



Equality Impact Assessment

Name of the proposal, project or service
DAAT RPPR 2016-17: <u>Decommissioning of LASAR: Gateway service to accessing treatment</u>

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

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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.

To complete – press F11 to jump from field to field

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 is disproportionately low

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

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

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

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

regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

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

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

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

2.1 What is being assessed?

a) Proposals to reduce decommission LASAR:

Decommissioning of LASARS – this is an assessment service for drug and alcohol treatment services that manages access into residential rehab as well as monitoring the payment by results of the external provider.

STARS and LASARS remit is to work with adults (18+) whose presenting primary need is around alcohol or substance misuse.

b) What is the main purpose of the proposal?

To cease delivery of the LASARS service as part of the Council's Reconciling Policy, Performance and Resources budget proposals 2016-17

c) Manager(s) responsible for completing the assessment

Daniel Parsonage, Joint Strategic Commissioner

2.2 Who is affected by the proposal? Who is it intended to benefit and how?

There should be a neutral impact.

LASARS is not an assessment and care management service. Clients with potential eligible social care needs are also expected to be referred to the appropriate Assessment and Care Management Team in Adult Social Care (ASC) for assessment and joint work with STAR/LASAR

We expect waiting times to access treatment to reduce as this will be one less layer of assessment. After the decommissioning of LASARS all access to treatment services will be managed by STAR our commissioned treatment provider.

There will be no reduction in treatment capacity as a result of this change.

The LASARS service does have safeguarding responsibilities and this will be mainstreamed into Adult Social Care.

LASARS also undertake carers assessments and hold a budget to allocate personal budgets from. This work will need to be mainstreamed into Adult Social Care.

As there is no material change in treatment or recovery services as this is being implemented as result of strategic consultation we are not planning further formal consultation outside of the wider consultation. However, service users have been informed of the change and the wider consultation.

2.3 How will the proposal 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 the providers..

The LASARS Service 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. A more proactive response will be considered if language, literacy or engagement with the service is identified as a barrier.

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

The LASAR works closely with STAR, ASC, NHS Mental Health services, Police and the criminal justice system.

The service contributes directly to care planning in health and ASC and offers advice and support to professionals.

2.5 IS this proposal, 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 2.

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

2.6 How do people access or how are people referred to the services? Please explain fully.

Through self -referral primarily but also through GP's and Criminal Justice System.

2.7 If there is a referral method how are people assessed to use services? Please explain fully.

No

2.8 How, when and where are the services provided? Please explain fully.

At the treatment hubs in partnership with STAR in 3 locations across the county:

Hastings, Eastbourne and Uckfield

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		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints		Risk Assessments
	Service User Surveys		Research Findings
	Census Data	x	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence

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

Consultation is currently ongoing and all the comments in relation to the proposal will be considered by councillors and will inform the mitigations and Equality Impact Assessment Action Plan. Service users in the strategy consultation stated that they thought the additional assessment contributed to attrition rates.

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.

Primary Support Reason of people whose enquiries started between October 2014 and September 2015

Primary Support Reason	Number of enquiries started
Learning Disability Support - Learning Disability Support	80
Mental Health Support - Mental Health Support	140
No Long Term Support Needs - No Long Term Support Needs	14
No Primary Support reason recorded	134
Physical Support - Access and Mobility Only	39
Physical Support - Personal Care Support	300
Sensory Support - Support for Dual Impairment	4
Sensory Support - Support for Hearing Impairment	1
Sensory Support - Support for Visual Impairment	6
Social Support - Substance Misuse Support	27
Social Support - Support for Social Isolation and Other Support	31
Support with Memory and Cognition - Support with Memory and Cognition	34
Grand Total	810

There should be no direct safeguarding impacts as the statutory safeguarding work will remain with Adult Social Care.

It is of note however that SAR activity in the Substance Misuse Service (SMS) increased since LASARS formed; providing specialist support in relation to SMS self-neglect and mutual safeguarding /dependency issues. Whilst it is likely that existing staff will be employed into the Mental Health Services or wider ASC, concern has been expressed by the ASC Mental Health Service that without a specialist SMS service in ASC expertise in this area may be eroded and impact on raising and achieving the desired outcome of safeguarding concerns.

As this is a service that links with marginalised individuals there maybe opportunities to pick up safeguarding issues with children as well as adults, adults at risk of and/or of being radicalised too.

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

Staff consultation and public RPPR consultation

- Drop in awareness raising events
- Meeting with clients and carers

Met with our service user representatives group who fed back that they were satisfied with this plan and considered that it would result in a more effective and streamlined service.

- Sent information to providers and clients
- Inclusion and Advisory Group 3rd November 2015

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

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.

- **Inclusion Advisory Group 3rd November 2015**

Much of the feedback from the group focussed on the hardships and risks involved in removing or reducing accommodation services and voluntary and community sector services.

Some of the comments made may apply to the removal of the LASAR service as below:

- Risk of removing services that offer early intervention and support choice and control for individuals
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Potential increases in complex mental health issues, suicide and homelessness leading to an increase in substance misuse generally.

Recommendations relevant to this EIA:

1. Communicate the changes carefully, precisely and clearly to clients and carers.
2. Monitor the impact of the changes on existing clients and people whose needs escalate.
 - **Feedback from client and other stakeholder discussions**
1. Current model of staffing prior to consultation is showing very minimal redundancies.
2. Recovery Alliance

The group felt that the removal of LASARS was overdue and would improve the service by reducing assessment times. They felt LASARS were a cultural barrier as the workers were less likely to have a history of substance misuse. Some of the group reported that they had previously dropped out during the LASARS assessment due to the time delay. (Commissioner summary)

Public Consultation results

The majority of the comments focus on the impact of savings measures in general for people with drug and alcohol services issues with some specific comments about LASAR and STAR services.

Many of the respondents focus on what the proposals would mean for them individually, or their family or friends. People feel that a vulnerable and hard to engage client group would be left with too little support, affecting their mental health and making them more at risk of isolation, exploitation and neglect. There is also a danger that people will lose their lives if they don't receive the support they need.

A number of people commented on the savings and the impact and the fact we can't help people to prepare. For example explaining the national policy context, providing clear information, giving people notice and ensuring people have a safety net.

Reducing or removing funding would:

- Remove a service from a vulnerable group of people, with many comments focusing on the impact on young people and the cumulative effect of service funding cuts in other areas such as housing support services (Supporting People funding)
- Lead to people losing their lives if they don't get the support they need
- Increase hospital admissions and the chances of people reaching crisis point
- Lead to higher consumption for people with a drug or alcohol problem
- Increase the chances of people losing their accommodation and becoming homeless
- Affect the families of people who use services, pushing families into crisis or leading to relationship breakdowns
- Affect the community through increased street drinking and crime
- Increase costs for the NHS, particularly acute mental health services and A&E
- Put pressure on other budgets and services, such as the Police
- ESCC could fail to meet its statutory obligations and it could affect the success of the East Sussex Better Together project
- Affect communities through increases in drug and alcohol use, anti-social behaviour, drink driving, and crime

Concerns were, that there would be no one to support clients or challenge their behaviour. They would be more likely to drop out of treatment as trust and 1-2-1 support is crucial to recovery. This would also put them at greater risk of harm and put other people at greater risk of harm from them.

'My opinion is that these cuts will only work for short term cost reduction as they will increase, over time, social and health problems for vulnerable people which will in turn increase homelessness and rough sleeping and street community problems involving substance use, crime, violence and abuse and in turn increase the demand for public services such as A&E and hospital admissions, housing departments and social services, increase demands on the police and create an increase in demand for court and prison services.'

People felt that cutting the funding for these already stretched services would remove an important community resource, particularly as some feel there is a greater need than ever for these services. It is seen as a short-term approach that will just push costs elsewhere. Particular geographical areas will be impacted more greatly.

'In areas of deprivation the use of alcohol and drugs is often higher. Hastings has slipped on the deprivation scale from 19 to 13. It doesn't make sense to take away services that supports people to have a better life. The cost and impact of not having this in place is both individual and financial, through other public funded support for instance: NHS and Child support services'

A number of professionals questioned whether STAR has the capacity to provide the required level of service, particularly around building trust, 1-2-1 support and safeguarding.

In contrast, there was some feeling that stopping the LASAR service would remove an unnecessary layer.

However, professionals have queried whether adult social care teams have the specialist knowledge and capacity required to give this client group the support they need. A number of comments also flag the issue of the cumulative impact of cuts in other areas, such as housing support services (Supporting People) particularly for younger people and young mothers.

'I work with clients with high risk substance use issues. They require involvement from LASARS service for referral, assessment and safeguarding. Co-location of LASARS in STAR is a really valuable asset - although it will save money to integrate the work into NST etc. teams, the benefit of workers who know clients, can engage them and respond quickly (very important with impulsive and chaotic client group) will save more in the longer term. I am concerned that safeguarding will not be effective and clients will be at risk of harm, as will their associated network including children and vulnerable adults. Also referrals to rehab are a specialist assessment that benefits from collaboration, this is best done via co located services, to remove LASARS is to remove this good practice example of how to work effectively with risk and to provide integrated support to individuals.'

Some comments are from members of the existing LASARS service.

'As an employee of the LASARS service I have worked side by side with STAR and have seen the difficulties that the workers face in having huge caseloads where it is not possible to spend any meaningful time with clients. STAR will also now need to carry out the initial assessments that were done by LASARS.

The LASARS team has other key functions apart from these assessments. It is worth noting the high amount of safeguarding that the team deals with each week. These are very specific circumstances and for a very high risk client group. The LASARS are experienced and skilled at dealing with the issues in a way that many other teams are not. We have also worked side by side with NST to support self-neglect clients who have drug/alcohol issues. LASARS currently provides assessments for rehab, arranges funding and reviews and works with clients on their return to reintegrate into the community. We have excellent relationships with many rehabs and service providers. There are also a high number of carers assessments carried out by the team. Many carers need an experienced practitioner to discuss and advise on substance/alcohol misuse issues.

To cut the LASARS team will mean that these statutory duties will be picked up by other teams, less experienced with the client group. This will be a further strain on already stretched teams. Whilst it may be unnecessary to maintain the full LASARS team in light of STAR doing the assessments it would still be beneficial to have a larger substance misuse team to deal with the high volume of work that LASARS carries out.'

'Our client group are very chaotic and I would be concerned that by having Safeguarding dealt with by existing teams e.g. DAT / NST then we would lose contact with some of the most vulnerable /

risky clients – as they often find it difficult to stick to appointments.’

‘Currently we manage the budget for residential rehab - rehab has been a life changing/saving service for many of the highest risk clients . The end of LASARS would mean that any community care budget would need to be devolved to other services to manage.’

‘Carers Assessments - many of our carers are isolated and feel stigmatised / reluctant to identify as carers. It is often by undertaking face to face carers assessment that we identify other underlying issues such as Safeguarding Concerns as well as offer support / signpost to specialist services .’

‘The LASARS currently complete reviews of the STAR services work and the stats for the Keyworkers keeping their risk assessments, support plans etc up to date are low, this needs to be addressed to ensure that clients are being supported, as well as ensure that risk and safeguarding matters are not missed. I feel that more staff and a revision of how support is provided is required to run the service effectively.’

Comments also suggested ways for managing the change, in particular the need to understand the impact of the proposal, providing a clear referral pathway for GPs and social workers and monitoring the impact if it went ahead. A few comments said the service should be funded by health, while one suggested using the STAR cap to fund LASAR.

‘If services are reduced or removed it needs to be clear for professionals inc. GPs & SW what alternatives are available and consider the impact on emergency services. Have clear pathway to advice, guidance and possible support although this may be reduced.’

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 proposal?

In the 12 months to the end of March 2014, there were 559 (42.4%) clients in treatment aged over 40; although this is a slight decrease on the previous assessment, it is still in line with national findings¹ which state that the over 40s are the only age group whose numbers are increasing. The research suggests that this group is a cause for concern and present a significant challenge for services. The treatment population is ageing

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

Older carers affected by adult children with substance misuse issues returning home, for example because of relationship breakdown, homelessness and unemployment. Young carers may be impacted by parents with substance misuse. The loss of LASARS though should not have a significant disproportional impact.

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

None

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

See below

f) Provide details of the mitigation.

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 with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

¹ NTA Drug Treatment 2012: Progress made, challenges ahead: <http://www.nta.nhs.uk/publications.aspx>

(Commissioner during the transition)

- Develop monitoring measures 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;
- 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.

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 proposal?

134 (10.1 %) clients stated that they were receiving treatment from mental health services for reasons other than substance misuse, and can therefore be categorised as dual diagnosis.

In 2013/14/ and 2014/15, the majority of clients in treatment for alcohol misuse continue to be largely in regular employment (31.5%), with 28% being unemployed and seeking work. There are 285 clients (21.7%) with long term sickness or disabilities.

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

The only likely change as evidenced from service user feedback is reduced assessment time to access treatment but this is not likely to be disproportional.

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

There will be no change in accessibility in terms of use of accessible language.

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

As below.

f) Provide details of any mitigation.

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 with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

(Commissioner during the transition)

- Develop monitoring measures 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;
- 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.

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

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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

Not impacted by proposal

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?

Reflects the population.

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?

No

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

The streamlined assessment service should enable people to access treatment from rural areas more effectively as currently service user feedback reported that having to attend two separate appointments adds to the drop- out rate for clients from rural areas.

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

n/a

f) Provide details of the mitigation.

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 with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

(Commissioner during the transition)

- Develop monitoring measures 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;
- 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.

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

59,400, 11% of population

Area name	Total numbers of carers in 2011	% of carers	Total numbers of carers in 2001	Rise in number of carers in a decade:	% increase 2001 to 2011	2011 Provides 1 to 19 hours unpaid care a week	% 1 to 19 hours	2011 Provides 20 to 49 hours unpaid care a week	% 20-49 hours	Provides 50 or more hours unpaid care a week	% 50+ hours
East Sussex	59,409	11% of total population	50,993	8,416	17%	39,537	67%	6,745	11%	13,127	22%

Eastbourne	10,518	18% in East Sussex	8,767	1,751	20%	6,678	63%	1,261	12%	2,579	25%
Hastings	9,442	16% in East Sussex	8,635	807	9%	5,708	60%	1,321	14%	2,413	26%
Lewes	11,501	19% in East Sussex	9,695	1,806	19%	8,000	70%	1,197	10%	2,304	20%
Rother	11,261	19% in East Sussex	9,553	1,708	18%	7,279	65%	1,250	11%	2,732	24%
Wealden	16,687	28% in East Sussex	14,343	2,344	16%	11,872	71%	1,716	10%	3,099	19%

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

Likely to be higher numbers of carers for SMS than known to services or identified in census. We are aware that people are likely to be in caring relationship but frequently unwilling to disclose or identify as a carer.

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?

From service user feedback the only likely impact is with the streamlined assessment service there is likely to be a reduced treatment time and thus people will be more able to continue as a carer.

The LASARS carers assessment function will need to be mainstreamed into ASC as there will be a potential impact on carer identification and recognition. There may also be an impact on carers assessments.

We are aware that for Substance Misuse:

- Effectively involving family members, and carers helps users increase their chances of: entering, engaging with, being retained in and successfully concluding treatment; reducing or stopping their drug misuse.
- Drug users are also less likely to suffer major relapses. This leads to better quality of service provision overall.²

The vast majority of individuals with substance use disorders refuse to be engaged into treatment, often in the face of the negative consequences of their use. Research has indicated that only 6% of individuals with alcohol use disorders and 16% with drug use disorders enter treatment. Substance-using individuals often have a dire impact on the lives of family members and friends, inflicting marital distress, social problems, financial troubles, aggression and interpersonal violence (IPV). This co-occurs frequently with myriad psychological problems such as depression, post-traumatic stress disorder, high levels of anxiety, low self-esteem and a broad variety of physical symptoms. Therefore, many family members desperately need help to stop the disruption of their family life, to improve their own physical and mental health and to cope with the ongoing substance using individual.³

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

Currently not anticipated but will be monitored through contract management.

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

STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

f) Provide details of the mitigation.

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

² Supporting and Involving Carers. National Treatment Agency for Substance Misuse, 2008

³ Community reinforcement and family training: an effective option to engage treatment-resistant substance-abusing individuals in treatment Hendrik G. Roozen et al., *Addiction* 105, 2010

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 with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.

(Commissioner during the transition)

- Develop monitoring measures 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;
- 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.

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?

Although we do not have specific data on income level it is safe to assume that people who use this service are likely to be on lower incomes.

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?

There should be no disproportional effect on this population except that service user feedback indicated that a more streamlined assessment service may result in a shorter treatment time enabling people to become more economically active.

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

As above

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

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.

f) Provide details of the mitigation.

n/a

g) How will any mitigation measures be monitored?

Monitor progress with

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- STAR will be monitored to ensure that there is an appropriate take up of carers assessments.
(commissioner during the transition)
 - Develop monitoring measures 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;
 - 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.

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)

Equality Impact Assessment

Part 5 – Conclusions and recommendations for decision makers

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

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

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

X	Outcome of impact assessment	Please explain your answer fully.
x	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	Prior to the return of the consultation the decommissioning of LASARS is not likely to have potential for discrimination.
	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.	Service user consultation showed that this may improve access for all groups. Following meeting with and ESRA and peer support groups plus feedback from the strategy consultation this was the conclusion that service users wanted to be added to this impact assessment.
	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	Potential negative impact of losing the specialist support to safeguarding and dedicated budget and focus on carers assessments that LASARS has provided will be mitigated through mainstreaming the activities in ASC Assessment Teams and monitoring carer’s assessment referrals through STAR.
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

Equality Impact Assessment

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)	Daniel Parsonage
		Role of person completing	Joint Strategic Commissioner
Date:		Signed by (Manager)	

Equality Impact Assessment

Part 6 – Equality impact assessment action plan

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

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

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

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

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Monitoring the impact of the new model	<p>Monitor progress</p> <ul style="list-style-type: none"> • with informing clients and carers • and numbers of referrals or independent advocacy or assessment and support planning providers • STAR will be monitored to ensure that there is an appropriate take up of carers assessments. <p>(Commissioning Team, during the notice period)</p> <ul style="list-style-type: none"> • Develop monitoring measures in conjunction with the ESBT Programme and associated 	Daniel Parsonage	Feb- Apr 2016		EIA/Cabinet papers

Equality Impact Assessment

	<p>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;</p> <ul style="list-style-type: none"> • 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 Performance Team			
Ensuring good communication and client focus	<p>Support will be provided to meet the individual's communication needs during all the stages of the transition. Timely information and advice about the changes.</p> <p>(contract management of the service)</p>	Daniel Parsonage	Feb- Apr 2016		EIA/Cabinet papers
Effective mainstreaming of specialist safeguarding expertise	<p>Integrate workers in STAR hubs to ensure joined up approach to safeguarding.</p> <p>Need to monitor safeguarding alerts.</p>	Martin Robinson			EIA/Cabinet papers
Effective availability of carers assessments and personal budgets through main Assessment and Care Management Teams	<p>Integrate staff into the mainstream ASC service.</p>	Martin Robinson			EIA/Cabinet papers

Equality Impact Assessment

6.1 Accepted Risk

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

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Safeguarding	Loss of expertise	ASC service planning	DMT	Martin Robinson	
Carers	Access and identification Loss of expertise	ASC service planning	DMT	Martin Robinson	

