mobile and then isolated, becoming depressed and lacking confidence following a fall.

The drive home itself acts as therapy as it gave her the opportunity to see places she had been to in the past, with the dignity of sitting beside the driver.

We then checked her food in the fridge and freezer and discarded out of date food and took out rubbish to bins, which were too far away for client to get to. We then informed the neighbour that the client was at home. We also move the furniture in the bedroom and the lounge to ensure the client's rollator could be used easily in these areas. We mended a loose bolt/chain on a door at person's request, to enable carers to gain access and let in Wiltshire foods lady. We collected a prescription from the local pharmacy and did some shopping for the client. We then stayed with client whilst life line was being fitted, having helped lifeline lady to find the apartment.

All the time was listening actively to the client to help build confidence and talked through Home from Hospital /123 service to help client feel able to" get out more" again. We then contacted the son in London to inform him that had got prescription and shopping, that furniture had been moved, rubbish taken out , door chain/lock mended, life line fitted and also explained the possibilities offered through the Home from Hospital /123 service.

<u>Outcomes</u>

1. The client was settled at home and feeling that the world was a kinder place.
2. The equipment, medication and food was in place
3. Life line was fitted.
4. The door was mended and rubbish was taken out
5. Signposting re services completed so that client can discuss with son next time he comes down.

6. Above all, a person who had become isolated and depressed once again felt safely settled, cared for and valued and part of her community with new possibilities for the future

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older they may become socially isolated as family members/ friends may have moved to another area or they themselves have moved to another area when they retired and find it difficult to get to know people. Due to increasing age related health issues they may also find it hard to get out and about in their community to socialise. Spouses/ partners/ carers/ friends may also be frail or are deceased.

In addition, if a person lives in a rural area there may be limited day activities/ opportunities to socialise within their local area and they may need to travel. Support with transport to access day opportunities/community facilities may be required due to reduced or non-existent available public transport to rural areas or expensive private transport. There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and wellbeing.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for someone.

Case study- 1, 2, 3 service

Mrs. Y a 77 year old referred herself to the 123 service having heard about the service and knowing that it would benefit her. Due to ill health Mrs. Y had lost all confidence in going out alone to the point where she felt she was becoming agoraphobic. She was isolated and as a result was very low in mood.

The service provided a lovely volunteer for Mrs Y. Volunteer made contact with Mrs Y and soon developed a good rapport which slowly resulted in a two way friendship.

After a few weeks they began to go out together, having a coffee and chat on a regular basis. During this time the 123 Volunteer provided Mrs Y with information and advice about local opportunities available within her locality and encouraged her to try a few, particularly those that matched her interest, with support from the Volunteer.

Mrs Y. expressed her desire to attend a lunch club where she could meet like-minded people her own age, and establish new friends. She lacked confidence to carry this idea through to begin with but with the help of a Volunteer who encourage and reassured her joined her to her visit few visits to a local lunch club. Slowly she started developing her own circle of friends within the lunch club which became a part of her weekly outing routine. Volunteer maintained contact with Mrs Y. who reported to attend the lunch club on a regular basis and had now a few friends of her own.

After a total of 3 months involvement Mrs Y. contacted the Co-ordinator to say that she felt she did not need the service anymore as now she was confident and socially connected. She reported that the service helped her to overcome her fears, and as a result felt happier, more confidence, and a fresh social network of friends to go out with.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see g below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor progress on:

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care

support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)
- Monitor geographical location for above (ASC PPE/Strategy and Commissioning)

4.9.2 Carers

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

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

There are £59,409 unpaid carers in East Sussex (source: ONS Census 2011) and of these unpaid carers 38,611(65 %) are over 50 of which 16,233 (27%) are over 65.

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

Data provided by providers from these services for the period October 2014- April 2015 is as follows[4]:

Objective 1 Support timely return home from hospital and to prevent admission/readmission

272 carers benefited from these services either through obtaining a short break from their caring role, assisted with their caring role or by obtaining information and advice to assist them in their carers role e.g. carers assessment

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

88 carers benefited from these services either through obtaining a short break from their caring role, assisted with their caring role or by obtaining information and advice to assist them in their carers role e.g. carers assessment

These services are primarily aimed at and accessed by people over 55. Data provided by providers on the age of clients using these services for the period October 2014- September 2015 is illustrated in item 4.1b and the majority of these are over 65.

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

[4] Data provided by providers where people responded to the question as to whether they were unpaid carers was 56 for objective 1 and 54 for objective 2 respectively.

Yes. People over 55, the majority of which are over 65 access these services (Objective 1 and 2) and therefore will be affected more than those in the general population. Within this age group a significant number of people are carers (see 4. 9.2 a above) therefore will also be more affected than the general population. In addition 110 unpaid carers directly benefit from these services.

d) What is the proposal impact on the factor or identified group?

These proposals will have a significant impact on people who are unpaid carers as these services are primarily accessed by people over 65 and 27% of people in this age group in East Sussex are unpaid carers. This information is illustrated in item 4.9.2. In addition 110 unpaid carers directly benefit from these services.

These services currently support carers in their role and prevent deterioration in their health and well-being by enabling carers to do the following (this is not an exhaustive list)**:**

- Carry out any caring responsibilities the carer has for a child
- For older carers to continue to provide care
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities
- Providing respite

Objective 1 Support timely return home from hospital and to prevent admission/readmission

As people get older they require more support when leaving hospital as family members may have moved to another area, spouses/ partners/ carers may also be frail and unable to assist.

Support with transport may be required due to other demands on hospital transport, reduced or non-existent available public transport to rural areas or expensive private transport. Following on from this, support once home may be also be limited due to family members living in other areas, spouses/ partners/ carers also being frail and unable to assist.

Summarised below is a case study which is provided by providers of these services each quarter as part of performance monitoring information. The case study illustrates the benefits of these services under this objective and the potential negative impacts if these proposals are implemented for a client and their carer.

Case study- Home from Hospital

Mrs X was referred to the Home from Hospital service by DGH ASC. She had fallen in her flat which resulted in a hospital admission. Her Husband Mr X had decided he was not going to leave her alone anymore as this is when she fell. Mrs X was housebound due to her hip/leg and has dementia being assessed with about a two minute memory.

The main support we provided for the couple was a volunteer offering company and supervision for Mrs X so Mr X could go and do their food shopping. While working with them we found that the pull cords in the flat were not working sufficiently for Mrs X as if she fell she could not reach them. We tried to get a pendant for Mrs X from the housing association where she lives. This involved requesting it from the manager whom at a later day approached the couple and said they would not be supplying her with a pendant. We discussed with Mr X about getting an alternative lifeline pendant with a fall sensor but he decided he would like to stick with what they already had.

Mrs X had been housebound since summer the year before. She spoke of being a very active person in the past and was very irritated being stuck inside unable to do anything. She did not want Mr X hurting his back while taking her out in a wheelchair and she wasn't very happy of the idea that she needed a wheelchair. We worked with Mrs X to make the wheelchair seem appealing and reassured her that her husband would be ok because a volunteer could come out for the hour and push the wheelchair. With reassurance and encouragement Mr and Mrs X enjoyed their first trip out to the seafront.

Mr X was a full time carer for Mrs X. He had never had a carer's assessment or any support. We referred Mr X to adult social care for a carer's assessment.

At the end of the six weeks we conducted a review with the couple and transferred them over to our befriending team. The same volunteer has been going to visit them as Mrs X had got to know her face and said it was nice to see a familiar face. Due to Mrs X having dementia this was a significant factor to our support.

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

As people get older they may become socially isolated as family members/ friends may have moved to another area or they themselves have moved to another area when they retired and find it difficult to get to know people. Due to increasing age related health issues they may also find it hard to get out and about in their community to socialise. Spouses/ partners/ carers/ friends may also be frail.

There is evidence (see 3.4) that social isolation has a negative impact on people's mental and physical health and wellbeing.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

Monitor impact on:

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)

- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

4.9.3 People on low incomes

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

Households in poverty in 2015 in East Sussex and its districts (source: CACI): number and percentage

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

Measure	Number of people aged 60+	Number of older people affected by income deprivation	Percentage of older people affected by income deprivation
East Sussex	162420	21314	13.1
Eastbourne	29517	4426	15
Hastings	21805	4784	21.9
Lewes	30094	3437	11.4
Rother	34121	4141	12.1
Wealden	46883	4526	9.7

Objective 1 Support timely return home from hospital and to prevent admission/readmission

Objective 2 Support to enable participation in a range of opportunities during the day (this may include evenings and weekends) to reduce social isolation and loneliness

These services are primarily aimed at and accessed by people over 55. Data provided by providers on clients using these services for the period October 2014- September 2015 is illustrated in item 4.1 and the majority of these are over 65.

The table in item 4.9.3 b shows that 21,314 (13.1%) of people over 60 are affected by income deprivation (data set ID ESIF 2012) and these numbers range from 3,437 (Lewes) to 4,784 (Hastings) across the districts and borough. However the largest % of older people affected is 21.9% in Hastings.

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

Across East Sussex 28.7% of the general population live on low incomes and this ranges from 22.6% in Wealden to 34.7% in Hastings.

d) What is the proposal impact on the factor or identified group?

Those on lower incomes have fewer options in terms of alternative means to access other services (e.g. paying for a taxi to get to day activities or funding own transport home from hospital).

Evidence shows that loneliness and isolation in older people are associated with low income (particularly being 80 years old or more) (Age UK, 2010). So these proposals could further increase social isolation risk factors for people on low incomes.

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

Meetings have been held with the providers of all services delivered under Objectives 1 and 2 respectively to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. As there is no direct relationship/ link between ESCC and the clients/ carers and providers staff, the providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also been offered to assist with providing any additional information/ support if required.

It is also proposed that ESCC work with current providers so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

Where a high adverse impact has been identified for individuals and key services to have ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.

ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced.

This should include identifying alternative services and/ or supporting clients to access these, providing information and advice (to include support with maximising the clients' income/ benefits and advice on the warm homes programme) and arranging independent advocacy if required

Support will be provided to meet the individual's communication needs during all the above stages

g) How will any mitigation measures be monitored?

Monitor impact on:

- Outcome of discussions with Clinical Commissioning Groups to agree future commissioning and funding arrangements
- informing clients and carers
- numbers of people referred to independent advocacy and/or to assessment and support planning teams
- people accessing alternative services

(Providers/Commissioning Team, during the notice period))

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Proposals will have a negative impact in terms of age and disability with some additional impact on carers and those living in rural areas. However, the budget situation and need to set a lawful budget overides these considerations. **Objective 1** These proposals would present a significant risk to older people and their carers in being able to return home safely from hospital. There would be a risk of readmission to hospital and/ or a potential serious deterioration in the persons and/or carers physical and mental health and wellbeing. **Objective 2** These proposals would present a significant risk to older people and their carers due to an increased risk of deterioration in the persons and /or carers physical and mental health and wellbeing due to social isolation. This could have a greater impact on people living in rural areas where there may not be alternative services available or sufficient capacity. In addition there could be an increased risk of further deterioration for people living with a long term condition and/ or disability. Due to the additional pressure carers may find themselves unable to continue with their caring role.
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X-Obj 2	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
X – Obj 1	**D Stop and remove the policy/strategy** – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

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

See Action Plan

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

January 2017

Date completed:	**January 2016**	**Signed by (person completing)**	**Geraldine O'Shea**
		Role of person completing	**Strategic Commissioning manager, older people**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Objective 1 Agree possible mitigation where a high adverse impact has been identified for individuals and key services	Support ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.	Geraldine O'Shea	February 2016, via ESBT and RPPR	Lead Manager's time	EIA/Cabinet papers
Objective 1 Due to delays in people returning home from hospital, increased risk of admission /	ESCC and provider to work with client and their carers/ family members to discuss ways in which the negative impact could be reduced. This should include identifying alternative services and/ or supporting	Geraldine O'Shea	By end of notice period (16/05/2015)	Lead Manager's time	EIA/Cabinet papers

readmission to hospital due to failed discharge and potential deterioration in persons and/or carers physical and mental health and wellbeing. **Objective 2** Potential deterioration in persons and /or carers physical and mental health and wellbeing due to social isolation	clients to access these, providing information and advice and arranging independent advocacy if required. Support will be provided to meet the individual's communication needs.				
Objectives 1 and 2 Support may be required by vulnerable clients and their carers/ family members	ESCC and providers work together to identify clients and their carers who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment .Support will be provided to meet the individual's communication needs.	Geraldine O'Shea	By end of notice period (16/05/2015)	Lead Manager's time	EIA/Cabinet papers
Objectives 1 and 2 Ensure that proposals in action plan are implemented and outcomes measured	Monitor progress on: • informing clients and carers • numbers of people referred to independent advocacy and/or to assessment and support planning teams • people accessing alternative services	Geraldine O'Shea ASC /ESBT	By end of notice period (16/05/2015) Each quarterly period	Lead Manager's time	EIA/Cabinet papers

	(Commissioning Team and providers during the notice period) • Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) • Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) • Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning) • Monitor geographical location for above (ASC PPE/Strategy and Commissioning)		commencing from end of notice period (16/05/2015) for up to one year		

6.1 Risks-

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:a**rea of Risk**	**Type of Risk? (Legal, Moral, Financial)**	**Can this be addressed at a later date? (e.g. next financial year/through a business case)**	**Where flagged? (e.g. business plan/strategic plan/steering group/DMT)**	**Lead Manager**	**Date resolved (if applicable)**
Objective 1 Take Home and Settle and Home from Hospital Services. There are no similar services in East Sussex if these are no longer provided. This could lead to delays in discharge from hospital (due to lack of support services and available transport), unsafe discharge and increase in admission/ readmission. Potential serious deterioration in the persons and/or carers physical and mental health and wellbeing Increase in take up of crisis intervention services.	Moral/ Financial	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objective 1 Some services are intrinsically linked e.g. Take Home and Settle and Home from Hospital Service and both are required to achieve benefits.	Financial	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		

Objective 1 and 2 Some people and /or their carers may not want to approach ASC for an assessment and therefore their physical and mental health and well being may deteriorate- this may lead to the development of more complex needs and a requirement for health and social care intervention There may also be an additional risk of safeguarding concern e.g. self neglect.		Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objectives 1 and 2 Some people may access a range of services and therefore may be disproportionality affected		Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objectives 1 and 2 There may not be alternative services available or sufficient capacity, particularly in rural areas. This could lead to social isolation and deterioration in physical and mental health and wellbeing for the person and/ or their carers. This could include further deterioration for people living with a long	Financial	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		

term condition and/ or disability. Due to the additional pressure carers may find themselves unable to continue with their caring role This could lead to additional demands on ASC and health services and carers support services					
Objectives 1 and 2 Loss of valuable and experienced capacity in the voluntary sector which it will be difficult to replace.		Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		
Objectives 1 and 2 This proposal is counter to the vision in the Care Act 2014 *'that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach crisis point'.*	Legal	Alternative services or alternative funding source from ESBT	EIA to be presented to Corporate Management Team and Adult Social care Departmental Management Team and Cabinet		