

## Equality Impact Assessment for service changes / budget proposals

The EIA should be read in conjunction with the report and other appendix

<b>Name of service</b>	<b>VCS Preventative Services Review</b>
<b>Lead officer and Contact details</b>	Mercy Lett-Charnock 0116 454 2377
<b>List of other(s) involved</b>	<b>Equality officer:</b> Irene Kszyk <b>Finance officer:</b> Rohit Rughani/Yogesh Patel <b>Commissioning Officer:</b> Kalpana Patel

**What is this EIA about?**

(Please tick✓)

<b>Budget proposal for existing service or service contract to achieve savings</b>	✓
<b>Budget proposal for new or additional service expenditure</b>	
<b>Commissioning a new service or service contract</b>	✓
<b>Changing or removing an existing service or service contract</b>	✓

**Step 1 of this equality impact assessment was completed in July 2013.**

**Step 2 and 3 have now been completed incorporating the results of the consultation that has been undertaken on the proposal.**

### **Step 1: The proposal (how you propose to change the service)**

**Question 1:**

<b>What is the proposal/proposed change?</b>
<p>The overarching proposals, which will be subject to appropriate engagement and/or consultation during 2013, will result in some changes in the delivery of preventative services provided by the voluntary and community sector. Preventative services provide low level interventions to enable people to remain living independently. Services will be targeted to meet ASC priorities and to complement ASC provision in order to help avoid the need for more intensive ASC support. Available funding will be more closely aligned to priorities. Services that do not meet these criteria will be decommissioned.</p> <p>A strategic review of a wide range of ASC preventative services across the voluntary and community sector has been undertaken and recommendations have been made in relation to these services which are non-statutory and often used by people who do not meet ASC eligibility criteria.</p> <p>Implementation of the review recommendations will allow the department to align future services to strategic priorities and ensure they offer value for money, taking into account</p>

efficiencies required from prevention services and enabling people to live independently.

Services will be remodelled or repackaged and move to an outcome based model of delivery. This will include the renegotiation of individual contract specifications where possible as well as procuring or grant funding new services.

This will mean some service areas will get more money, but others will get a reduced investment, including advocacy services. Overall, additional funding is being invested into these services.

The review has identified the need for a series of preventative services aimed at promoting independence and avoiding the need for statutory provision. Services will be targeted at hard to reach groups and will be designed to be more flexible and therefore beneficial to service users. Services will also be designed to promote independence and empower service users to develop their skills and circles of support which will provide positive outcomes.

In order to implement new services, some existing services will need decommissioning. Service users who have been using services for some time may therefore notice a change to provision as some of the existing services may be provided slightly differently in future or be delivered by a different provider or have a different outcome focus.

#### **Who will it affect and how will they likely be affected?**

During 2011/12 approximately 3,000 received 1-1 or group services, including:

900 Older People

250 People with a Learning Disability

850 People with a Mental Health Difficulties

500 People with a Physical or Sensory Disability

436 People with HIV/AIDS

Of these there were 1,200 BME service users who used a BME specific service provider

Advice and information services have spoken to people via telephone helplines or drop ins in addition to this but these will have been one-off contacts and the people are unlikely therefore to be affected by any future changes.

In most cases service users are unlikely to experience any effects as similar types of services will still be available. Where service users are aware of change, the likely effect may be a negative perception particularly if services are decommissioned and no 'replacement' service is put in place. In this instance some service users may find it harder to access services as there may be a longer waiting list for example.

Where current service types are to be continued but are subject to open market competition via either a tender exercise or competitive grant funding exercise, this could be perceived negatively by the service user particularly if their current provider is unsuccessful. Many service users however, will be transient and will have no on-going relationship with a provider.

It is anticipated that very few services will be completely decommissioned; most services will be repackaged or newly commissioned. Any changes should have limited negative impact on service users and any impact is likely to be positive as the service will be remodelled to better meet their needs.

Additional funding is being invested into many areas so in most cases services are likely to be enhanced rather than reduced. However, services such as advocacy where funding is being reduced may experience some changes. However, in this instance although funding is being reduced, contract monitoring tells us that these providers are not using all the funding in the delivery of advocacy at present (as they are providing information and advice instead) so a funding reduction would not necessarily lead to an equal service reduction. Likewise as some services are under-utilised this would potentially indicate the same thing.

It is recognised that many of the services affected by this review support the role of informal carers, either directly or indirectly and changes to any services they access may cause anxiety, however recommendations which make a significant impact to service design would be consulted on. Additionally the revenue monies from the NHS will enhance services for both users and carers across the sector.

Different services collect different types of data and service user information to capture the service they deliver and the outcome service users receive. The aim of the profile below is to capture what you already collect, not to make your information fit a standard template. List the equality profile of your service users. Where you find you do not address a particular characteristic, ask yourself why. You may need to follow up any information gaps as an action point. If this is the case, add it to the action plan at the end of the template.

## Question 2:

### **What is the equality profile of current service users?**

There is insufficient information at this time to give a detailed equality profile due to the nature of current monitoring information. However, the 11/12 figures (above) give some information about users during the year.

It should be noted however, that it is likely many of these people no longer use services or do not have an on-going relationship with a service or provider. As these are non-statutory service, many of these users will not be eligible for ASC services.

### **Do you anticipate any changes to your service user profile as a result of your proposal/proposed change? If yes, how will it change?**

Where additional funding has been invested e.g. OP, MH and dementia these groups may have more access to services and therefore make up more of our profile. However, information, advice and guidance has also been increased as has carer provision and these services can be accessed by people of any age, ethnicity etc. In addition, as services will be focused more on outcomes and targeted at hard to reach groups in the community, it is possible that the profile will change.

Think about the diversity of your service users and the specific needs they may have that you need to address. For example: School aged children having differing school meal requirements due to their ethnic or religious background.

**What are the main service needs and/or issues for those receiving the service because of their protected characteristic?**

	<b>Service needs and/or issues by protected characteristic</b>
<b>Age</b>	Age – The review includes a number of services for older people and their carers to help prevent social isolation, support hospital discharge and deliver “good neighbour” type services that help people live independently
<b>Disability</b>	Disability – The review includes a number of services for people with disabilities and their carers (this includes learning disability, mental health, physical and sensory disability as well as people with long term health conditions). This involves services such as peer support, advice and information as well as equipment and reablement type services. Disabled women are particularly vulnerable to domestic abuse and service availability needs to reflect this.
<b>Gender reassignment</b>	Unknown
<b>Pregnancy and maternity</b>	Unknown
<b>Race</b>	Race – The review includes a number of services that support BME service users and their carers These services offer things such as advice and information, peer support and drop-ins and in many cases are based within the communities they serve to enable them to reach otherwise hard to reach groups. Language and cultural needs need to be met by these services.
<b>Religion or belief</b>	Religion – The review includes a number of culturally appropriate services that may cater for specific faith needs. Services in future will still need to be responsive to these needs in future.
<b>Sex (gender)</b>	Gender – This review includes services that are gender specific in order to provide an appropriate safe environment for groups to happen.
<b>Sexual orientation</b>	Unknown

**Question 3:**

**Will the proposal have an impact on people because of their protected characteristic? Tick the anticipated impact for those likely to be affected and describe that impact in the questions 4 & 5 below.**

	No impact <sup>1</sup>	Positive impact <sup>2</sup>	Negative impact <sup>3</sup>	Impact not known <sup>4</sup>
Age		✓	✓	
Disability		✓	✓	
Gender reassignment				✓
Pregnancy and maternity				✓
Race		✓	✓	
Religion or belief		✓	✓	
Sex (gender)		✓	✓	
Sexual orientation				✓

**Question 4:**

**Where there is a positive impact, describe the impact for each group sharing a protected characteristic. How many people are likely to be affected?**

The proposed services should deliver better outcomes to help people to maintain their independence, based on their personal needs which could be related to their protected characteristic(s), enabling them to live fulfilled lives in the community for longer, in line with the vision for adult social care. Where services are remodelled service users will benefit from being able to access quality services that meet their needs. In addition new and previously hard to reach service users should find access to services easier. For example people who are deaf do not currently have access to specific advocacy but this is being recommended for the future. Services are also being designed to be more flexible – so out of hours and at weekends where possible. As there is greater investment in the sector as a whole service users should have greater access and more innovative services.

**Question 5:**

**Where there is a negative impact, describe the adverse impact for each group sharing a protected characteristic. How many people are likely to be affected?**

Some services users may be affected by either re-tendering or decommissioning of a service they access. Service users who are averse to change may experience anxiety particularly as they may no longer be able to continue using the same service they had previously. Where it is identified that services may no longer continue or service users may be displaced from a service, if service users have a need, alternative service provision will be signposted. Provision has been remodelled to better meet users' needs either by the same provider in a different way, or by a different provider and for many people an alternative will be available even if their existing service ceases. There are very few services that are being decommissioned entirely and not replaced with something similar or suitable and these are not statutory provision. In the case of these services any remaining users will be given information about other provision. Where there is a service reduction service users will be

<sup>1</sup> The proposal has no impact (positive or negative) on the group sharing a protected characteristic.

<sup>2</sup> The proposal addresses an existing inequality experienced by the group sharing a protected characteristic (related to provision of services or facilities).

<sup>3</sup> The proposal disadvantages one or more of the group sharing a protected characteristic.

<sup>4</sup> There is insufficient information available to identify if the group sharing a protected characteristic will be affected by the proposal.

supported through a transition period if necessary as there will be a 3 month notice period and that will happen with any services being decommissioned entirely. There will potentially be times where service users wanting a service may find it harder to access or have longer to wait. Service users in services that are to be decommissioned entirely (as they don't meet ASC priorities) will not be guaranteed an alternative service as these are not statutory services.

It is anticipated that as only a few services will be decommissioned the impact on service users will be limited.

The section below provides more detail of the service areas where there is a greater potential for service users to be impacted upon. The broad overview includes information (on usage and user profile information). This will continue to be refreshed as the profile may change over time.

## **Advocacy services**

It is being recommended that services are delivered in a more effective way. Current contracts for advocacy do not always deliver advocacy – offering information, advice and guidance instead. There is limited access for some client groups due to the nature of specialist contracts which have been set up (so for example there is a specialist service for people with LD but not for OP and some BME services reach certain communities more easily than others). Although it is planned to continue with some specialist areas there will also be a generic advocacy service which should give access to a wider range of people. This proposal means reducing investment in these services by £134,690 to £230,000 (from current value of £364,690). This is a reduction from 24% of the VCS spend to 14%. This investment profile better reflects the work of the department and the needs of those that present to it.

As some contracts do not currently deliver advocacy to the level specified, whilst funding is being removed it is not anticipated that access will reduce accordingly.

If the recommendations are accepted, there will be an impact on providers as services will be procured and therefore existing providers could lose their contract and if they “win” the new contract need to ensure their services are offered by trained staff which will have a financial impact (if not trained already), plus services will need to reach out to hard to reach groups which they haven't all done in the past.

Service users will still be able to access a service but possibly with a new provider. However, in most cases advocacy is a short term service so new service users wouldn't experience any reduced/altered service. Existing service users with a relationship with a provider. e.g. in an LD service may experience a change of provider. We do not know at this stage whether TUPE will apply – so it is possible staff could transfer.

It is likely that some new users will have improved access to services as new contracts will be designed to increase access to groups who currently aren't targeted. This could be groups such as Eastern European communities for example as well as older people and deaf people who don't have many services currently targeted at them. In many cases currently only people already known to, or using other services delivered by the advocacy providers are accessing advocacy and therefore more generic provision should help new

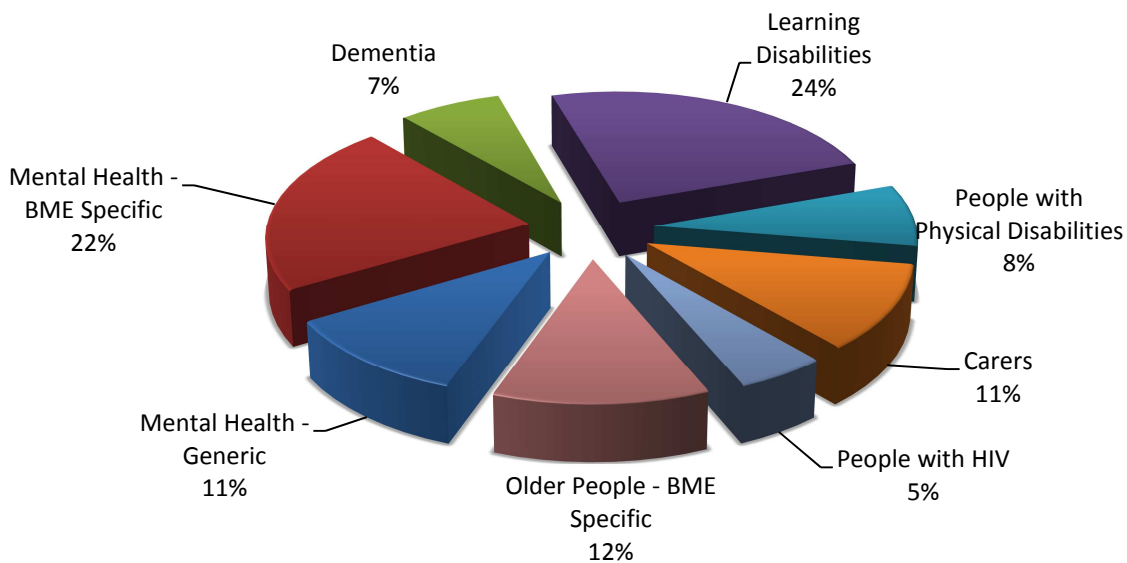
users find/access services.

We also know some groups currently access specific services which will be decommissioned and so may be affected. Therefore race and religion characteristics have been highlighted because we know there are some services that reach out for example to African Caribbean service users as a target group and also some of the services which are accessed by people from particular religious groups. We hope to see access improved generally and services decommissioned will be replaced by alternative provision but for on-going/long term service users they may have a change of providers or not have a service specifically targeted at their user group.

In addition we are aware that many current providers are providing information, advice and guidance as part of their advocacy contract as well as some not meeting targets or working under capacity. Whilst not widespread, in some cases this means the money being reduced in services more accurately reflects the current level of delivery so people should not experience a significant reduction on current service levels.

Current breakdown of funding is as follows:

### % of VCS Advocacy Funding



BME specific services account for 34% of funding.

Actual usage of services (based on information from 2012/13) is as follows:

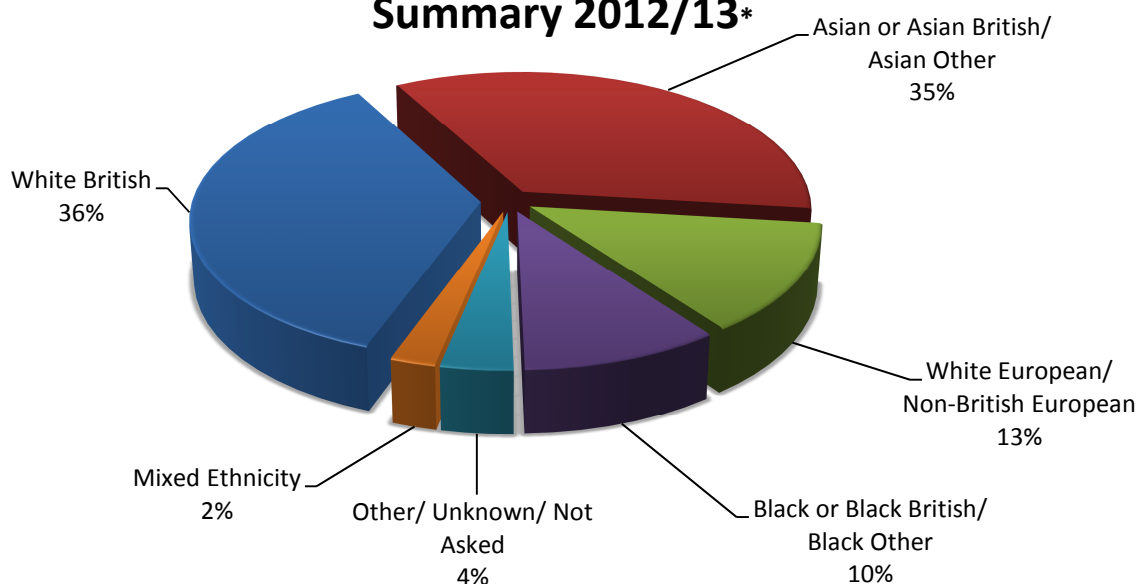
<b>Service Users Ethnicity</b>			
	<b>Male</b>	<b>Female</b>	<b>Total</b>
White British	506	992	1,498
Asian or Asian British/ Asian Other	459	971	1,430
White European/ Non- British European	210	321	531
Black or Black British/ Black Other	126	279	405
Other/ Unknown/ Not Asked	86	62	148
Mixed Ethnicity	42	51	93
<b>TOTAL</b>	<b>1,429</b>	<b>2,676</b>	
<b>Grand Total*</b>	<b>4,105</b>		

\*Incomplete data for additional 84 users

Of the 4,105 users of the advocacy services, only 48% (1,968) were recorded as having accessed advocacy with the rest provided with information or advice only. The number is actually likely to be lower than that as we are aware from monitoring visits that providers are not all using staff with a recognised advocacy qualification or providing true advocacy, even where this is recorded as such.



## Advocacy including Information & Advice Ethnicity Summary 2012/13\*



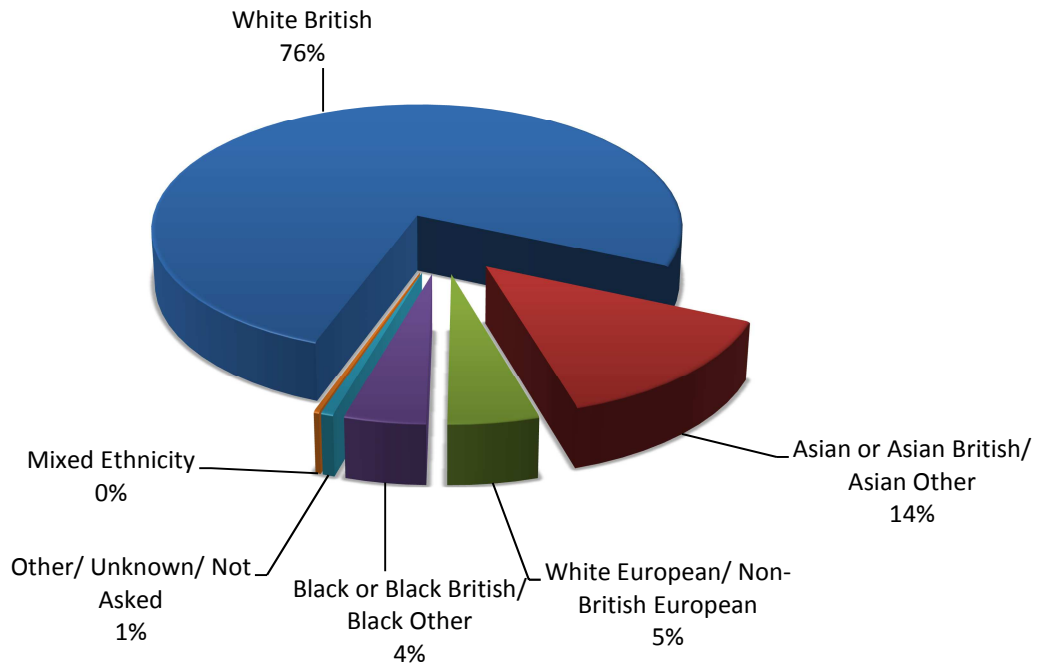
\* Incomplete data for an additional 84 users

Providers who are unable to deliver services that align with the adult social care vision for service users may have difficulty in sustaining business. Where providers are unsuccessful in acquiring future contracts, they may face redundancy costs for staff displaced as a result of lost funding. However, providers are often well placed to deliver services and could develop their business to do this.

### Counselling Services

Service Users Ethnicity			
	Male	Female	Total
White British	507	525	1,032
Asian or Asian British/ Asian Other	82	106	188
White European/ Non-British European	31	35	66
Black or Black British/ Black Other	26	33	59
Other/ Unknown/ Not Asked	3	6	9
Mixed Ethnicity	2	2	4
<b>TOTAL</b>	<b>651</b>	<b>707</b>	
<b>Grand Total</b>	<b>1,358</b>		

## Counselling Services Ethnicity Summary



Investment in mental health provision is increasing overall but counselling services are not an ASC priority. The department is working closely with Health colleagues as these type of services are more closely aligned to their Improving Access to Psychological Therapies (IAPT) services and there is potential for investment from that source. In addition that provision could be utilised by service users from this area in future.

### **How can the negative impact for each group sharing a protected characteristic be reduced or removed?**

Any substantial changes to services which are likely to impact on service users will follow engagement (or consultation where appropriate) with service users and their carers as well as with current service providers. We will ensure there is a robust communication plan to support this process so that service users understand at each stage what is going to happen, where possible service users will inform such change. As part of any new contracts transition plans will be assessed and it will be anticipated a smooth handover will take place.

It is anticipated that there is a low likelihood of many services being withdrawn with no replacement. Furthermore it is also anticipated very few service users who had used the services previously would be affected negatively both because the changes are positive in many cases but also because many of the users are transitory.

In order to help maintain stability in the VCS and support individual organisations who may be adversely affected by any changes, work is being funded by the council to help providers develop sustainable business models in order to limit the impact on the sector and service users.

Where services are identified for decommissioning, providers will receive early notification to ensure appropriate time is available for them to follow due process should any redundancy notices be required.

Services will be specifically targeted at hard to reach groups where this has been identified and so those with protected characteristics will be considered at each stage of the development of new services.

The department will monitor requests for the services and actual users of the services over time, identifying trends across the city, and within specific areas, as they develop over time.

**Question 6:**

**Which relevant stakeholders were involved in proposing the actions recommended for reducing or removing adverse impacts arising from the proposal?**

Finance and Legal Services

**What data/information/analysis have you used to inform your equality impact findings?**

JSNA Data, Provider performance and monitoring information, Carefirst data

**Supplementary information**

**Question 7:**

**Is there other alternative or comparable provision available in the city? Who provides it and where is it provided?**

Health funds some services independently and there is some VCS provision which is jointly funded by Health.

**Can this alternative or comparable provision help reduce or remove the negative impacts identified in Question 5? If not, why not?**

There is potential to help remove negative impacts through the development of service specifications.

**Would service users negatively affected by the proposal be eligible to use this alternative or comparable provision? Would it meet their identified needs?**

As these are not statutory services it is unlikely be will be “eligible” to use alternatives, however there may be other provision they can tap into which is open access or meets their needs. The Council has a duty to meet the assessed needs of people eligible for ASC.

**Question 8:**

**Will any particular area of the city be more affected by the proposal than other parts of the city? What area and why?**

No, city-wide

For example, Government policies, proposals or other types of changes to current provision by public agencies; external economic impacts such as the recession continuing and the economic down turn increasing.

**Question 9:**

**Is it likely that there may be other sources of negative impacts affecting service users over the next three years that need to be considered? What might compound the negative effects of this proposal? Describe any additional negative impacts over time**

**that could realistically occur.**

If further efficiencies are required it is likely to have a detrimental effect upon the sustainability of the market. Changes are being proposed to other services such as the former housing related support services and day services which may impact on some of the same service users or carers.

**Question 10:**

**Will staff providing the service be affected by the proposal/proposed changes? If yes, which posts and in what way?**

This proposal may affect staff in some of the services. Some staff **may** be eligible for TUPE however this is not yet known. Following the remodelling of services where existing providers are unsuccessful in securing funding, this may result in potential redundancies. For the sector as a whole because there is growth/investment it should not mean a reduction in staffing.

**Date completed** .....15/7/13.....

## **Step 2: Consultation on the proposal**

Consulting potential service users on the proposal will provide you with an opportunity to collect information from them on the equality impacts they think may occur as a result of the proposed change, positive as well as negative. For negative impacts, this is an opportunity for them to identify how best to mitigate any negative impacts on them that they think may occur.

**Question1:**

**What consultation on the final proposal has taken place?  
When, where and who with?**

Public consultation took place between 14<sup>th</sup> January to 8<sup>th</sup> April 2014 in relation to advocacy and counselling services. Additional stakeholder consultation was undertaken in relation to the other preventative service areas during the same period. Consultation was undertaken using various methods and stakeholder groups. The consultation included the following:- Stakeholders and provider meetings; postal questionnaires sent to current service users and providers; online questionnaires- LCC consultation webpage - citizens space for members of the public; telephone line; email; existing stakeholder and service user group meetings Consultation has taken place with existing service users; current VCS providers and other provider organisations; stakeholders; members of the public; Members; MP's.

**Question 2:**

**What potential impacts did consultation stakeholders identify?**

**Advocacy services**

The consultation feedback identified a number of issues and potential impacts:

- The need for specialist advocacy provision - highlighting the potential impacts if

option two was not the preferred option.

- Having no access to specialist advocacy services which fully understood the specific needs of that client group would be detrimental to service users.
- There would be a negative impact if the providers did not have the necessary skills and client knowledge required to establish an effective working relationship and trust with a particular client group to deliver an effective, accessible advocacy service.
- Having BME provision with the necessary cultural understanding and language skills where appropriate to deliver the advocacy service. (Support for option 2). See section two of the main executive report for details of the options.

### **Counselling service**

The feedback highlighted the following:

- The need for counselling provision within the mental health services as this is different to the Health IAPT (short term) provision. Feedback from service users and providers suggested there would be a significant impact on people's health and wellbeing if counselling services were not funded in future. Details of the consultation feedback can be found in the appendix 2 - Consultation report

### **What positive equality impacts were identified? For people with which protected characteristics?**

#### **Advocacy services**

- Majority of the stakeholders (includes; service users; VCS providers other stakeholders such as user groups and the public. Details included in appendix 2 - Consultation report) supported option 2 – specialist advocacy provision. The positive equality impact would be that the specialist provision will still be commissioned and provided which would cater for individual need.
- Staff being trained in both advocacy and subject area would support the needs of those with protected characteristics.

#### **Counselling services**

- The continued funding for counselling services would allow vulnerable adults including those with mental health needs, low income people / families/ women to carry on receiving a counselling service

### **What negative equality impacts were identified? For people with which protected characteristics?**

No negative equality impacts with the recommended option.

### **Question 3:**

#### **Did stakeholders indicate how positive impacts could be further promoted? How?**

It was stakeholders that highlighted subject area knowledge and local knowledge were relevant as well as an advocacy qualification. Option 2 was felt to widen accessibility for

advocacy.

**Did stakeholders indicate how negative impacts could be reduced or removed? How?**

In relation to advocacy support for option 2 would reduce impacts raised. In relation to counselling a continuation of funding would reduce the impacts.

**Date completed** .....21/5/14.....

**Step 3: The recommendation (the recommended decision on how to change the service)**

**Question 1:**

**Has your recommended proposal changed from the proposal in Step 1 as a result of consultation and further consideration?**

**Yes**  **No**  **If 'no', go to Question 2.**

**If yes, describe the revised proposal and how it will affect current service users?**

**Counselling services**

The original consultation proposal was to stop funding the current counselling services; The money would be reinvested into other mental health services. This is no longer being recommended as a result of the consultation feedback. We are proposing to continue to fund the counselling services.

Service users should therefore still have access to counselling provision. The only impact would be about a potential change of provider as procurement is a legal requirement.

**Advocacy**

Whilst not changing the proposal, the recommended option is the one which stakeholders (including service users; VCS providers; service users groups; the public details included in appendix 2 – consultation report) supported.

**What are the equality implications of these changes? Identify the likely positive and negative impacts of the final proposal and the protected characteristic affected.**

Go back to the initial exercise you carried out at the beginning, on understanding your equality profile. Re-visit each characteristic and what has changed as a result of amending your recommendation. Revise potential positive and negative equality impacts accordingly.

**Advocacy**

There will be positive equality impacts for advocacy service users who will continue to have access to a specialist advocacy service and also some generic provision available, which will broaden the options for individuals. We will also continue to provide BME specific services. Advocacy service users are usually transient, so current service users will be unlikely to be affected by the proposal. As some contracts do not currently deliver advocacy to the level specified, whilst funding is being removed it is not anticipated that access will reduce accordingly.

**Counselling**

Positive equality impact will be that service users will still have counselling support available to them in the future.

**How can any negative impacts be reduced or removed?**

n/a

**Question 2:**

**Are there any actions<sup>5</sup> required as a result of this EIA?**

Yes

No

If yes, complete the action plan on the next page.

**Date completed** .....22/5/14.....

**Step 4: Sign-off**

<b>This EIA completed by</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Lead officer			
<b>Countersigned by</b> Equalities Officer	Irene Kszyk		
<b>Signed off by</b> Divisional Director			

**Completion** - Keep a copy for your records, and **send an electronic copy** of the completed and signed form to the [Corporate Equalities Lead](#) for audit purposes

<sup>5</sup> Actions could include improving equality information collected or identifying the actions required to mitigate adverse impacts identified in the EIA.