



Equality Impact Assessment

Name of the proposal, project or service
Adult Social Care Revised Budgets for Physical Disability, Sensory Impairment and HIV Outcomes commissioned through the 2011 and 2014 Commissioning Grants Prospectuses

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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.

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 funding through the Commissioning Grants Prospectus:

Services commissioned for people with physical disabilities, sensory impairments and HIV through the 2011 and 2014 Commissioning Grants Prospectus

The specific services are:

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Action for Blind (AfB) People with any type of disability, for example Deaf, blind, people with a hearing or sensory impairment, physical disability or long term conditions are supported into paid employment, and/or supported to retain their employment if they have developed a disability.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

The East Sussex Disability Association (ESDA) is commissioned to deliver a User Led Centre for Independent Living (CIL) which includes a Daily Living Centre to promote use of community equipment and information service to primarily support people with physical disabilities, sensory impairments and long term conditions.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

The East Sussex Hearing Resource Centre (ESHRC) is commissioned to provide support that enables Deaf people and people with hearing impairments and long term conditions who significantly struggle to communicate and live independently (as BSL is the first language of many deaf people and many struggle to read written English, have multiple conditions to manage as they have struggled with communication needs) to live independently for longer through the provision of sensory community aids and equipment and support services such as hearing aids maintenance, lip reading classes and a wide range of practical and social support opportunities.

The Sussex Deaf Association (SDA) is commissioned to support Deaf people and people with a hearing impairment who significantly struggle to communicate and live independently (as BSL is their first language and many struggle to read written English, have multiple conditions to manage as they have struggled with communication needs) through personalised advice and information, and group support to reduce isolation. The service is commissioned for 3 years from 2014 and to cover the whole of East Sussex.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

East Sussex Vision Care (ESVC) is commissioned to deliver support to blind people, people with a visual impairment and people with dual sensory loss through the provision of assessments for CVI status (certified as visually impaired), sensory equipment, and support services, eg. to maintain equipment, learn to walk with a white cane, social engagement to reduce isolation for blind or sensory impaired people who struggle with daily living activities due to sight barriers. The service is commissioned for 3 years from 2014 and to cover the whole of East Sussex.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Terrence Higgins Trust (THT) is commissioned to deliver self-management support enabling people with an HIV+ status to manage their long term condition and significant impacts of medication side-effects and stigma associated with HIV which isolates people from generic support so that people can live more independently and healthily in the community, enabling many of whom have caring/parenting roles to continue, and to avoid onward transmission of HIV. The service is commissioned for 3 years from 2014 and to cover the whole of East Sussex.

b) What is the main purpose of these proposals?

The Adult Social Care Department is required to make reductions to existing budgets in response to the recent spending reviews. This proposal suggests that the services included in this EIA which deliver the objectives below are the subject of budget reductions. This means that services may need to be decommissioned or delivered in a different way and because of this, Adult Social Care will need to consider the impact of budget reductions or cuts.

Physical disability objectives:

- Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities
- Provision of a user led centre for independent living to help disabled people overcome barriers to living independently and improve their health and wellbeing.

Sensory impairment objectives:

- Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services
- Support for people with a visual impairment and those with dual sensory loss, including Low Vision Support, communication support for people with dual sensory loss.

HIV Support:

- Support to enable people with HIV to improve self-management skills and live more independently

c) Manager(s) responsible for completing the assessment

Angela Yphantides, Strategic Commissioning Manager

2.2 Who is affected by the proposals and how?

The people affected by the proposals include disabled people, people with a sensory impairment and/or, long term condition/s and people with an HIV positive status. Unpaid carers, who provide a significant amount of care and support to their loved one, will also be affected.

Although people with visual and hearing impairments and physical disabilities who are recorded as currently using services are predominantly over the ages of 65, there may be significantly more working age adults whose ages (and other details) are not recorded because of the nature of their use of the service, eg. one-off information, advice or support.

Disabled people of working age are more likely to be affected by the removal of support into paid employment or help to retain employment.

Largely, people with HIV and of working age will be affected, including those who have caring and/or parenting roles themselves.

Children who are cared for by working age parents or older grandparents will be affected if support is removed.

People who do not meet the ASC eligibility criteria or choose not to use Adult Social Care services but fund their own care will be affected as these services can offer an alternative route to support for local people, and some universal support (eg. sign-posting, information and advice).

People with physical disabilities, sensory impairments and long term conditions including HIV will have reduced access to support, information and advice, equipment promotion, sensory aids, direct employment support and specialist communication support, some of which can be additionally costly due to its specialist nature, eg. BSL interpreting.

People who are vulnerable because of the impact, stigma and barriers experienced by being disabled where general support is not always fully accessible or adapted in the fuller awareness of the needs of disabled people, people with a sensory impairment, long term condition or HIV, and other care needs will be affected.

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

Consultation Period

As Adult Social Care funds, but does not directly provide services included in the proposal, it does not directly hold client identifiable data. Therefore, Adult Social Care has asked, organisations providing services to communicate proposals to people currently using services that will be impacted by the proposal.

To support and enable vulnerable people to participate in the consultation, Adult Social Care has delivered a number of accessible engagement sessions across the county, with full BSL interpreting, at a range of different times to suit different people's needs.

Additionally, in recognition of the challenges and barriers disabled people face in engaging, the lead commissioner for the disability-focused services included in this proposal has provided a number of additional sessions designed to support disabled people, and people with a sensory impairment and/or long term condition to understand and participate in the response to the proposals. Many of these sessions have had BSL interpreting and/or hearing loops, where required and additional time was provided for vulnerable people to understand and respond to the proposals in a range of different formats. These included having support to fill in a response form or survey or to write a letter or email as a response, video recording responses, having quiet space to discuss the significant impacts on people's lives and record these appropriately in a setting that was familiar to people who use services.

The impacts of the proposals are also acknowledged for people who might need services but have not come forward to ask for support (often because of stigma related to having a disability/being HIV+ or because seeking support requires people to acknowledge deterioration and people often do not wish to do this). Careful consideration has been given to how to engage these cohorts. Local and regional media coverage of the proposed reductions has made a contribution to raising awareness of the proposals. Petitions regarding the proposals are included on the East Sussex County Council's website as this can help to promote awareness to people who may not choose to engage with services directly, but may wish to make their views known through the consultation.

The proposal is to cease the Adult Social Care funding for each of the grants, as highlighted above in 2.1a.

Following the Consultation

If the Council decides to agree these budget proposals on 9th of February 2016, the Adult Social Care investment in these services will be decommissioned. A three month notice period will be served to providers which would take effect in May 2016.

Commissioned providers will be asked to communicate alternative support options to local people and their carers. This may include information and advice about alternative services, where these are 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 where they will require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include a service included in this proposal), a letter will be provided to advise them to contact their Care Manager for review, if they are concerned that their eligible needs may no longer be met 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?

All of the service commissioned to meet the objectives included in this proposal will engage with local NHS services, including primary, secondary and mental health services, benefits support agencies, housing agencies, voluntary and community sector services and Adult Social Care in their provision of support for disabled people. A more specific, but not exclusive, list of partners involved has been provided below.

Employment Support for disabled people

- Job Centre Plus

Centre for Independent Living

- Occupational Therapy, Joint Community Reablement, Physios, and other Allied Health Professionals, mental health
- Disabled People User-Led Organisations and national disability support agencies
- Telecare services

Support for People with Hearing Impairments

- Audiology clinics and other health services, eg. primary care, mental health
- Sensory Impairment Reablement Team and other Adult Social Care services
- Fire and Rescue Service who also install some sensory equipment

Support for People with Visual Impairments

- Ophthalmology and low vision clinics and other health services, eg. primary care, mental health
- Sensory Impairment Reablement Team and other Adult Social Care services

Support for People with HIV

- GUM clinics and other health services, eg. primary care, mental health
- Wider Adult Social Care services

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

All services support the Department's plan to implement the 2014 Care Act, particularly the wellbeing and information and advice components of the Act, and the Act's emphasis on prevention and the need to delay use of care. Care and Support (Preventing Needs for Care and Support) Regulations, 2014

Section 77 of the Care Act, 2014 specifically requires local authorities to establish and maintain a register of adults who are ordinarily resident in their area and are sight-impaired or severely sight-impaired. These Regulations specify the persons who are to be treated as being sight-impaired and severely sight-impaired for the purposes of that section (those certified by a consultant ophthalmologist).

Office for Disability Issues recommends having a Disabled People's User Led Organisation and a Centre for Independent Living

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

All services commissioned to meet the 2011 and 2014 objectives noted above accept self-referrals. Many people who need support are sign-posted or referred directly from primary care, Health and Social Care Connect, Adult Social Care and other voluntary sector organisations.

Additionally:

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Job Centre Plus makes direct referrals to support disabled people into employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Joint Community Reablement and other health and social care teams make direct referrals to the East Sussex Disability Association

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Audiology clinics and the Sensory Impairment Team make direct referrals to the East Sussex Hearing Resource Centre and Sussex Deaf Association.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Ophthalmology clinics and the Sensory Impairment Team make direct referrals to East Sussex Vision Care.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Genito-Urinary Medicine clinics and other specialist HIV clinicians refer directly to Terrence Higgins Trust

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

All services receive referrals by phone, fax, email, etc. using their own independent referral forms and pathways

Each organisation will have its own assessment criteria to identify people that can benefit from support, or will sign-post to the relevant local support service.

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Services to support disabled people into and to retain employment are provided via one to one, outreach and group support. These countywide services are available daily.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Countywide services are provided from a base in Hampden Park. Support is provided to disabled people through the Daily Living Centre (DLC) and a specialist information service. The DLC offers independent community equipment information, advice and demonstrations which are tailored to individual's needs; and the information and advice service provides detailed information that supports local disabled people to live more independently. Additionally, the service provides User-Led Organisation (ULO) network meetings to support other local organisations to develop

their user-led capacity; equipment 'taster' sessions; Telecare promotion; AskSara (an online self-assessment tool); Pathfinder and Community Equipment Lite courses; health improvement training and other services including the Centre for Independence Newsletter.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Wide-ranging countywide provision including the provision of personalised information and advice on sensory community equipment, and delivery and maintenance of the equipment, specialist information, advice and guidance; outreach, domiciliary visits, peer support and support groups, drop-ins, one-to-one, group work, and support via social media, telephone, email, newsletter, website and through personal meetings.

Countywide provision of support to Deaf and hearing impaired people via one to one support, drop in sessions in Bexhill, Eastbourne, Hastings and outreach elsewhere at regular times from home/residential care home visits to mutually convenient places to meet outside of the home/drop in.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Countywide support is provided via a detailed needs assessment by a qualified Low Vision Worker who will support people who have been certified as visually impaired, making referrals to the most appropriate agency to address needs. This will often include personalised information and advice on sensory community equipment, and delivery and maintenance of the equipment, qualified mobility training, outreach, domiciliary visits, peer support and support groups, drop-ins and regular activities and training, including internet and IT training.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Countywide one-to-one outreach and support to enable better medication management, peer based self-management groups and the provision of specialise support via a direct helpline and my HIV website.

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

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

Types of evidence identified as relevant have X marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data		Contract/Supplier Monitoring Data
	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
X	Census Data	X	East Sussex Demographics
X	Previous Equality Impact Assessments Commissioning Grants Prospectus 2011	X	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

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

No significant data to report.

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 consequences of a decrease in services may be an increase in abuse or neglect of adults. This may be due to reduced opportunities for safeguarding issues (abuse or neglect) to be picked up by workers within those agencies; reduced opportunities for disclosure by adults at risk themselves of abuse and neglect; and reduced resilience of adults to protect themselves from factors which may increase the risk of abuse and neglect.

Once safeguarding issues have been identified, there may be an increase in the number of safeguarding concerns and consequent safeguarding enquiries. Issues of abuse and neglect may become apparent at a later stage e.g. abuse may have gone on longer or have become of a more serious nature or have become normalised by adults themselves or staff working with them.

Safeguarding is now on a statutory footing with several duties within the Care Act. Making Safeguarding Personal (MSP) is a thread which runs through the Care and Support Act Statutory Guidance which supports the implementation of the new duties. MSP focuses on individualised responses to safeguarding issues and any reduction in engagement with adults themselves within the context of safeguarding could reduce opportunities to promote personalised responses to safeguarding. Advocacy within safeguarding is now a duty too.

Self-neglect, modern slavery and domestic abuse are included as additional types of abuse of safeguarding. Fewer opportunities to highlight these may exist in reduced or ceased services. These three types of abuse are more likely to occur in the community rather than within institutions and there is a potential risk for opportunities to be missed and abuse to continue or increase.

Additionally services that link with marginalised individuals and groups may pick up safeguarding issues with children as well as adults, adults at risk of and/or being radicalised too.

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

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.

All organisations providing the services noted above were informed at the consultation start point through face to face meetings or telephone discussions in October 2016. These discussions have been followed up by literature to promote the consultation to clients and to support their involvement in the consultation.

Inclusion Advisory Group 3rd November 2015.

The full range of proposals was presented to the Inclusion Advisory Group. Key points of feedback are below.

Public Consultation A full public consultation on the current 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, members of the public, providers and other stakeholders.

The commissioner met with clients and carers who will be impacted by the proposals throughout the consultation period through engagement sessions. These engagement sessions have been used to explain the proposals, decision-making and feedback processes, and to collect feedback on the impacts from clients and their carers, e.g. through surveys, one to one conversations, letters, emails and video recordings. Dates and number of attendees were as follows:

Objective	Organisation	Date	Participants
Supported Employment/Supporting for People with a Hearing Impairment	East Sussex Hearing Resource Centre/Action for Blind People	10 November	56
Supported Employment Supporting for People with a Hearing Impairment Supporting for People with a Visual Impairment Supporting for People with a Long Term Condition (HIV)	East Sussex Hearing Resource Centre Action for Blind People East Sussex Vision Care Terrence Higgins Trust	13 November	22
Supporting for People with a Hearing Impairment	Sussex Deaf Association	18 November	52
Supporting for People with a Visual Impairment	East Sussex Vision Care	30 November	67
Supporting for People with a physical disability, sensory impairment and/or long term condition	East Sussex Disability Association	9 December	26

Research Sources:

Supporting Self-Management – National Voices People shaping health and social care 2014
http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf

Is work good for your health and wellbeing?" 2006 Gordon Wadell, A Kim Burton:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf via <http://www.nhs.uk/Livewell/workplacehealth/Pages/work-is-good-for-health.aspx>

BSL Healthy Minds - Improving Access to Psychological Therapies for British Sign Language (BSL) users. <http://www.signhealth.org.uk/v3/wp-content/uploads/2013/12/BSL-Healthy-Minds-Professional-Information-Doc.pdf>

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

Key Research Messages:

Supporting Self-Management – *National Voices People shaping health and social care 2014*: Self-management support can improve treatment adherence, improve physical symptoms and reduce unsafe sex among people with HIV.

Is work good for your health and wellbeing?" 2006 Gordon Wadell, A Kim Burton

The review found that being out of work for long periods was generally bad for your health, resulting in:

- >more consultations, higher use of medication and higher hospital admission rates than for the average population
- >a two-to-three times increased risk of poor general health
- >a two-to-three times increased risk of mental health problems
- >a 20% higher death rate

BSL Healthy Minds - *Improving Access to Psychological Therapies for British Sign Language (BSL) users*. Unemployment within the Deaf community is more than three times higher than unemployment in the general population³.

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

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 to 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 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 survey results relating to PD & ESDA

The service was described as a valuable resource. It was described as offering independent advice and providing a good resource for self-funders. A number of comments noted that removing the service could lead to people needing more Adult Social Care support in the

community or to move into residential care. One comment noted that there is a national requirement for councils to fund one centre for independent living.

“These cuts will ultimately prevent ESDA (as the only pan-impairment user-led organization of Disabled People in East Sussex) from providing vital support to Disabled people to enable them to live independently, and this will in turn impact on ASC because those people who are most affected will be unable to stay in their own homes, and will ultimately end up having to go into residential care - which will almost certainly be MORE expensive than supporting them in their own homes.”

“I was under the impression that local authorities were expected to fund at least one Centre for Independent Living in their area.”

The comments noted the role ESDA has helping people to be independent and live in the community. There would be an impact on people's lives and independence, possibly leading more people to need residential care. It would also remove a key independent resource for getting advice on the most suitable product.

“My wheelchairs come from ASC. They've visited me often regarding my electric wheelchair. If my wheelchairs were taken I would be bedridden.”

“My wife would not be able to get out.”

“If the main body of ESDA (i.e. the Head Office is unable to continue through lack of funds then the knock-on effect to all the district groups will mean they can no longer continue to exist - affecting hundreds of Members, who will no longer get their support, accessible transport and outings.”

“ESDA is the only resource that gives independent advice on a wealth of information about disability services/products”.

People felt this would put pressure on Adult Social Care workers, create budget pressures elsewhere and increase the risks of falls and injury from people buying unsuitable equipment.

“Those looking for impartial advice on adaptive equipment in disability would either go without or buy based on point of sale advice, and this could impact on safety and wellbeing. This in turn may lead to falls risk increase and increased strain on hospital services.”

“I refer many clients to the ESDA equipment centre and this supports them in making suitable choices for equipment they then purchase. This removes the need for the equipment to be supplied by the Integrated equipment service. They also get good advice that improves their longer term wellbeing and independence again reducing dependence and cost to ESCC.”

“This service is critical for the elderly and disabled people of East Sussex. As an OT I use this resource, and encourage my clients to use this resource regularly. This service helps maintain clients in the community reducing costly residential and nursing placements and packages of care.”

A number of people commented on the savings and impact. In terms of helping people to prepare, they said it needs to be clear how people's needs will be met if the service is not funded any more. The voluntary sector also needs notice to prepare for the change.

Organisation and group responses

East Sussex Disability Association

1. The email describes the proposals to cut the already reduced grants to the voluntary sector as unbelievably harsh. For ESDA, this would mean losing the funding for the Centre for Independent Living, affecting around a significant number of people and creating more demand for social care and health services. The email describes the service offered and the benefits it provides in offering impartial advice. The service is also able to see people much quicker than adult social care can complete assessments. A similar centre in Brighton recently closed, so if ESDA's centre closed the impact on services in East Sussex would be even greater. Disabled and vulnerable people would be hardest hit by the cuts. The funding provided to the voluntary sector is excellent value for money compared to alternatives in the statutory and private sector. The email says that the Council should take up the option to add a social care precept to council tax. It also provides information about the support ESDA provides to the community.
2. The response says the size of the cut to the voluntary sector is drastic and would have a devastating effect on thousands of people supported by it. It asks the Council to reject the cuts or postpone them until the full impact is known or other options have been explored. It also says the Council should use the social care precept for council tax to fully fund the voluntary funding that is at risk. The response raises concerns about the validity of the consultation which it describes as flawed, unwieldy and not held over a long enough time period. It also questions the lack of a publically available impact assessment. The cuts programme does not prioritise direct support to clients and could well impact on related health funding. Many services would close and the viability of organisations will be compromised, as they will find it harder to bring in other funding. This means that the cumulative impact and the knock on effect of demand for adult social care and health services are not captured. Vulnerable people would lose their support and have their independence compromised. Without the Centre for Independent Living people will deteriorate rapidly and their carers will face increase pressure. The effectiveness of the East Sussex Better Together integration programme will be affected with a robust voluntary and community sector.

ESDA meeting

The meeting started with a presentation on the background and what is being proposed in the consultation. Questions included whether the social care precept would be used in East Sussex; how adult social care and health budgets support people; the impact of removing early intervention and preventative services; how the impact will be assessed; whether the consultation is Compact compliant; how people are being support to take part; whether people really understand what is being proposed; and why the cuts can't be done once the integration picture with health is clearer.

Public consultation survey results relating to Hearing Impairment Services, including those supporting BSL users

People said the funding shouldn't be cut from critical services such as these, which encourage independence and reduce social isolation. These are value for money services which are already dealing with the impact of reduced funding.

They are doing things the private sector doesn't want to do and in some cases there isn't an alternative service. Services that understand what deaf people need could be forced to close if the savings went ahead leaving people isolated.

“If Sussex Deaf Association fold up, we have no one else to turn to for help. Other services do not understand Deaf culture and British sign language (BSL) that we rely on greatly. If we use other services, who will pay or provide BSL interpreter? SDA can support them. People in care home or at home living alone will be even more lonely with no one to talk to or to ask for help if no one - staff or volunteers can communicate with vulnerable deaf people.”

There is also the impact on equality to consider around people's communication needs, particularly relating to BSL, and the wider implications of losing support in managing finances and health needs etc. People need to know what alternatives there would be if the funding was stopped. Long-term negative impact may result from removing services now.

“Sussex Deaf Association and East Sussex Hearing Resource Centre's staff helped me and our deaf members over the years and totally relied on them for interpreting, hearing aids and equipment. If cuts are made, they will cut services and make staff lose their jobs and may never return again.”

The impact would be on people's whole life, their health, wellbeing and mental health. People risk becoming isolated and unable to manage daily life, e.g. finances, if their communication support needs and BSL needs aren't met. These services provide preventative support, so removing them would lead to costs elsewhere.

“If the Sussex Deaf Association lose funding it will affect many deaf people. We can't go to CAB because they cannot sign. Need someone who understands deaf and uses BSL. Need help with forms, letters and benefit forms. Need help arranging interpreters for hospitals and understanding letters and medication. Deaf people will get more and more isolated if the clubs are not available. This will impact on their mental health and wellbeing. This will then put pressure on Adult Social Care. The Sussex Deaf Association support the deaf very well.”

“I, and other Disabled people, will experience a significant deterioration in our quality of life, which will in turn impact negatively on our physical and mental health. This will of course also impact negatively on ASC, because they will then have to place vulnerable Disabled people in residential care because they will be unable to live independently in their own homes.”

One comment focused on the implications of the cuts across the voluntary sector and knock-on effect. To help people to prepare it is suggested that equal access to all services for people with BSL could be supported through technology. Also important to be clear about alternative options and continue to provide training and guidance to organisations.

Organisation and group responses

Sussex Deaf Association

The letter says that its client group is one that is regularly overlooked. They are isolated because of their vulnerability, especially the older generation. Removing the funding would affect the service provided and could mean the charity becomes unsustainable. The result would be that all the hard work and commitment in building up the organisation would be lost. This would put more pressure on statutory services, which this client group already has difficulty engaging with.

The effect on the deaf community would be devastating. The cost differential between using the organisation's services and using British Sign Language interpreters is significant. The service is also used by other organisations to ensure provision for deaf clients is met. The organisation also provides case studies, explaining the value of the service to people and how it is used.

Deaf Choices Group

The group heard the background to the proposals. They were very concerned about how the proposals would affect the deaf community and the support that enables them to avoid getting into crisis or debt, stay in work, negotiate health and benefits service, and to do everyday things like manage paperwork. Removing or reducing the funding for this service would increase the risk of deaf people becoming isolated. Comments include: "If we lose our community worker for the deaf it will have a knock-on effect... 40 years ago families cared for their own by they are more spread out." "Hearing world is very different. English is their first language so completing forms for most people is not a problem... Who will help with this and book interpreters?" "If there is no support because of the cuts that means the deaf will have to go to social services for support. They will then have to book an interpreter to be able to understand the deaf person and this will take time and money. No one will be able to receive help as soon as they need it." "DLA is changing to PIP and we are seeing an increase in people coming to the Association for support with applying for the new benefit... If there is no one to help them to do this many people will not complete the form as they find it too daunting and in some cases cannot understand it."

Group from East Sussex Hearing Resource Centre

The letter explains the work that the East Sussex Hearing Resource Centre does, highlighting the value the service provides to people with a hearing impairment and their families. In particular, it mentions a group that meets regularly to learn and practice sign language and the joy deaf people experience when you communicate in their language. Cutting services like this would increase the isolation deaf people experience and the letter urges Councillors not to cut the funding for this charity.

Public consultation survey results relating to Vision Impairment

People said the funding shouldn't be cut from critical services such as these, which encourage independence and reduce social isolation. These are value for money services which are already dealing with the impact of reduced funding. Services could be forced to close if the savings went ahead leaving people isolated and unable to cope.

"If you proceed with those cuts then already depleted services may well become extinct making the vulnerable even more so."

"I need the support and advice from Eastbourne Blind Society. They also provide companionship... If taken away [this could] foster isolation, loneliness and increased mental health issues."

The impact would be on people's whole life, their health, wellbeing and mental health. One comment focused on the implications of the cuts across the voluntary sector and knock-on effect.

"The Voluntary sector services are a vital lifeline for me to help me to feel part of the community in Eastbourne. Without the help and companionship of Eastbourne Blind Society, I am

convinced that I would be suffering from serious Mental Health problems. They help me feel valued and through the activities they run.”

For some people it will be difficult to prepare for these changes.

I am severely sight impaired, if you went ahead with your proposals, you would be taking my extended family away from me (Eastbourne Blind Society) it would feel like a bereavement to me, how can you help me through Grief?

Organisation and group responses

Eastbourne Blind Society

The letter explains the services the organisation provides that would be affected. It says that the proposals would have a major impact on the ability of the county-wide consortium to deliver statutory and necessary services. A proven additional benefit of the service is the Certificate of Visual Impairment – this service enables people to access support, advice and referrals from a Low Vision Support Worker. This support significantly reduces this emotional impact of sight loss. The organisation hosted a highly emotional client event during the consultation. Clients at the meeting were concerned that the service they received is not lost to those who follow them into visual impairment. The impact the service can have was demonstrated through the personal stories people shared of contemplated and attempted suicide before receiving the help they needed. Delaying support for people also has an impact on the NHS, as people need more medical intervention to cope. The letter also provides information on the low vision contract and training services that it provides. The letter asks the Council to reflect very carefully on the decisions the organisation recognises must be taken.

East Sussex Association of Blind and Partially Sighted People

The letter explains the services it provides that would be affected by the proposals and the reduction in services that would follow if the proposals went ahead. The impact would be enormous and even though services would have to reduce the number of people needing support would not. Visually impaired people make up 4.18% of the population and that number is only going to increase due to the ageing population. The cuts will also affect the other services provided by the organisation, as it will have to focus on essential services. It will also mean early intervention won't be possible, despite that fact that this is shown to lead to better and sustained independence. The effect of the proposed cuts would be devastating to the organisation and its members. For those diagnosed with sight loss their life chances for good and their confidence falls. The organisation is there to help them live a full and independent life, which can only be done through the services offered to people. If it is not able to do this members will become more isolated and eventually look to statutory services for help. This will be hugely more expensive. The letter provides some comments from clients about the positive value of the services provided to them and detailed information on the services provided that would be affected: low vision support worker, mobility and orientation training, aid and equipment service, and training courses on modern technology and skills and strategies for daily living etc.

East Sussex Visioncare

The response provides information on the organisation which is a partnership of three societies that deliver services through the Commissioning Grants Prospectus. It says that proposed cuts would result in considerable unmet need for people with impaired vision. The proposed reductions would have a devastating impact on a very vulnerable group and is likely to result in increased calls on GPs and Accident and Emergency services. A significant proportion of the

funding supports Low Vision Workers. These workers have taken on the statutory duty for making contact with new clients very quickly. The response provides more detail on the work they do and says that under the proposed cuts the level of support that could be funded would be very limited and many clients, particularly in rural settings, would be left without any effective support. The funding also allows the organisation to provide sensory aid and equipment services and orientation and mobility support (including a statutory requirement to provide training). Both services would have to be significantly scaled back if the savings went ahead. The number of training courses provided by the funding would also have to be reduced, leading to unmet need as no other providers offer suitable training. There are also administration and related costs associated with managing the service.

East Sussex Visioncare event

Attendees felt that vulnerable people are being targeted by the savings. If the proposals went ahead people would become isolated, which could affect their health and wellbeing. Coordinated support will be lost, while the needs of people with multiple impairments must be considered. Sensory teams at the department do have enough specialist knowledge to replace what would be lost if funding was removed. They also felt health should be involved in the discussion as people's health would be affected. The group felt that video contributions were more accessible for them and a number of videos were later submitted.

Hastings and Rother Voluntary Association for the Blind

The letter explains the services that charity provides which would be affected by the proposed savings to voluntary sector services funded by adult social care. It shows the current provision and the significant reduction in services that would take place if the savings went ahead. The challenge with the cuts is that money will disappear but the people will not. Of the population of East Sussex, 4.18% have a visual impairment. The ageing population in the county means this is only going to increase. It urges the Council to reconsider these cuts and to ensure that vulnerable visually impaired constituents are not left without the services they so desperately need. The cuts will also affect the other services provided by the organisation, as it will have to focus on essential services. It will also mean early intervention won't be possible, despite that fact that this is shown to lead to better and sustained independence. The letter provides detailed information on the services provided that would either be affected: Low vision support worker, aids and equipment service, and training courses on modern technology and skills and strategies for daily living etc.

Public consultation survey results relating to Terrance Higgins Trust

Comments talk about the value of the service, particularly for the NHS and the role THT plays in supporting people which makes their health interventions more effective. The equality impact of removing funding for the service and the cost to other services was also raised.

A number of people commented on the savings and the impact. In terms of helping people, continuing to provide training and guidance to organisations was the only suggestion.

Removing this value for money service would leave people isolated and unable to cope and potentially limit their life expectancy. There would be a cost impact for the NHS and an equality impact of removing funding for the service.

"You CANNOT remove HIV services as it is a valuable resource for people in the area. It would mean no educative and anti-stigma work locally and the service users would become isolated

and likely to require other more EXPENSIVE services - Short term... thinking is going to mean long term EXPENSIVE reparation.”

“ESCC should be talking with government NOW and stating these cuts are inhumane and will ultimately cost people's lives.”

THT provides very practical help with negotiating with housing providers and enabling people to achieve a regular and balanced life. This includes support with carrying out medical routines meticulously and taking drugs regularly, despite changing mental health and at times no support from family and friends. Peer support is a vital motivating element of the THT approach which makes all the difference in effectively learning about how to manage life when unwell and how to stay well.

“THT supports people with mental illness, poverty, poor accommodation and other social needs in order to support adherence. This can be in the form of one-to-one support, hardship grants, food bank vouchers (some ART must be taken with a meal).”

“I wouldn't be able to cope full stop. I only have a home and financial support thanks to [THT]”

“The proposal is short-sighted in that the specialist support people with HIV can access from THT enables people together on with their lives and not deteriorate to the extent that they need additional health or social care services.”

Other comments point to a lack of alternative services

“They [(people living with HIV)] would have NO service - end of...”

“The Terrence Higgins Trust is the only HIV related support I can receive in the area. Without them I wouldn't have survived my diagnosis and I still rely upon their support. I am too unwell to travel for help from them so what am I expected to do?”

A detailed comment (supported with references) shows how THT supports people with HIV with antiretroviral therapy (ART) adherence and the importance of this due to low adherence being associated with: drug resistance, progression to AIDS and death, disease progression, increase in complexity and costs of treatment and risk of HIV transmission. The importance of THT's self-management programmes and the NHS's dependence on THT for effective management of complex HIV cases was also highlighted, as was how HIV disproportionately affects already marginalised and isolated people, and can further increase this isolation because of stigma. Details were also included about how people living with HIV experience significantly higher rates of psychological difficulties than the general population and present with considerable social need, and how THT gives support relating to these needs.

“NHS HIV services in East Sussex depend heavily on Terrence Higgins Trust (THT) for the effective management of some of its most complex and needy cases.”

“In order to effectively manage the health of people living with HIV, NHS HIV services in East Sussex rely upon the positive self-management programmes and support provided by THT. This comes in the form of social support, negotiating bureaucracy, advocacy, sign-posting, one-to-one counselling, etc. The clinics do not have the time, the resources or the expertise for this. “

“THT work with people who are disengaged from care or who use services ineffectively: miss

appointments, are infrequently monitored, are at risk of loss to follow up, interrupt and stop antiretroviral therapy, struggle to maintain adherence to antiretroviral therapy, etc. THT's essential support of vulnerable people living with HIV increases the effectiveness of their clinical management."

"References: -

British HIV Association (2015) British HIV Association guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy

British Psychological Society (BPS), British HIV Association (BHIVA) and Medical Foundation for AIDS & Sexual Health (MedFASH) (2011) Standards for psychological support for adults living with HIV

National AIDS Trust (2012) HIV Social Care in England "

A number of people commented on the savings and the impact and the need to honour the THT contract. In terms of helping people to prepare, the only suggestion was to phase in the savings rather than cut it in one go.

Organisation responses

Sussex HIV Network / Operational Delivery Network

The letter says its members strongly disagree with the proposal to cut funding to the Terrence Higgins Trust. While the enormity of the cuts required is recognised, the letter argues that making savings to this particular service would increase costs in the longer term through increased hospital admissions. There are also particular concerns about the impact on East Sussex patients who receive their clinical care outside of the county, with a high risk of people disengaging from their care. Marginalised groups are likely to be disproportionately affected and would not get the support they need to enable people to understand their diagnosis and tackle the other support needs that affect their health. The organisation also plays a crucial role in tackling stigma around the disease. The service is requirement of the HIV Service Specification and as such as to be provided.

Terence Higgins Trust

The organisation's submission sets out its mission and the role it plays in building independence and wellbeing. This work helps to absorb pressure on public services and finances. The response recognises the strains on the local budget. The organisation is working to respond to these changes, but this is made more difficult by the cuts that have already taken place. It believes further cuts would be hugely detrimental to its core service and could lead to the service no longer having an office base in the county. It says there is no other provider that can give the holistic range of services. The organisation explains the context of the work it does and the impact the service has already had for clients in supporting them and their families, helping them to understand HIV and to challenge the stigma associated with it. Many clients come from minority groups who already dealing with discrimination, so need support to access traditional services. The response is supported with a case study, client letter and a comment from the National AIDS Trust.

Relating to impact on all disabled people:

South-East Network of Disabled People's Organisations

The network notes that adult social care will receive disproportionately higher cuts than other departments at the Council. The response questions whether the Council can still meet its key priorities. Many of the people that would be most affected by the proposals are vulnerable and if the proposals went ahead they would have a significant impact. Many people use multiple services which are subject to this consultation, meaning that they are at risk of losing a lot of support at the same time. Many of the services are preventative and the likelihood is that people will just become eligible for social care services. The ability of the Council to meet its statutory duties is questioned, as is the ability of the voluntary sector to step into the breach considering the cuts it is facing. The network says that the consultation document is a very difficult document for members of the public to digest and respond to. Supporting People: On Supporting People funding it says that the withdrawal of funding would have a negative impact on the ability of residents of those services to live independently and access the community. It may also force people to move into residential care. Schemes entirely funded by adult social care would obviously close if the proposals went ahead. It is not clear from the proposal which ones this applies to. The removal of Supporting People funding for sheltered housing and extra care will mean that many services lose their on-site support, particularly because many schemes are operated by social landlords. For people with learning disabilities or mental health needs the removal of Supporting People funding could force them out of support living and into residential care. This would be a backward step given the long battle for independent living. The proposal to remove 100% of funding from Supporting People schemes for young people would mean they would become more vulnerable and likely to end up in crisis. They would eventually need more costly support in the long run. Removing or reducing funding for mental health services would remove a preventative service and lead to more going into crisis and into hospital. It is also likely to mean they need more support from social care services. CGP: The response says that provision of advocacy is a legal requirement and particularly important when there is pressure on community care budgets. It notes that the fact that mainstream provision does not meet the needs of people with learning disabilities or autism, so losing these services would be devastating. The importance of receiving information and advice to manage your condition after a stroke is raised. It covers the value of the ESDA service to the community and the fact that it is the organisation's largest source of funding, meaning that removing funding could threaten its survival. Removing or reducing funding from preventative mental health services puts people at risk of crisis and needing hospital care. They are also likely to need more support from social care in the long run. It explains the value of the Recovery Partners service and says that due to the value it provides and the focus on developing peer support services it would seem counterproductive to reduce its funding. The significant cuts proposed to move from hospital services would set back recovery times and put more strain on social care and health budgets in the longer term. Some of the sensory impairment services covered were previously outsourced by the Council, so if the services were cut there would be no one providing support in the county. All the sensory impairment service providers offer a range of valuable services, many of which reduce isolation. DAAT: The response notes the fact that people using services may have mental health or physical impairments. Any savings made to the other services are likely to impact on the health and wellbeing and may increase their need for drug and alcohol preventative services. They would be at increased risk of crisis.

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?

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical Disability Ages

Under age 54 = 164 people

Age 55 plus = 106 people

Age 65 plus = 76 people

Age 85 plus = 26 people

Preferred not to say their age = 7

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory Impairment Ages

Under age 54 = 76 people

Age 55 plus = 707 people

Age 65 plus = 655 people

Age 85 plus = 343 people

Preferred not to say their age = 30

**2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV
Objective 2: Support to enable people with HIV to improve self-management skills and live more independently**

On average, approximately 80 people with HIV per year are supported by services.

HIV Ages

Under age 54 = 64 people

Age 55 plus = 23 people

Age 65 plus = 4 people

Age 85 plus = 0 people

Preferred not to say their age = 0

- 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?**

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

More people of working age will be impacted.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

There appears to be an even split between working age adults and older people.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

People with sensory impairments, however are predominantly over the age of 55 reflecting the onset of impairments as people age, with significant increases for people over the age of 65 requiring support.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

These figures reflect that significantly more vulnerable people of working age, including children and young people who care for or live with adults with HIV, will be affected.

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

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Many older people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Many older people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

**2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV
Objective 2: Support to enable people with HIV to improve self-management skills and live more independently**

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

For example, one woman with HIV reported that she contracted the virus through no choice of her own. Since her diagnosis, her husband had abandoned her and her children, her family and friends had distanced themselves, leaving her isolated and stigmatised, and in the sole caring role for her children. Her medication regime is challenging, often causing her to be immobilised with sickness, which is a common side-effect of HIV medication. Since her diagnosis and ensuing life changes, her mental health has deteriorated and she has attempted suicide on more than one occasion. The service provides one to one support which has enabled this client to better manage her condition, find peer support and reduce her isolation, attend and engage in services that help her understand her condition, and find the courage to live with it, and raise her children.

Should the service be removed, clients like this woman, will struggle to manage their medication and their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with HIV in an environment that continues to be hostile to people who have the condition.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

g) How will any mitigation measures be monitored?

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
- 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

Residents (working age only) with limiting long-term illness in 2011 by districts (numbers)

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
East Sussex	526671	107145	58902	48243	419526
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

Residents (working age only with limiting long-term illness in 2011 by districts (%))

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
England & Wales	100	17.9	9.4	8.5	82.1
South East	100	15.7	8.8	6.9	84.3
East Sussex	100	20.3	11.2	9.2	79.7
Eastbourne	100	21	11.3	9.7	79
Hastings	100	22.1	11.5	10.6	77.9
Lewes	100	19.5	10.9	8.7	80.5
Rother	100	23.4	12.8	10.7	76.6
Wealden	100	17.5	10.2	7.3	82.5

Source: Department for Work and Pensions, Longitudinal Study, NOMIS

Projected limiting long-term illness by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	0-17	18-64	65+	All people	0-17	18-64	65+
Geography	Year								
East Sussex	2010	105,047	4,755	43,646	56,647	20.4	4.6	15.0	46.8
	2026	124,992	4,352	42,392	78,248	23.9	4.7	15.9	47.6

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

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

Source: ESCC projections, November 2011 Employment and Support Allowance and Incapacity Benefit claimants in February 2012

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

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

Data returned by providers from these services for the period October 2014 to March 2015.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support services – breakdown by type of disability

Disability	178
Physical Impairment	108
Sensory Impairment	71
Longstanding Illness	35
Mental Health Condition	8
Learning Disability	23
Other	1

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory impairment support services – breakdown by type of disability

Disability	936
Physical Impairment	287
Sensory Impairment	522
Longstanding Illness	245
Mental Health Condition	68
Learning Disability	29
Other	460

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

HIV support services – breakdown by type of disability

Disability	105
Physical Impairment	0
Sensory Impairment	0
Longstanding Illness	0
Mental Health Condition	0
Learning Disability	0
Other	0

- 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?**

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

All people who require this support are disabled, have a sensory impairment and/or long term conditions.

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

All people who use services affected by this proposal and their carers will be impacted, in areas such as reduced independence and wellbeing and increased isolation.

People who need specialist advice on a range of disability issues and ways to retain their independence will need to seek this elsewhere and may attend primary care or contact Health and Social Care Connect as an alternative.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities

Disabled people will be more affected by the proposal because they have come to rely on support provided to manage their disability, sensory impairment or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People who are deaf, blind or have a sensory impairment may struggle to manage daily living tasks and to understand the world around them. For example, some deaf people struggle to read (BSL is often their first language) and so often cannot manage to maintain their independence (take telephone calls, read correspondence, attend appointments, manage their conditions) or employment without support.

For example, one man reported that he wanted to work to continue to support his family but that he was not able to find an employer that would take the time to understand the benefits of Access to Employment, struggled to make basic 'reasonable adjustments' to his working environment to enable him to do his job, and that when he lost his job, he struggled with basic things like gaining access to the Employment Centre, as he could not hear the buzzer on the door release telling him to enter the building.

The service was able to help the client access the Employment Centre and its services for disabled people seeking employment through the Job Club it operated at the Employment Centre. He was able to find employment through the service which negotiated basic changes to the workplace that enabled him to do his job well. He was supported through regular follow up phone calls to make sure he was delivering in his job and that barriers that arose were addressed so that he could maintain his employment.

This basic level of access issue and need for support demonstrates the challenge that disabled people face when trying to gain and retain employment, and would struggle with should funding for the service be removed.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a visual impairment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

Many disabled people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

For example, a woman who was seen by Blue Badge service, reported that during the course of her assessment, some areas of daily living that were proving difficult to manage were identified. She attended the Daily Living Service to seek solutions and to identify suitable products that fit with their lifestyle but could also be accommodated and stored in their home. The space within certain areas eg. kitchen was restricted. She had already been seen by physiotherapist to maximise mobility potential.

She attended the DLC and was seen by OTA who advised with regard to suitable products including a folding trolley that was sufficiently robust to provide support and aid safety. Advice provided about moving items around the kitchen, reducing loads to decrease impact on joints etc.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a disability.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Many disabled people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People who are deaf, blind or have a sensory impairment struggle to manage daily living tasks and to understand the world around them. Deaf people can struggle to read English (BSL is often deaf people's first language) and so often cannot manage to maintain their independence (take telephone calls, read correspondence, attend appointments, manage their conditions) or employment without support.

For example, one woman reported that she had only recently found out about sensory equipment that was available to her and funded through Adult Social Care. She benefited from a flashing beacon that alerted when her doorbell rang or when her smoke detector was activated. Whilst using the service, she had her hearing aid cleaned and repaired so that she was able to hear more sound, and started to use a lip reading class, where she learnt essential skills that improved her communication, but also met people who also struggle with the isolation and poor mental health that unsupported hearing impairments can bring.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Many older people will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People, who are deaf, blind or have a sensory impairment struggle to manage daily living tasks and to understand the world around them. For example, deaf people struggle to read (BSL is often their first language) and so often cannot manage to maintain their independence (take telephone calls, read correspondence, attend appointments, manage their conditions) or employment without support.

For example, an elderly woman reported that she awoke in hospital from a hip operation having lost significant sight in both eyes. She has since undergone a number of eye-related investigations and treatments, including eye injections, which have not recovered her significant sight loss.

The service provided her with essential help to get home from hospital and to re-start her life, living independently as a visually impaired woman who now needs to cope with significant sight loss, barriers and the impact this has had on her own mental wellbeing and her wider family.

Should the service be removed, clients like this woman, will struggle to manage their ability to live independently and maintain their caring roles, and are likely to make greater use of other primary care, mental health and universal services in order to manage the complexities of living with a visual impairment.

**2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV
Objective 2: Support to enable people with HIV to improve self-management skills and live more independently**

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their disability or condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

People with HIV will struggle to manage their condition, daily living and families because of the significant side effects of their medication regime and the isolation they experience due to the continued stigma of HIV (eg. family and friends will not provide support out of fear, ignorance or judgment about contracting the condition). See p 18 for an example of how this support is preventing risk of serious decline in health or early mortality and supporting recovery and self-care.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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 for communication needs of people during all the above stages

g) How will any mitigation measures be monitored?

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
- 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.

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

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

Population estimates by ethnic groups and gender in 2011 in East Sussex and its districts (source: ONS Census 2011): number

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

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

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

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

	Physical Disability	Sensory Impairment	HIV
White British	222	777	51
White other	12	18	11
Mixed White and Caribbean	0	0	2
Asian or Asian British Pakistani	8	0	0
Asian or Asian British Bangladeshi	0	0	0
Asian or Asian British Other	1	0	1
Black or Black British Caribbean	0	1	0
Black or Black British African	2	0	35
Black or Black British Other	2	0	0
Arab	3	0	0
Chinese	0	0	0
Prefer Not To Say	19	45	0
Other	1	432	0

The table above illustrates data returned by providers from these services for the period October 2014 to March 2015

- 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?**

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

The data indicates a lower number of people from ethnic minority services currently accessing support.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

The data indicates a lower number of people from ethnic minority services currently accessing support.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

The data indicates a lower number of people from ethnic minority services currently accessing support.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

With reference to people accessing HIV support services, a significant number of people have identified as Black or Black British African and this reflects partly the services support for women and their children living with HIV.

- d) What are the proposals' impacts on those who are from different ethnic backgrounds?**

People with additional communication barriers will suffer additional adverse effects by the proposal.

Additionally, people from BME backgrounds often experience exclusion, discrimination and overt or covert racism when they try to access or use services. If services that provide support to people are not funded, they will not be able to receive the support they currently rely on.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

Many working age adults will be affected by the proposal because they have come to rely on support provided to manage their condition.

The likelihood of their increased use of primary care and emergency services is high as they will not have any other support to turn to.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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 for the communication needs of people during all the above stages.

g) How will any mitigation measures be monitored?

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
- 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)

4.4 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

Gender Identity: There is no impact evidenced for gender re-assignment

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

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

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

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?

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support services by gender

Female	140
Male	137
Transgender	4
Prefer not to say	0
Total	281

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory impairment support services by gender

Female	675
Male	377
Transgender	1
Prefer not to say	0
Total	1053

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

HIV support services by gender

Female	48
Male	57
Transgender	0
Prefer not to say	0
Total	105

- 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?**

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

More people of working age will be impacted.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

The numbers of males and female using the physical disability services support services are much more evenly balanced.

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Yes. With regard to sensory impairment, women have a higher proportionate use of many affected services when compared with local population demographics. From the data returns received, 64% of sensory impairment support services are female.

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

The numbers of males and female using the physical disability services support services are much more evenly balanced.

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

Significant numbers of women are impacted by these proposals either as users of the services or as carers for people affected. Women using the HIV support services are more likely to also be caring for young children.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

g) How will any mitigation measures be monitored?

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
- 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.

No impact

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

No impact

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

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

Population estimates by religion in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Religion and belief 2011 - districts

Religions	All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Not stated
Geography										
England & Wales	56075912	33243175	247743	816633	263346	2706066	423158	240530	14097229	403803
South East	8634750	5160128	43946	92499	17761	201651	54941	39672	2388286	635866
East Sussex	526671	315659	2190	1501	1074	4201	178	3508	155723	42637
Eastbourne	99412	59232	482	429	211	1458	53	586	28995	7966
Hastings	90254	46832	475	423	142	1159	38	668	33066	7451
Lewes	97502	55572	489	257	320	558	42	603	31641	8020
Rother	90588	58706	290	171	170	460	12	525	22864	7390
Wealden	148915	95317	454	221	231	566	33	1126	39157	11810

Religion and belief 2011 – districts (%)

Religions	All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Not stated
Geography										
England & Wales	100	59.3	0.4	1.5	0.5	4.8	0.8	0.4	25.1	7.2
South East	100	59.8	0.5	1.1	0.2	2.3	0.6	0.5	27.7	7.4
East Sussex	100	59.9	0.4	0.3	0.2	0.8	0	0.7	29.6	8.1
Eastbourne	100	59.6	0.5	0.4	0.2	1.5	0.1	0.6	29.2	8
Hastings	100	51.9	0.5	0.5	0.2	1.3	0	0.7	36.6	8.3
Lewes	100	57	0.5	0.3	0.3	0.6	0	0.6	32.5	8.2
Rother	100	64.8	0.3	0.2	0.2	0.5	0	0.6	25.2	8.2
Wealden	100	64	0.3	0.1	0.2	0.4	0	0.8	26.3	7.9

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

Responses to this data request at client/carer level are not adequate enough to draw reasonable conclusions. However, data returned by providers from these services for the period October 2014 to March 2015 are as follows:

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support services

Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Prefer not to say	Other
58	0	0	0	12	0	109	2

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

On average, approximately 2,300 people per year are supported by services that support people with a hearing impairment.

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

On average, approximately 2,200 people per year are supported by services that support people with a visual impairment.

Sensory impairment support services

Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Prefer not to say	Other
246	0	0	0	1	0	43	436

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

On average, approximately 80 people with HIV per year are supported by services.

HIV support services

Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Prefer not to say	Other
2	0	0	0	0	0	103	0

It is interesting to note that the majority of people responding to the question about religion/belief indicated that they preferred not to say or selected other.

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

Because the responses to data collect are so limited, ie. People selecting 'prefer not to say', it is difficult to assess where people who identify as having a particular religion or belief will be more impacted than those who do not.

- d) What is the proposal, project or service's impact on the people with different religions and beliefs?**

Because the responses to data collected are so limited, ie. People selecting 'prefer not to say', the impact on the Protected Characteristic is unknown.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

- f) Provide details of the mitigation.**

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

g) How will any mitigation measures be monitored?

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
- (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)

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

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

Estimates of the UK LGB population generally vary between 5%-7% of the overall population (www.stonewall.org.uk). 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.

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

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

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

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	56075912	9223073	16.4	4096161	7.3	5126912	9.1
South East	8634750	1482020	17.2	656272	7.6	825748	9.6
East Sussex	526671	119763	22.7	52124	9.9	67639	12.8
Eastbourne	99412	22303	22.4	9363	9.4	12940	13
Hastings	90254	15401	17.1	6803	7.5	8598	9.5
Lewes	97502	22154	22.7	9623	9.9	12531	12.9
Rother	90588	25763	28.4	11174	12.3	14589	16.1
Wealden	148915	34142	22.9	15161	10.2	18981	12.7

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

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

Responses to this data request at client/carer level is not adequate enough to draw reasonable conclusions.

The nature of some of the services provided mean that contact with beneficiaries is very brief or simple – for example, someone may telephone for advice, drop in to get a battery changed on their hearing aid or call in to see a piece of kitchen equipment which has been recommended by an occupational therapist. In these circumstances, it is not proportionate for the organisations to log detailed monitoring data.

The data returned by the providers on clients using services reflects this; the figures below are for the period October 2014 – March 2015 and represent those who responded to the request for information. Therefore, this data is included useful as a guide to ratios.

2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support

Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities.

On average, approximately 80 disabled people per year are supported into employment or to retain employment.

2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities

Objective 1: A user led centre for independent living

On average, approximately 2,200 disabled people per year are supported through the Centre for Independent Living.

Physical disability support by sexual orientation

Heterosexual	Gay men	Lesbian women	Prefer not to say
149	6	2	55

Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services

Objective 3 Support for people with a visual impairment and those with dual sensory loss.

Sensory impairment support by sexual orientation

Heterosexual	Gay men	Lesbian women	Prefer not to say
306	1	2	122

2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV

Objective 2: Support to enable people with HIV to improve self-management skills and live more independently

There is a higher proportion of gay men who use HIV support services compared to the rest of the population.

HIV support by sexual orientation

Heterosexual	Gay men	Lesbian women	Prefer not to say
65	32	0	8

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

A significant number of people use the HIV service are gay men and therefore would be affected more than those in the general population.

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

HIV support service – if this service is decommissioned this would affect gay men who are significantly represented amongst people with HIV .

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

e) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

g) How will any mitigation measures be monitored?

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
- (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?

The urban rural split of clients and their carers using the affected services broadly reflects the local population demographics

Physical disability support

People living with physical disabilities living in rural areas are much more likely to face isolation due to lack of community facilities designed to meet their needs and also as a result of poor transport infrastructure. Peer support networks may also be difficult to establish and maintain,

Sensory impairment Support

People living with sensory impairments in rural areas are much more likely to face isolation due to lack of community facilities designed to meet their needs and also as a result of poor transport infrastructure. Peer support networks may also be difficult to establish and maintain,

HIV support

People living with HIV in rural areas are much more likely to face isolation and stigma due to the lack of community facilities, peer support groups and reduced access to primary care support due to transport challenges.

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 who live in rural areas tend to be more isolated due to access issues as they may find accessing transport or specialist support very difficult or prohibitively costly.

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

Some people who use the services affected by the proposal live in rural areas.

Many people living in rural areas have limited access to public transport and will struggle to access services/alternative services.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

g) How will any mitigation measures be monitored?

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
- (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)

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?

Many carers rely on services affected by the proposal to support the cared for person or to provide information and advice to support the cared for person.

Physical disability support

Data monitoring returns for the period October 2014 – September 2015 indicate that an average of **92** carers per quarter benefit from these services.

Sensory impairment support

Data monitoring returns for the period October 2014 – September 2015 indicate that an average of **478** carers per quarter benefit from these services.

HIV support

Data monitoring returns for the period October 2014 – September 2015 indicate that an average of **5** carers per quarter benefit from these services.

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?

Carers often provide a significant amount of care and rely on services affected by the proposal to provide regular respite so that they can attend to a wide range of other roles they fulfil, eg, household or paid work, caring for children.

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

The proposal is likely to impact on carers' health and wellbeing and ability to continue to support the cared for person..

Carers for people with physical disability and /or sensory impairment will be particularly impacted as any reduction in the independence and wellbeing of their cared for person will have a direct, negative on the carer.

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

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see f below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

g) How will any mitigation measures be monitored?

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
- 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)

4.9.2 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?

People on low incomes may rely on services affected by the proposal to support them to maintain their independence and reduce social isolation.

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. Across East Sussex 28.7% of the general population live on low incomes and this ranges from 22.6% in Wealden to 34.77% in Hastings. In addition disabled people are currently affected by changes to disability related benefits such as Disability Living Allowance (DLA) and the transition to Personal Independence Payments (PIP) with the overall effect of reducing income. This follows the closure of the Independent Living Fund (ILF) has affected some disabled people in addition.

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

People on low incomes may struggle to maintain their independence and suffer increased social isolation.

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 will be taken to avoid any negative impact or to better advance equality?

If the proposals are agreed, ESCC proposes to work with current service providers so that actions can be taken to minimise the negative impacts on clients and their carers and better advance equality (see **f** below).

Additionally, alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notice period to include consideration of alternative sources of funding or modelling a reduced service.

f) Provide details of the mitigation.

ESCC is proposing ongoing negotiation with the local Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.

ESCC and providers should work together to identify clients and their carers who may be eligible for ASC-funded services, or to identify those that are not apparently eligible but may be vulnerable and assist them with contacting Social Care Direct to request an ASC assessment or a review of their support plan.

In addition, ESCC and the provider should work with clients and carers/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.

The Public Health Warm Homes initiative will focus on those people who are most vulnerable, including disabled and older people on low incomes.

g) How will any mitigation measures be monitored?

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
- 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) HIV outcome – increased risk of early mortality for some individuals and for others increased likelihood of contracting the disease.
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) -increased risk of loss of safe and secure home and family for children of parents with HIV
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

The proposal is expected to have a negative impact.

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.
	<p>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.</p>	<p>The proposals risk serious adverse impact for disabled people as individuals in the case of people with HIV as a result of significantly increased early mortality or severe ill-health (HIV) and risk of loss of family life for children of people with HIV. There is an additional risk of increased HIV infection if vulnerable people are not aware of how the condition is transferred.</p>
	<p>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.</p>	<p>In addition, serious adverse impact is a risk for people with visual impairments or dual sensory loss where removal of services may result in increased likelihood of accident and injury. Section 77 of the Care Act 2014 requires that people who are certified as visually impaired get the support they require to prevent further complications related to their impairment.</p>
X	<p>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</p> <p>C Applies to all services/objectives</p>	<p>Disabled people with sensory impairments and physical disabilities will be disadvantaged by the removal or reduction in support and advice to live independently and have equality of opportunity in daily life, equal access and mobility.</p>
	<p>D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.</p> <p>D Applies to HIV support services and Visual Impairment support services.</p>	<p>Disabled and older people who lack the communication skills, alternative personal support; or personal capacity will be disadvantaged as a result of their impairments to enable fair access to services. Other disabled clients without these needs who are</p>

Equality Impact Assessment

		<p>not disadvantaged in this way will be more able to ensure that their eligible care and support needs are met.</p> <p>Information and advice and provision of equipment and training is a responsibility under the Care Act 2014</p>
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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.

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

Regularly.

Date completed:	14 December 2015	Signed by (person completing)	Angela Yphantides
		Role of person completing	Strategic Commissioner
Date:		Signed by (Manager)	

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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)
All objectives	Alternative approaches to providing a significantly reduced service offer will need to be identified during the three month notification period between February and May 2016.	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report
All objectives	Ongoing negotiation with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and Health, where the benefits are realised by both health and social care.	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report
All objectives	ESCC and service providers will need to work together with clients and carers/family members to discuss ways in which the negative impact could be	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report

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	reduced.				
All objectives	Support for communication needs of people with autism and learning disabilities during de-commissioning stages	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report
All objectives	<p>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)</p> <p>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)</p> <p>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)</p>	Angela Yphantides	February 2016	TBC	EIA & Cabinet Report

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6.1 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)
For all objectives, there is a significant risk to the health and wellbeing of vulnerable adults and older people, and their dependents and/or unpaid carers	Moral and financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
For all objectives, there is a significant risk to the mental health of vulnerable adults and older people, and their dependents and/or unpaid carers	Moral and financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
For all objectives, there is a significant risk to the dependent children of vulnerable adults who will not continue to receive the support of their parent/carer, and may result in them taking on additional caring responsibilities, or may jeopardise their ability to continue living with the vulnerable adult affected by the proposals	Moral and financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
For all objectives, there is an impact on wider health and social care services, eg. primary care, A&E, ambulatory care, acute as these services feel the impact of removing preventative services.	Financial	Potentially.	EIA & Cabinet Report	Angela Yphantides	February 2016
<p>2011 Outcome: Disabled people, people with sensory impairment and long term conditions have access to information, advice and support</p> <p>Objective - Disabled people, people with sensory impairments and long-term conditions are supported to find and retain employment opportunities</p>	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

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<p>ASC-eligible and non-eligible clients, residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer through the provision of specialist support and BSL interpreting to gain and retain employment.</p> <p>There is a risk that when disabled residents seek to gain or retain employment, but face significant barriers to this because of their disability or stigma, they will develop increased needs and greater dependency because they lack the specialist advice information, support and particularly communication support to work.</p>					
<p>2014 Outcome 9 will ensure that people with a physical disability, sensory impairment and /or long term conditions are supported to achieve greater independence through improved personalisation, inclusion, integration and involvement in their communities</p> <p>Objective 1: A user led centre for independent living</p> <p>ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer.</p> <p>There is a risk that when people need specialist advice or information on disability-related issues, particularly on community equipment and Technology enabled care services from the perspective of an independent disabled person, this will not be available.</p>	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

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<p>Objective 2: Support for people with hearing impairments: Deaf, deafened people, people with hearing impairments and those with dual sensory loss feel supported by a range of user led services</p> <p>ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer.</p> <p>There is a risk that when people need specialist advice or information on hearing impairment-related issues from the perspective of an independent hearing impaired person or person with specialist knowledge on HI, this will not be available.</p> <p>There is a risk that people with a right to community equipment which helps them retain their independence for longer, do not have this provided by a person with specialist knowledge of their HI.</p>	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016
<p>Objective 3 Support for people with a visual impairment and those with dual sensory loss.</p> <p>ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer.</p> <p>There is a risk that when people need specialist advice or information on visual impairment-related issues from the perspective of an independent visually impaired person or person with specialist knowledge on VI, this will not be</p>	Moral and financial	Potentially	EIA & Cabinet Report	Angela Yphantides	February 2016

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<p>available.</p> <p>There is a risk that people with a right to community equipment which helps them retain their independence for longer, do not have this provided by a person with specialist knowledge of their VI.</p> <p>There is a risk that people who are certified as visually impaired do not get the support they require to prevent further complications related to their impairment, as required in Section 77 of the Care Act 2014</p>					
<p>2014 Outcome 10- HIV Prevention and self-care and enabling support for people with HIV</p> <p>Objective 2: Support to enable people with HIV to improve self-management skills and live more independently</p> <p>ASC-eligible clients and non-eligible residents who fund their own care and residents who do not wish to engage with ASC are at risk of losing services which support them to live at home more independently for longer.</p> <p>There is a risk that when people need specialist advice, information or support on HIV-related issues, particularly on how to manage challenging medication regimes and to deal with the continued significant stigma that people with HIV experience from the perspective of people with HIV or people who have specialist knowledge and HIV will not be available.</p> <p>There is an additional risk of increased HIV infection if vulnerable people are not aware of how the condition is transferred.</p>	<p>Moral and financial</p>	<p>Potentially</p>	<p>EIA & Cabinet Report</p>	<p>Angela Yphantides</p>	<p>February 2016</p>

