DRAFT Budget 2017-18: Equality Impact Assessments – Service-Users and Staff

The council is legally required by the Equality Act 2010 to evidence how it has rigorously considered its equality duties in the budget-setting process. To achieve this, Equality Impact Assessments (EIAs) have been completed on all budget proposals with a potential impact on service-users, related to their legally protected characteristics. Further assessment will be made through the budget consideration process and in relation to implementation, if budget proposals are accepted. An assessment of the cumulative impacts across proposals will also be available with the budget papers for full council.

Members are referred to the full text of s149 of the Equality Act 2010 – included at the end of this document – which must be considered when making decision on budget proposals.

| Directorate | Service | EIA number |
|-----------------------|--|------------|
| | Disability and mental health contracted services | 1 |
| | Residential and short breaks provision | 2 |
| | Community Care – learning disabilities | 2a |
| | Adult Learning Disability community support service | 3 |
| | Adult Learning Disabilities Accommodation Services – Residential Care | 4 |
| Families, Children & | Learning Disabilities Accommodation Services – Supported Living | 5 |
| Learning | Music and Arts | 6 |
| | Youth Service | 7 |
| | Midwifery and universal services | 8 |
| | Qualification bursary and database | 9 |
| | Integrated Team for Families and Parenting Services (ITFPS), Early Help Hub, Families, Children & Learning | 10 |
| | Living Without Violence Programme | 11 |
| Health & Adult Social | Physical Disability and sensory loss and Mental Health services : Community Care Budget | 12 |
| Care | Independent Living (Occupational Therapy Service) | 13 |

| | Ireland Lodge Residential Unit | 14a |
|------------------------------|---|-----|
| | Wayfield Avenue Residential Unit | 14b |
| | Easylink Service for shopping trips operated by Community Transport | 15 |
| I | Re-procurement of the Self-Directed Support Service | 16 |
| | Community Meals | 17 |
| | Community substance misuse services (Pavilions) | 18 |
| | Sexual Health | 19 |
| | Public Health nursing contracts for Healthy Child Programme 0-19 | 20 |
| | Parking & Network Operations | 21 |
| | Supported Bus Services | 22 |
| Economy, Environment, | Subsidy for provision of sport and leisure activities within city parks | 23 |
| and Culture | Public conveniences | 24 |
| | Royal Pavilion & Museums | 25 |
| | Housing options and housing needs | 25a |
| National and a | Libraries | 26 |
| Neighbourhoods, | Third sector investment programme | 27 |
| Communities and | Regulatory Services | 28 |
| Housing | LGBT Community Safety Officer | 29 |
| E' | Revenues and Benefits: roll-out of Digital First | 30 |
| Finance & Resources | Revenues and Benefits: Council Tax Reduction | 31 |
| | Democratic Services: print and services | 32 |
| Strategy, Legal & Governance | Democratic Services: Members' Allowances | 33 |
| | Life events: Bereavement and Registration Services | 34 |
| | Communications | 35 |
| Housing Revenue Account | Housing: service charge for door entry systems | 36 |

| 1. Service Area | Health, SEN & Disability | 2. Proposal No. 1 |
|--|--|------------------------|
| 3. Head of Service | Regan Delf, Assistant Director, Health, SEN & Disability | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | |
| 4. Budget Proposal | Review of contracted services to ensure value for money and effective service delivery in the areas of disability and mental health. Proposed reduction of £86,000 in 2017/18 | |
| | Highlight the most significant disproportionate impacts on groups | |
| 5. Summary of impacts Disability: These savings have already been negotiated with contracted services with One larger contract with AMAZE has been retendered and a further large contract with (Barnardo's). | | |
| | Savings have been planned to have minimal impact on any group. | |
| 6. Assess level of impact | 1 | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| 7. Key actions to reduce negative impacts | Disability: Some services, particularly training for parents, are being brought indeliver and therefore the service will not be lost. Funding for support to families Disability Living Allowance via AMAZE will be continued for a further year. | |
| | Age : this proposal affects children and young people with disabilities we will work community and voluntary sector groups to minimise any negative impacts: | k collaboratively with |

| | Other: Carers of children and young people with disabilities will continue to be supported. |
|------------------------------|---|
| 8. Full EIA? | No |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Working together with the CCG and Public Health, data will be gathered from JSNAs and service user feedback to enable the most effective joint commissioning of services with funding from across agencies. Data collated monthly on numbers of disabled children in need, on the Child Protection Register and in care are collected to ensure there is no unanticipated rise in numbers. Additionally work with AMAZE and the Parent and Carers Council will ensure parents and carers are able to give feedback on the impact of proposals so these can be kept under review and action taken as needed. |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | Benefit caps and reductions in welfare payments are likely to impact on families of disabled children as these families may not be able to work for as long hours or at all on account of extra caring responsibilities and are thus more often in poverty. |

| 1. Service Area | Health, SEN & Disability | 2. Proposal No. 2 | |
|-----------------------|--|--|--|
| 3. Head of Service | Regan Delf, Assistant Director, Health, SEN & Disability | | |
| 4. Budget Proposal | What is the proposal? Use the savings proposal wording and more detail if ne | eded | |
| | Reduction in short breaks and respite care for disabled children - budget saving local provision options and thus reducing further the need for independent and in the current provision of in-city residential and short breaks provision to be re-st resource for long term full-time residential support thus preventing the need for for children in care or needing residential provision - better and more flexible us families needing short breaks. A reduction in agency placement costs will be achieved by creating a further sm beds within Drove Road/Tudor House residential homes - this will reduce the neand will increase the opportunity for disabled children and young people to stay. This may require some further internal building work within Drove Road to account is likely to require the use of some current office accommodation on the top. A reduction in the need for four-five independent and non-maintained residential this savings to be made. | non-maintained placements ructured to provide increased agency out of city placements e of direct payments will support hall number of additional full time eed for external agency places in the local area. mmodate more young people of floor. | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | Age & Disability: This proposal impacts on children and young disabled people impacts from this proposal, particularly enabling more disabled children and you residential and care provision being able to receive this in the city closer to hom rather than in out of city independent placements | ung people needing full time | |
| | However increasing full time beds at Drove Road and Tudor House will have an | impact on availability of | |

| | overnight short breaks (ie one or two nights a week) – steps will be taken to mitigate this as far as possible. |
|---|--|
| | Other impacts: Family Carers of disabled children may have reduced ability to work and can be financially disadvantaged. This is particularly the case for single parent families where the additional care needs of children may not be shared to the same extent. Although proposals are designed to avoid reduction in front line services and support for families with disabled children it may not be possible to mitigate this entirely |
| 6. Assess level of impact | 2 |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| 7. Key actions to reduce negative impacts | To mitigate the impact of a reduction in short break residential options at Drove Road and Tudor House, plans are in place to offer an extension of other short break options, to increased extended day provision from the new special school integrated hubs, and better use of direct payments will be put in place with improved recruitment and training of personal assistants. |
| | The Children's Disability Service has adopted the FACE resource allocation system which provides a transparent and equitable system for allocating short break and respite provision. Particular stresses and burdens on families are picked up through this assessment system and will allocate differential resource for eligible families accordingly. |
| 8. Full EIA? | Not needed at this stage – will be produced before the beginning of the new financial year. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Impact on all service users will be monitored via single assessments and annual care plan reviews. Additionally monthly data and performance reports will check that there is no negative impact on children on child protection register or needing to come into care. |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| impacts | No direct connection to other savings areas at present though it is expected there will be increased demand on the Direct Payments Budget. |
| | |

| 1. Service Area | Adult Learning Disability Assessment – Families, Children and Learning 2. Proposal No. 2a |
|-----------------------|---|
| 3. Head of Service | Regan Delf |
| | What is the proposal? Use the savings proposal wording and more detail if needed |
| 4. Budget Proposal | The Financial Recovery Plan proposes a saving of £0.65m by reducing the spend on the Learning Disabilities Community Care Budget. |
| | Highlight the most significant disproportionate impacts on groups |
| 5. Summary of impacts | Vulnerable people in the City are assessed in accordance with the Care Act 2014 to see if their eligible needs need to be met with care and support. 850 adults with a learning disability and / or autism have eligible needs and are currently receiving a service paid for via the Community Care budget. Services being provided are: Residential Care, Supported Living, Community Support and Day Options. Any reduction in the community care budget will have a direct effect on the amount or the way support and care is offered. |
| | Care costs are steadily increasing and there is an increasing level of complex needs being identified resulting in higher care costs. This is a trend reflected nationally as well as locally. For people and their families there could be a perceived reduction in the level of service they receive or potentially a change in provider, and approach, which can be unsettling for users and families. |
| | Disability : How to manage new conversations will require staff to manage any changes in expectations carefully and skilfully. Direct payments must continue to be promoted (Care Act 2014) as a way to deliver more creative and sustainable modes of support and care, however these are not appropriate for a large majority of Service Users with higher support needs. |
| | Ethnicity : People from minority ethnic groups may continue to face disproportionate impacts, for example reduction in budgets for translators or for more in-depth work. |

Gender reassignment: As we are trying to increase engagement with this group, and recent research shows that despite the city being 'trans-friendly' for people identifying as trans discrimination, abuse and isolation is still a problem, thus any reduction in funding may impact negatively on any extra initiatives in this area. **Sexual orientation**: Some LGB people still remain silent or hidden. At a time of resource realignment there is a risk that these groups become more distant or marginalised. Other groups: People with Learning Disabilities who are in transition from Children's to Adults services at this time of resource realignment may be adversely affected as transition can take longer if not managed creatively and resources are not targeted effectively. This can mean young people with Learning Disabilities could experience a delay in accessing services they are entitled to when reaching 18, such as extra benefits. The Care Act 2014 places a requirement on Local Authorities to assess Carers. Work provided by carers in the city is of huge value, representing a huge saving. Any threat including any funding restrictions could have a direct effect on carers to continue in their caring role. 2 – There is an obligation to meet statutory need and there is a clear plan to implement a method of operating 6. Assess level of using the wellbeing and prevention approach as well as an asset based approach to our support and care offer impact see below What actions are planned to reduce/avoid negative impacts and increase positive impacts? The Care Act asks for more than just Adult Social Care to look to offer support to people, instead recognising that a city-wide approach much be embraced encompassing all services from housing through to leisure to 7. Key actions to enhance the lives of vulnerable people. reduce negative impacts Therefore, a new asset based approach is needed, a fundamental and radical rethink to help develop a new conversation with the public about how people, friends and families as well as communities can help people to remain independent. The integration agenda with health gives opportunities to reduce duplication and work in a more joined up way to proactively identify those people who may be at risk of going into hospital or residential care and thus

manage risk, help people to live life and have a good death. Together we will ensure improvements in consistency particularly around the giving of information and advice to service users in how to access information, and get support to manage their own care needs.

We aim to carry this out by:

- Providing individuals living with families support to manage and sustain their care arrangements for as long as possible.
- Ensuring the right level of support takes place in the most appropriate setting; maximising independence, health and wellbeing.
- Continuing to offer personal budgets to clients to meet support needs in cost effective way, and
 promoting direct payments as a means of stimulating more creativity and choice about how people can
 meet their eligible needs.

Technology must be available for people to be supported remotely and in a modern way from telecare through to telehealth and other technologies and a raft of equipment which can help people remain independent.

A new reviewing framework will invite our partners to join us in reviewing people in a timely way and is intended to release care capacity and target those most in need.

New and VFM commissioning of appropriate supported living and accommodation services for people with Learning Disabilities will add to the savings in the long term and increase the quality of life for a small but significant cohort of people.

A new reviewing framework across Adult Social Care of our Independent Sector Providers, which includes integrating a digital platform for Performance, Activity and Quality information, will invite our partners to join us in ensuring we only gather and report on information that is needed in a timely way, and help us to ensure support is outcome focused, and resources are directed to those that are most in need.

An enhanced crisis provision service within CLDT will provide targeted prevention work to the highest need service users in the city, working to prevent hospital admissions and placement breakdowns, which can result in higher cost placements being required in the future.

| | The Service will comply with the new Accessible Information Standards (S.250) of Health and Social Care Act 2012. Commissioners across Children's and Adults services will work together with providers to prioritise assignment of resources, and ensure that the additional focus on all protected groups can continue. |
|------------------------------|--|
| 8. Full EIA? | Not needed |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Service users will have their statutory individual Care Reviews Contracts will be monitored via the Commissioning and Performance Team |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| | Housing is a key player to deliver good support and care. Any significant reduction in access to suitable housing will have a direct effect on the CCB |
| 10. Cumulative impacts | Public health as a partner is key in promoting wellbeing and healthy lives this is critical to stem any future and immediate demand. |
| | The CCG are a key partner and currently there are some joint funding arrangements in place to share some community care costs for people being discharged from specialist LD hospitals. Any reductiton in funding from the CCG would have a direct effect on the community care budget. |

| 1. Service Area | Families Children & Learning Directorate Learning Disability – Adults Provider – Community Support Service | 2. Proposal No. 3 | |
|---|---|-----------------------------------|--|
| 3. Head of Service | Regan Delf – Assistant Director Health, SEN & Disabilities | | |
| | What is the proposal? Use the savings proposal wording and more detail if n | eeded | |
| 4. Budget Proposal | Savings £30,000 from a budget of £196,000 – 15.3% This service provides support & advice to adults with learning disabilities who relating to mental health and/or substance misuse who are living independently. The proposal is to restructure the management of the team. | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | All service users are disabled – however, there is no reduction to front line serminimal impact to users of the service. | vice provision so there will be a | |
| 6. Assess level of impact | 1 | | |
| 7. Key actions to reduce negative impacts | What actions are planned to reduce/avoid negative impacts and increase p | positive impacts? | |
| | All service users who have a statutory entitlement to ASC and who need Community their needs, will continue to receive this service | munity Support provided to meet | |
| 8. Full EIA? | Not needed | | |

| 9. Monitoring and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
|------------------------|--|--|
| Evaluation | Review of changes after 6 months will highlight any unanticipated adverse impact which can then be minimised. | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| | None envisaged | |

| 1. Service Area | Families Children & Learning Directorate Adult Learning Disabilities Accommodation Services – Residential Care | 2. Proposal No. 4 |
|-----------------------|---|------------------------------------|
| 3. Head of Service | Regan Delf - Assistant Director Health, SEN & Disabilities | |
| | What is the proposal? Use the savings proposal wording and more detail if r | needed |
| 4. Budget Proposal | Learning Disabilities Accommodation services is the Council's directly provided residential care and supported living service for people with a learning disability. The proposal is that the Council will no longer directly provide 3 of its Registered Care Homes and these services will be re-provided through the independent sector. Following consultation to implement outcomes/model to deliver the savings required. The re-procurement of this service is currently in progress with contract start date for new providers being 1 st April 2017 | |
| | Highlight the most significant disproportionate impacts on groups | |
| | In future service users will not be able to choose accommodation provided dir | ectly by the Council |
| | Some people may have their care and support provided by the independent s directly provided service. | ector rather than the Council's |
| 5. Summary of impacts | Specific impacts: Age: Some service users are older and may have a dementia diagnosis - ensemble. | sure specific needs continue to be |
| | Disability : All service users affected have learning disabilities some also have may be on the autistic spectrum. Support required to cope with change which staff will be transferring to new care provider. | |
| | Carers: Family Carers may anxious about change of care provider | |

| 6. Assess level of impact | 2 | |
|---|---|--|
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| 7. Key actions to reduce negative impacts | All service users with a learning disability who have a statutory entitlement to ASC and who need accommodation provided to meet their needs will continue to receive services. There has been a three month consultation with service users to ensure that their service can continue to meet their needs. The three month consultation included Carers advocates and their families It will also look at needs on an individual basis. Ensure good handovers to new care providers. | |
| 8. Full EIA? | Completed in 16/17 as part of the consultation process | |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
| 9. Monitoring and Evaluation | Service users will have their statutory individual Care Reviews Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team | |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| 10. Cumulative impacts | There could be further delays to the re-procurement processes The costs of the re-procured services will be met via the Learning Disability Community Care Budget and budgets for the transferred In House Provision will be transferred to this budget minus required savings. There are pressures on the Community Learning Disability Team which could potentially impact upon monitoring of new providers for individual service users. | |

| 1. Service Area | Families Children & Learning Directorate - Learning Disabilities Accommodation Services - Supported Living | 2. Proposal No. 5 | |
|-----------------------|--|-----------------------------------|--|
| 3. Head of Service | Regan Delf - Assistant Director Health, SEN & Disabilities | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| | Learning Disability directly provided supported living services £223,000 from a budget of £2,013,000 – 11.1% | | |
| 4. Budget Proposal | Learning Disabilities Accommodation services is the Council's directly provided residential care and supported living service for people with a learning disability. The proposal is that the Council will no longer directly provide 8 of its Supported Living services and these services will be re-provided through the independent sector. Following consultation to implement outcomes/model to deliver the savings required. The re-procurement of this service is currently in progress with contract start dates for new providers being 1/4/17 and 22/6/17 | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| | In future service users will not be able to choose accommodation provi Some people may have their care and support provided by the independent of the council's directly provided service. | * * | |
| 5.0 | Specific impacts | | |
| 5. Summary of impacts | Age: Some service users are older and may have a dementia diagnosis | | |
| | Disability: All service users affected have learning disabilities some also have physical disabilities and some | | |
| | may be on the autistic spectrum. Support required to cope with change which staff will be transferring to new care provider. | will be kept to a minimum as care | |
| | Carers: Family Carers may be anxious about change of care provider | | |

| 6. Assess level of impact | 2 | | |
|---|--|--|--|
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| 7. Key actions to reduce negative impacts | All service users with a learning disability who have a statutory entitlement to ASC and who need accommodation provided to meet their needs will continue to receive services. There has been a three month consultation with service users to ensure that their service can continue to meet their needs. The three month consultation included Carers advocates and their families It will also look at needs on an individual basis Ensure good handovers to new care providers. | | |
| 8. Full EIA? | Plan transition to new accommodation where there is a relocation of the service planned (one service) Completed in 16/17 as part of the sensultation present. | | |
| o. ruii Eix. | Completed in 16/17 as part of the consultation process | | |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | |
| 9. Monitoring and Evaluation | Service users will have their statutory individual Care Reviews Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team | | |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | | |
| 10. Cumulative impacts | There could be further delays to the re-procurement processes The costs of the re-procured services will be met via the Learning Disability Community Care Budget and budgets for the transferred In House Provision will be transferred to this budget minus required savings. There are pressures on the Community Learning Disability Team which could potentially impact upon monitoring of new providers for individual service users. | | |

| 1. Service Area | Music & Arts | 2. Proposal No. 6 | |
|---|---|-------------------|--|
| 3. Head of Service | Peter Chivers | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| 4. Budget Proposal | The majority of council funding to Brighton & Hove Music & Arts ceased from April 2016. The service is currently part of a Tender Process aimed at making the service sustainable if proposed plans to leave the council are implemented. Funding reduction is £7,000. | | |
| | | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | A potential reduction in funding should not impact on any one group more than another. The overall ability of the service to provide such a broad range of music opportunities could be affected depending on the amount of funding reduction | | |
| | The ability of the service to provide such a range of subsidies for families on low incomes could be affected with a reduction in funding | | |
| | The ability of the service to provide good quality instruments for loan and hire could also be affected by a reduction in funding and these are prioritised for families on low incomes | | |
| 6. Assess level of impact | 2 | | |
| 7. Key actions to reduce negative impacts | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |

| | Whilst ensuring that opportunities provided by the service are sustainable the fee structure will be set so that any increases in charges will kept to an absolute minimum The service will retain subsidies for families on low incomes of 80%, 50% and 20% to support access to music opportunities in the city. |
|------------------------------|--|
| | music opportunities in the city The service will continue to offer a first access programme to every Primary school of a minimum of one term's instrumental tuition for each child in a specified year group, free at the point of delivery The service has developed a service level agreement with the Virtual School for Children in Care that prioritises opportunities for Looked After Children and ensures that tuition is provided free of charge The service will continue to signpost families to organisations that can support with grant funding such as the Brighton & Hove Music Trust, Encore and the Pebble Trust The service will be continuing to prioritise opportunities for children with Special Educational Needs and Disability through a programme of free workshops and the inclusive ensemble o360. Funding has been |
| | allocated to provide opportunities for children with SEN/D and individual tuition is also offered where this better meets individual needs. Targeted programmes will be offered to schools identified as having the lowest numbers of pupils engaging in music The service will explore other potential sources of funding such as working with schools to use Pupil Premium as a means of supporting access to tuition. |
| 8. Full EIA? | The last service EIA was completed in December 2013 and a further EIA will be undertaken once the outcome of the tender process is known. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Service data on the uptake of activities by different protected groups Service data on the number of families accessing subsidised tuitions schemes Evaluation of service activities by different stakeholders including parents/carers, children and young people, Parents and Friends Association |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| impacts | The shared use of the current building has contributed towards some of the operational costs |

| 1. Service Area | Youth Service | 2. Proposal No. 7 | |
|-----------------------|---|-------------------|--|
| 3. Head of Service | Rachel Carter | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| 4. Budget Proposal | The Youth Review last year recognised a reduced investment requirement for in-house provision of targeted youth work, youth engagement and central support/coordination, and for commissioning of open access provision for targeted neighbourhoods/communities from CVS providers. The intention was to develop a wider trust arrangement. Subsequently it is proposed that more significant savings are made which would lead to the overall budget being just over £200,000. This needs to pay for statutory advocacy work. Once Budget Council has made a final decision the current provision will need to be significantly re-designed and it is unlikely that the council will be able to fund general youth work. A tender process for outsourced activity has therefore been suspended for now. The management post has also been deleted. This is a reduction of £800,000 on a net budget that is currently £1,004,000 | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | Youth work takes place in different areas across the city, including areas of high deprivation and poverty such as Whitehawk, Moulsecoomb, Hangleton and Knoll, Tarner and areas of the city centre. Economically disadvantaged people / young people and the most vulnerable people in our communities will be affected. Changes to youth services will specifically impact on young people and their families. By stopping the general | | |
| | youth service this will reduce the numbers of young people receiving this support. The provision of confidential advice and signposting to other services will no longer be available. Disability: Young disabled people, or with a learning disability, mental health condition or a long-term illness may face additional physical and social barriers to accessing services and may be disproportionately affected the removal of the youth service. | | |

Ethnicity: Reduction in support may impact on accessibility. BME young people report their main issues are education, employment, racism and racial discrimination and mental health and well-being. **Gender**: The closure or reduction in open-access youth services may disproportionately impact on boys since they tend to use youth services the most. There is a higher need for girls around support with bullying, smoking and alcohol whereas for boys more support is needed with discouraging the misuse of prescription drugs **Gender reassignment**: The Trans Needs Assessment states that 55 young trans people are in contact with local specialist youth provision. Transgender young people leave school earlier than any other group and are more likely to report bullying and harassment at school. Trans young people are more likely to suffer from social isolation, exclusion and bullying, so a reduction in youth support services may exacerbate this. Child poverty: 3,333 young people aged 13-18 years were identified as living in one of the 20% most deprived Lower Super Output Areas in England. Schools in East Brighton report more bullying than the rest of the city – possibly linked to higher levels of deprivation. Carers in vulnerable communities or families with low income will have reduced options for their children to be involved in positive activities. Increased vulnerability of young people, including those with protected characteristics following the closure or reduction of youth work provision where they can access confidential support and guidance from an adult with respect to exploring their identify, finding acceptance or finding out about other services. A range of statutory services will be retained which include the Youth Advocacy Service. Decisions on funding have not been made regarding targeted work for disabled, LGBT and BME young people. 6. Assess level of 5 impact What actions are planned to reduce/avoid negative impacts and increase positive impacts? 7. Key actions to reduce negative The actions planned are to undertake a consultation with the service, users of the service, CVS and other impacts stakeholders to better understand the impacts. Identify funding that we believe is going to be available locally to ensure that it meets the needs of the most

vulnerable young people and protected groups. Influence and shape funding and other activities to ensure that they meet the needs of diverse young people, especially those who are most vulnerable.

Public health funding that supports specific roles in the youth work teams will be addressed separately.

As part of the City Employment and Skills Plan a Services Action Group has been established which has as one of its core aims to identify current funding regimes and explaining emerging ones with specific reference to the projects funded through the Building Better Opportunities Programme which is ESIF match funded by the Big Lottery, which are starting to roll out in the Coast to Capital area. There are six projects which cover the Brighton & Hove area and the primary project delivering to young people is being run by Barnardo's and aimed at 16-24. There is a further call out via the LEP for applications to support NEET young people in the area, with specific reference to SEN and care leavers.

There is an opportunity to work with Sussex Learning Network who have been granted significant funding to support young people in the most deprived areas of Sussex including Brighton and Hove, into higher education. This is part of the National Collaborative Outreach Programme funded by HEFCE. There is scope to deliver this in ways to support re-engagement, resilience and keeping young people in an educational setting.

- Support to CVS to explore alternative funding strategies which are less / non reliant on LA funding
- Information and links for young people friendly activities provided by other BHCC departments and youth sectors such as uniformed and faith based groups.
- Services that support statutory provision in youth areas will continue in some form, such as the advocacy services.
- Outdoor Education Advisory support to move into a traded service for schools and other centres.
- The Duke of Edinburgh award scheme will continue to be delivered by schools in Brighton & Hove Schools.

Decisions on funding have not been made regarding targeted work relating to disabled, BME and LGBT young people and there needs to be an evaluation of the current contact and decisions made following due process. The intention of the recent review is to protect funding for work with young people with protected characteristics.

8. Full EIA?

Alongside the consultation a further assessment of equality impacts will be undertaken.

| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
|---------------------------------|--|
| 9. Monitoring and Evaluation | Assurances will be sought from the Coast to Capital LEP to be fully briefed on impact of BBO bids in the region with attendance at the Steering Group for these bids. |
| | Working in partnership with local CVS organisations to be fully briefed on impact of their activities with protected groups. |
| | Participation in steering groups where appropriate to ensure organisations are meeting the local requirements and supporting vulnerable young people in the city. |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | There will be other proposed reductions to services to families from other departments that may impact on families and therefore indirectly to young people in those families. |
| | Impact of budget proposals for sports development and the reduction overall therefore of non-educational development opportunities for young peoples (non-youth work) in the city may impact on their physical and mental well-being, general development, socialising skills. |
| | The proposed additional reduction in funding for the Third Sector Commission would impact on the ability of CVS groups to address impacts outlined above. |

| 1. Service Area | Children's Centres | 2. Proposal No. 8 | | |
|-----------------------|---|---|--|--|
| 3. Head of Service | Caroline Parker | | | |
| | What is the proposal? Use the savings proposal wording and more detail if no | eeded | | |
| 4. Budget Proposal | Income from midwifery for clinics and running cost savings (£40,000) Review of universal groups run in children's centres and play and learn groups in libraries, reducing fu for the Brighton & Hove Unemployed Centre and reduction in administration (£40,000). | | | |
| | Highlight the most significant disproportionate impacts on groups | | | |
| | The additional income from midwifery, running cost savings and reduction in ac impact. | dministration will not have an | | |
| | The other services are aimed at children under 5 so there would be an impact families living in poverty if the funding reduction leads to the closure of the Brig or a reduction in the number of open access groups. | U 1 ' | | |
| E Cumamany of | Age: children under 5 years | | | |
| 5. Summary of impacts | Disability: Children's Centres offer specific groups for disabled children and th | eir parents which will not change. | | |
| | Ethnicity : The majority of children using the Brighton Unemployed Centre Crècthere would be an impact if the crèche closed. Monitoring of universal groups of children are BME. The largest group is White Other (13%) followed by Other in attendance across the city with the Tarner children's centre having the largest | shows that across the city a third Mixed (4%). There is a variation | | |
| | Gender : The vast majority of parents using the services are women. Any char disproportionally on women who have young children. | nges to the service will impact | | |
| | Religion/Belief: Monitoring shows that around 40% of all children's centre use are Christian and 10% Atheist. There could be a disproportionate an impact if | | | |

| | Crèche closed. | |
|---|--|--|
| | Sexual orientation: There are no proposals to change the children's centre LGBT Rainbow Families Group. | |
| | Child poverty : The reduction in funding for the Brighton Unemployed Centre will impact on families living poverty whose children are not eligible for free childcare places for 2, 3 or 4 year olds. For example young children or where children are already receiving funding with another childcare provider. Any reduction in access groups may impact on families living in poverty as they are less able to travel to attend other groups. | |
| | Other groups : The reduction in funding for the Brighton Unemployed Centre could impact on families living in poverty whose children are not eligible for free childcare places for 2, 3 or 4 year olds. For example younger children or where children are already receiving funding with another childcare provider. | |
| 6. Assess level of impact | 2: Overall the funding reduction is small so will have a minimal impact on a small number of people. There could be a more significant impact on vulnerable people if the Brighton Unemployed Centre Crèche closes. In that circumstance we anticipate that the impact would be at level 3. | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| | The Brighton Unemployed Centre Crèche is registered to receive funding for free childcare places for two year olds and will be encouraged to increase the use of this funding in the future. | |
| 7. Key actions to reduce negative impacts | Reviewing universal groups will take account of the number and level of disadvantage of children and families attending the groups, whether more groups can be supported by volunteers and what other groups are available locally. | |
| | All disabled two year olds eligible for the Disabled Living Allowance are entitled to free childcare places. | |
| | From September 2016 3 and 4 year olds with working parents can access 30 hours of free childcare a week – helping families living in poverty to access work. | |
| 8. Full EIA? | Not needed at present. This will be kept under review. | |

| 9. Monitoring and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
|-------------------|--|--|
| Evaluation | Future monitoring of the use of universal groups and Brighton Unemployed Centre Crèche. | |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| impacts | Other changes to early help services may impact on women, BME families and families living in poverty. | |

| 1. Service Area | Early Years and Childcare | 2. Proposal No. 9 | |
|--|---|-------------------|--|
| 3. Head of Service | Caroline Parker | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| 4. Budget Proposal | Reduction of qualification bursary scheme for private, voluntary and independent early years and childcare providers – saving £30,000 Reduce administration by introducing a self-service database for childcare providers – saving £20,000 Saving of £50,000 | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | The early years and childcare workforce is predominantly female so a reduction on spend on bursaries may have a disproportionate impact on women if apprenticeship funding is insufficient. There is also a (slight) risk that children attending early years and childcare settings in the city may be affected | | |
| | pposals. | | |
| 6. Assess level of impact | 1 | | |
| What actions are planned to reduce/avoid negative impacts and increase positive im | | sitive impacts? | |
| 7. Key actions to reduce negative impacts | New apprenticeship funding mechanisms should provide suitable alternative funding for childcare qualifications. There is, however, current uncertainty about how this will affect childcare providers and the funding will be enough. The Government is expected to publish a workforce strategy for the sector | | |

| | may clarify the funding situation. The local authority will lose any influence on the quality of the provision of early years qualifications in the city but will seek to work with training providers to keep courses affordable and will actively promote apprenticeship funding to childcare providers in the city. Early Years and Childcare team will work with providers to ensure apprenticeship funding is accessible for all people and quality is maintained |
|------------------------------|---|
| 8. Full EIA? | No |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | As we are completely removing the bursary funding it will be difficult to monitor the impact as we will have no role in qualification provision. However, we will try to engage with training providers to encourage good take up of apprenticeship funding and ensure childcare providers can contact us regarding funding issues. |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| impacts | The proposals will result in greater numbers of apprentices in the city. |

| 1. Service Area | Integrated Team for Families and Parenting Services (ITFPS), Early Help Hub, Families, Children & Learning | 2. Proposal No. 10 | |
|-----------------------|--|--------------------|--|
| 3. Head of Service | Emma Cockerell and Caroline Parker. | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| | Integrated Team for Families and Parenting Service (ITFPS) & Early Help H | lub: | |
| 4. Budget Proposal | There are three proposals in the Budget: Integrated Team for Families and Parenting Service - To restructure the staffing of the service and reduce running costs. (£80,000) Early Help Hub and the Family Information Service - to restructure the service (£100,000) Redesign of early help services across Families, Children & Learning (£300,000) to include the Earl Help Hub, Parenting, Family coaching and the repercussions of the ending of the Troubled Families programme by 2020. Currently available resources by 2020 will reduce by two thirds. Services will not not not not not not not not not not | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | Tradiction in carvicae which will impact on protected aroline. The areatest disproportionate impact is i | | |

ITFPS and the Early Help Hub work with families who have multiple complex needs that generally fall just below the social work threshold. The Family Coaches, Early Help co-ordinators and Parenting Practitioners work with individuals within families of all ages as well as all other protected groups. A reduction in the ITFPS and overall Early Help budget will result in a reduced number of workers. Consequently the current service offer will need to reduce which will impact on all protected groups.

There is currently a high demand for the service (all referrals to ITFPS are screened to identify level of need at the Early Help weekly allocation meeting) with waiting times of between 4-6 weeks. Increased waiting times or rejecting referrals with this level of need due to lack of resource is likely to result in increased pressure on social work teams i.e. families referred to MASH as situation escalates and social workers not being able to step down to Early Help due to ITFPS or the Early Help Hub not being able to pick up this work. The increase in referrals to social work is likely to lead to an increase in children subject to a child protection plan and to becoming Looked After as the lack of prevention services results in family problems worsening and increasingly expensive resources required to address.

The Early Help Hub and ITFPS will have to reduce the number of staff it employs, and as a result there will be a reduction in the number of people they can support, and the areas of support they cover.

There may be increased waiting times to access services, which will lead to an increase in re-referral rates to the MASH (Key Performance Indicator). This is as a result of remaining staff being required to support greater numbers of service users and professional groups to effectively co-ordinate planning and in such circumstances they could feasibly struggle to adequately meet and stem needs. This in turn will increase pressure upon Children's Social Work, Health, Education partners and Police colleagues.

Age: Both the ITFPS and Early Help Hub work with children and young people 0-19 and their families. Children are entirely dependent upon others to have their needs met and in many cases are dependent upon a professional network for those needs to be identified and acted upon by others. A reduction in staff identifying need, assisting other professionals in managing needs and providing early help is likely to lead to an increase in the numbers of children referred for higher levels of intervention.

Age potential impact – significant – Level 5.

Disability: The majority of families worked within ITFPS and the Early Help Hub are affected by a substantial and long term health issue (both physical or mental impairment). A large number of secondary school age children/young people worked with have mental health issues that are disrupting their social life, emotional wellbeing and education that will impact on them in the long term. Engaging and supporting them and their parents, including accessing specialist services is crucial in minimising future adverse outcomes. In addition

many of the parents/carers that we are working with have health conditions that are severely impacting on their and their children's lives. A reduction in funding will impact on the ability to deliver this service and is likely to increase pressure on adult social care as well as children's social work

Disability potential impact – significant – Level **5**.

Ethnicity: The service works with families and individuals within families from a range of ethnic backgrounds therefore a reduction in funding will impact on the ability to deliver this service. The extent to which this is a disproportionate will depend on the outcome of the redesign.

There is evidence that children subject to a BME background are proportionately more likely to become subject to Child Protection Plans. ITFPS and the Early Help Hub are currently engaged in tackling inequality of provision within preventative services to BME groups.

The school preference advisor has a particular role in navigating and supporting children to access education across the city. The advisor works predominantly with BME and travelling families (only 13% of his caseload is White British). This role is cited as particularly helpful for families who are new to the city. If the service redesign concluded that this role should end then there would be a disproportionate impact on BME families.

Ethnicity potential impact – Level 4

Gender: There are a disproportionate number of women accessing ITFPS and Early Help interventions and specific provision has been put in place to engage more men onto programmes and work with fathers not living in the family home to positively engage with their children. A reduction in funding will impact on the ability to deliver this service. The recent welfare reforms brought into being through government policy have been demonstrated to disproportionately fall upon single households, which are in the main predominantly headed up by single mothers. A key aspect of the work of the Early Help Hub is assist families in navigating the complex world of welfare reform through the provision of support to access education, training and employment and in preventing crisis in respect of a family's housing.

Gender potential Impact – Level - 5

Gender reassignment: The service works with individuals within families who are intending, started or completed the process to change gender. Workers have been trained in gender reassignment and have knowledge of specialist services that are able to offer further support. A reduction in funding will impact on the ability to deliver this service.

Gender reassignment potential impact – Level 4.

Religion/belief: The service works with families and individuals within families from a range of religions and belief systems therefore a reduction in funding will impact on the ability to deliver this service. Due to the work of Prevent and Channel, early identification of people at risk of radicalisation requires early intervention in order to prevent harm.

Religion/belief potential impact – Level 4.

Sexual orientation: The service works with individuals within families within this protected group therefore a reduction in funding will impact on the ability to deliver this service.

Sexual orientation potential impact – Level **4**.

Child poverty: Currently 63% of the families being worked with within ITFPS are regarded as being 'financially excluded', the majority living on benefits. Family Coaches are working hard to support and seek specialist services that will progress them into to work, reduce their debt and sustain their tenancies in order to avoid homelessness. A reduction in funding will impact on the ability to deliver this service.

Much of the work of the Early Help Hub is aimed at alleviating the impact of poverty upon children and their families in the city. A lack of access to resources can create additional stresses that can lead a parent to struggle in providing a safe and consistent home life as the impact of multiple stressors take hold upon family life. Additionally the impact of ever increasing rents and welfare reform is creating a high level of inequality between those children in the city that have and those that do not. This has potential significant implications for children's sense of themselves as they grow.

Child poverty potential Impact level - 5

Other groups: domestic violence, Children aged 0-17 & Parents and carers of all ages: A large number of families and children worked with are affected by domestic violence and we provide direct support to access specialist agencies to reduce the risk to both the victim and their children. We provide direct support to perpetrators of domestic violence and young people and their parents where child to parent abuse is present. The service (via individual parenting support and specific interventions) also provides support to families that have children that are on a Child Protection Plan and at risk of becoming looked after. A reduction in funding will impact on the ability to deliver this service

The Early Help Hub currently offers targeted phone and direct work support to parents and professionals to divert a family from going into crisis. They support families who are being stepped out of social work, they pick up on cases that need to be escalated back to social work. They work to support families who are

| | disadvantaged as a result of their circumstances where there are young carers in the household, there has been domestic violence, previous substance misuse problems, problems related to parenting and attachment (particularly with adolescents) and related to preventing homelessness/mitigating the impact of multiple house moves caused by instable and insecure housing market. Other groups potential Impact level - 5 | |
|---|---|--|
| 6. Assess level of impact | Overall level of potential impact is assessed to be significant - 5 In any reduction to the Early Help Hub and ITFPS it is important to remain mindful that 88% of child deaths that result in a Serious Case Review taking place i.e. unexpected and caused by harm, were children defined as being in need/open to Early Help or closed to SW, having previously been open. (Triennial Review of SCRs). The impact of a reduction in services currently known as Early Help could therefore have significant implications for the safety and wellbeing of children who are currently just below the threshold for social work intervention, as there will be a reduction in the service that identifies need and responds to it at an early point in time – reducing both the financial and human costs of harm reaching a significant level. | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| 7. Key actions to reduce negative impacts | To redesign early help services to deliver the most effective interventions focussing on those families that are most at risk of escalating to need social work. To take account of the impact on protected groups as part of the re-design process. To review the relationship between the Multi-Agency Safeguarding Hub and the Early Help Hub to increase efficiencies To simplify the assessment process To engage with other services that support families including children's centres, schools, adult services and health services. Maximising and redefining commissioning arrangements with other partners to meet the needs of families. To improve on-line information for families seeking help. To ensure that children and young people can access the new Emotional and Mental Health well-being service including single point of access for referrals and on-line counselling being developed. | |
| 8. Full EIA? | Yes: this will be completed as part of the redesign process. | |

| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | |
|------------------------------|--|--|--|
| 9. Monitoring and Evaluation | The redesign of the early help service including a review of IT systems will include equalities monitoring for | | |
| | protected groups. The impact will be reported as part of quarterly reporting on equalities actions as part of business planning process on interplan. | | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | | |
| | The proposal to end funding for a council run youth service will have a significant impact on young people and their families. | | |
| | Impact of government policy in respect of a family's access to benefits and welfare reforms including the benefit cap. The population of Brighton & Hove are reported to be the second hardest hit, outside of London as a resul of the benefit cap, the full impact of which will not be fully comprehended until 2017/18 as the year progresses. | | |
| | Impact of council social housing allocations policy could worsen or mitigate circumstances for some families. | | |
| | Increasing caseloads within children's social work are likely to impact on the quality of assessment and plate to address concerns via step-downs to reduced capacity within the Early Help service. | | |
| | Impact of growing levels of inequality within Brighton & Hove alongside decreasing access to services to mitigate levels of inequality, is likely to lead to challenges and greater levels of demand upon statutory services. | | |

| 1. Service Area | Living Without Violence Programme - Families, Children and Learning | 2. Proposal No. 11 | | |
|-----------------------|--|--------------------|--|--|
| 3. Head of Service | Tom Stibbs | | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | | |
| 4. Budget Proposal | The following savings are proposed for 2017/8: 1. The ending of the Living Without Violence programme – budget saving of £50,000 identified 2. A transition plan to be put in place – consideration of costs to be met from within existing Clermont Centre budget 3. A new aligned delivery model for services to address violence and abusive behaviour to be developed | | | |
| 5. Summary of impacts | Highlight the most significant disproportionate impacts on groups | | | |
| | The loss of a domestic violence and abuse perpetrator programme will have a specific impact on men since there will be reduced opportunities to hold perpetrators accountable and provide effective interventions to change their behaviour; and for women and girls in terms of the disproportionate risk to them as victims of domestic violence and abuse. | | | |
| | Specific impacts: Age: A more flexible delivery will allow interventions to support perpetrators of all ages, for example boys and young men who are perpetrators. However, the loss of the service could also lead to a disproportionately increased risk of exposure of children (girls and boys) to violence and abuse. | | | |
| | Ethnicity : Our services have ongoing challenges in engaging those from a BME background and more flexible delivery of service should allow greater opportunity for engagement | | | |
| | Gender : The proposed loss of a service specifically working to address the violent behaviour of men will need to be addressed in the development of alternative services. The loss of the service, including any reductions in partner support functions, could also lead to a disproportionately increased risk of violence towards women and girls. | | | |

| | Other impacts: The loss of a perpetrator programme could increase the risk of violence towards victims of domestic violence and abuse | | | |
|---|---|--|--|--|
| 6. Assess level of impact | 2 | | | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | | |
| 7. Key actions to reduce negative impacts | Commissioners to work with providers to develop aligned programmes and 1:1 work that engage more men more flexibly and that include engagement with men who have been sentenced, those who have substance misuse issues, fathers and with different forms of domestic violence and abuse. Commissioners to ensure that partner support functions are sustained, to prioritise victim safety. More flexible delivery of interventions should also provide increased opportunities to engage with those with additional needs | | | |
| 8. Full EIA? | A full EIA was completed for the service redesign in October 2015 and this is subject to ongoing review. | | | |
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | | |
| | A project plan will be developed for March 2017 and this will be subject to ongoing review during 2017-8, including via the VAWG Commissioning Group. | | | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | | | |
| | Loss of support for the victims of domestic violence and abuse via RISE could exacerbate the risk to these victims if appropriate alternative models are not implemented | | | |

Budget Equality Impact Assessment Template 2017/18 – People known to Adult Social Care

| 1. Service Area | Physical Disability and sensory loss Mental Health services | 2. Proposal No. 12 | | |
|-----------------------|--|--------------------|--|--|
| 3. Head of Service | Interim AD Carolyn Woods | | | |
| 4. Budget Proposal | What is the proposal? Use the savings proposal wording and more detail if needed | | | |
| | A proposal of a saving of £1.425m is planned by reducing the spend on the Community Care Budget for physical disability and sensory loss, and a further £0.293 for mental health. | | | |
| 5. Summary of impacts | Highlight the most significant disproportionate impacts on groups | | | |
| | Vulnerable people in the City are assessed in accordance with the Care Act 2014 to see if their eligible needs need to be met with care and support. | | | |
| | Presently over 3000 people receive care and support in some way paid for via the Community Care Budget in the City. A proportion of these are older people and people with physical disabilities or mental health problems, who receive care and support both at home and in residential settings. Any reduction in the community care budget will have a direct effect on the amount or the way support and care is offered, and there is a risk that unmet need may rise. We will continue to provide statutory services and to target those in greatest need and those at risk but there is likely to be reduced universal provision. | | | |
| | Care costs are steadily increasing with a provider market which is under pressure nationally. | | | |
| | The Equality Act 2010 (s129) states that a public authority, in the exercise of its functions, must have due regard to eliminating discrimination, harassment and victimisation, advancing equality of opportunity and fostering good relations. People experiencing mental health problems are often subject to stigma, and when this is coupled with other protected characteristics, can lead to multiple levels of discrimination. By reducing the Community Care Budget, there is a risk that people experience greater levels of social isolation which may increase the risk of mental health problems. | | | |
| | Specific impacts: | | | |

Age: There is a significant proportion of older people in the City, and people are living longer with a growing population who are 90+. Demographic trends also indicate an increase in people presenting with dementia. Budget savings will impact on the level of service provision to this group.

Disability: Many people who are known to Adult Social Care are disabled given the eligibility criteria under the Care Act 2014. Mental health problems impact negatively on physical co-morbidity and mortality rates. Budget savings will impact on the level of service provision to this group.

Gender: Women tend to live longer than men and thus may experience the need for longer funded care. Women overall have lower incomes and a generally form a larger proportion of people known to Adult Social Care and carers, and there will therefore be an indirect impact from changes in Adult Social Care.

Gender reassignment: Trans people, already one of the most marginalised groups, may be further marginalised. There is a need for non-core activity such as tackling transphobia, awareness raising, building self-esteem etc and we are trying to increase engagement with this group, but any reduction in funding may impact on extra initiatives to do this.

Ethnicity: Brighton & Hove is a diverse city and we need to ensure that people living in the City from all ethnicities are able to access assessment and support from Adult Social Care. There is a risk that with reduced resource this lessens our ability to engage with, and outreach into, different community groups.

Religion/belief: There is some evidence that some specialist faith homes are more costly than "mainstream" and this could be a risk in meeting individuals' faith or religious needs.

Sexual orientation: Some LGBTQ people still remain silent or hidden. At time of resource realignment there is a risk that these groups become more distant or marginalised.

Other groups: Carers have a significant role in caring for people in the City. Any funding restrictions could have a direct effect on whether carers are able to continue in their caring role.

Brighton has significant people who are street homeless (no fixed abode) and a reduction in resources may mean that initiatives to engage with and outreach to rough sleepers are reduced.

6. Assess level of impact

Level of impact: 3

The impact on individuals is potentially high as there is a large number of people currently supported by the community care budget. Mitigating factors will be working alongside health partners to successfully implement the wellbeing and prevention approach in order to reduce demand. Additionally an asset based approach to our support and care offer which embraces an integrated approach to assessment and support with our partners see below.

What actions are planned to reduce/avoid negative impacts and increase positive impacts?

Groups affected: All groups

Commissioners will work with providers to prioritise assignment of resources, to ensure that the additional focus on identified groups can continue. There will be an increased focus on joint commissioning with Health.

A new asset based approach will be implemented to help develop a new conversation with the public. This is fundamental to a radical rethink about how people, friends and families as well as communities can help people to remain independent. The Care Act asks that Adult Social Care do not only look to offer support to people but embraces the offer from housing through to leisure to enhance the lives of vulnerable people.

We will work closely with internal and external partners to ensure high quality efficient services which are evidence based, for instance working with Sussex Partnership Foundation Trust and the CCG around dementia pathways.

The ongoing integration agenda with health gives opportunities to reduce duplication and work in a more joined up way to proactively identify those people who may be at risk of going into hospital or residential care and thus manage risk, and help people to live life and have a good death.

Technology must be available for people to be supported remotely and in a modern way from telecare through to telehealth and other technologies and a raft of equipment which can help people remain independent.

A new reviewing framework will invite our partners to join us in reviewing people in a timely way and is intended to release care capacity and target those most in need.

7. Key actions to reduce negative impacts

We continue to work towards making our organisational structures more effective whilst aiming to minimise the impact on frontline services.

New and value for money commissioning for people with head injuries will add to the savings and increase the quality of life for a small but significant cohort of people.

Extra care housing has been made available to be a real alternative to residential care.

The Council has an ongoing commitment to tackling inequality as evidenced by the Fairness Commission whose report was released in June 2016.

Specific actions:

Age: The City has made a commitment to becoming an Age Friendly City. The local authority have funded a new dementia friendly Extra Care housing facility which is targeted at people with mild to moderate dementia. This is aimed at enabling people to live independently in the community for longer and reducing admissions to residential care.

Disability: New conversations will need some careful handling and expectations will need to also be managed. Direct payments must be promoted (Care Act 2014) as a way to deliver more creative and sustainable modes of support and care. The above proposals above are key in maximising recovery and social inclusion.

Gender: Adult Social Care will continue to work closely with its partners to maintain a focus on supporting carers.

Gender reassignment: Adult Social Care will continue to engage with people who they come into contact with to ensure that we are trans friendly in our approach and work with people to address discrimination and stigma, along with maximising people's opportunities and life chances.

Ethnicity: We will continue our commitment to an assessment process which is anti-oppressive and which tackles discrimination and inequality as we encounter it.

Religion/belief: We will continue to work with faith groups where possible to ensure we meet the needs of

| | people with different religions/belief systems. |
|------------------------------|---|
| | Sexual orientation : Adult Social Care will ensure that we enable a safe space for people who identify as LGBTQ to engage with us and we will challenge discriminatory practice along with stigma. |
| 8. Full EIA? | As the year progresses and redesign takes shape a full EIA will be required to measure the impact of budget reductions. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Ongoing monitoring and evaluation will need to take place via the General Manager and Assistant Director meetings |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | Housing is a key player to deliver good support and care. Given that there is already a critical shortage of affordable housing in Brighton and Hove, any significant reduction in access to suitable housing will have a direct effect on the Community Care Budget. |
| | Public health as a partner is key in promoting wellbeing and healthy lives, and this is critical to stem future and immediate demand. |
| | Resource pressures within the NHS on primary and secondary health services has an impact on people known to Adult Social Care. |
| | There is intense pressure nationally on the provider market which has a direct impact on the Community Care Budget. |
| | Brighton & Hove has a strong and vibrant voluntary sector but funding pressures on the third sector will potentially result in an impact on people known to Adult Social Care as building community resilience is a critical factor in preventing the growing health, social and economic inequalities in our City. |

| 1. Service Area | Health & Adult Social Care - Independent Living (Occupational Therapy Service) | 2. Proposal No. 13 | | |
|-----------------------|--|--------------------------------|--|--|
| 3. Head of Service | Carolyn Woods, Interim AD | | | |
| | What is the proposal? | | | |
| 4. Budget Proposal | A 10% reduction in HASC OT services (£70,000) This will be achieved by the development of an integrated Occupational Therapy Service within Brighton Hove city Council, incorporating HAOT (the Housing Adaptations Occupational Therapy Team) and the Proceedings of the Procedure of the Proceedings of the Proceedings of the Proceedings of the Procedure of the Proceedings of the Procedure of the Proceedings of the Procedure of the Proced | | | |
| | Highlight the most significant disproportionate impacts on groups | | | |
| | The impact of a 10% budget reduction on H&ASC OT services is described belowed reduction can be mitigated by integration and this is described in section 7 below Savings in H&ASC OT services alone can only be delivered by a reduction in from | W. | | |
| | dedicated administrative staff within the ASC OT service and there is only one of efficiency savings can only be achieved by the successful review and development | operational manager; therefore | | |
| 5. Summary of impacts | The HASC OT Manager is also responsible for the equipment budget. The equipment budget is shared with health colleagues and is under significant pressure. ASC management control of the budget has been instrumental in containing ASC pressures on the equipment budget in contrast to the significant pressures experienced by our health colleagues who struggle to provide consistent management controls. | | | |
| | Translating the savings into staff, £70,000 is the equivalent of reducing the staffing establishment by 1 WTE Occupational therapist and 1 WTE Occupational Therapy Assistant. | | | |
| | The OT service is experiencing a significant increase in the volume and comple are 92 cases waiting for an OT assessment and 246 cases waiting for an OTA a | | | |

Service reductions would have a particular impact on older people and their carers and people with disabilities and their carers. In addition there would be a more general impact on H&ASC increasing pressure on the Community Care budget and reducing the ability of the OT service to contain costs. A short term financial gain would very quickly lead to increased expenditure on the Community Care budget, a reduction in cost containment and increased difficulty in providing services to all residents with eligible social care needs as defined by the Care Act. This in turn increases the risks of legal challenge. In relation to specific groups; Older people: Our OT services undertake functional assessments designed to ensure service user safety and the delivery of maximum independence with the minimum of intervention. The outcome of these assessments can range from advice and support with lifting and handling procedures to the prescription of equipment that support service users to undertake the tasks of daily living. Where a family member or friend provides care these services can assure their safety (lifting and handling advice) and prevent 'carer breakdown' by making the task of caring easier. In instances where informal care arrangements to meet eligible need breakdown they need to be replaced with more costly formal care. Timely OT intervention reduces the incidence of avoidable hospital admissions. The acute health sector already struggles to meet demand and OT service reductions will increase pressures. **Disabled people**: As above for older people with the addition that the provision of OT services can support disabled people of a working age into work or maintain them in work. 2 overall: Impact on older people: Safety and wellbeing risk: 2 and Financial risk to council risk: 2 6. Assess level of Impact on disabled people: Safety and wellbeing risk: 2 and Financial risk to council risk: 2 impact Impact on carers: Risk: 2 Risk to ability to fulfil statutory duties Risk: 2 What actions are planned to reduce/avoid negative impacts and increase positive impacts? Integration of HAOT with H&ASC OT services would mitigate against the negative impacts described above and

7. Key actions to reduce negative impacts

deliver the following positive benefits:

- 1) Deliver cash savings by reducing management costs and by removing duplication and handoffs
- 2) Provide a better customer experience by removing duplication and handoffs between departments
- 3) Allow us to deliver a district based service that promotes the delivery of support in the right place at the right time – early intervention reduces long term costs

| | 4) Improve staff retention and make recruitment easier – we are the only authority that have separated major adaptations from the rest of the OT task and consequently OTs in this authority do not get the range of experience that is available in other authorities 5) Integrating assessment for major adaptations with the rest of the OT task will result in more imaginative and cost effective interventions that address both service users needs and our financial constraints. 6) Put us in a better position to further integrate our OT services with Health OT services which overtime will deliver further efficiencies and better customer experience. |
|---|--|
| 8. Full EIA? | If the proposal concerning the integration of services is agreed a further EIA will be carried out in respect of this proposal. This will need to take place following on from the initial reviewing process once a revised service model has been developed. It will only be at this point that the impact can be fully assessed. |
| How will you monitor the impact of this proposal and the success of your mitigating action groups over the coming year (or more)? | |
| 9. Monitoring and Evaluation | Reduction in waiting lists Time lapse between referral, assessment and service provision Community Care spend Nos of care packages reduced due to OT intervention |
| 40 Completing | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | This proposal is linked to a broader proposal for the integration of OT services in the city council. |

| 1. Service Area | Health and Adult Social Care Directorate - Ireland Lodge Residential Unit | 2. Proposal No. 14a | |
|-----------------------|---|--|--|
| 3. Head of Service | Carolyn Woods | | |
| | What is the proposal? | | |
| | Reduce overall budget to our in house mental health units by £121,000, averag Lodge (see also EIA 14b – Wayfield Avenue) | e savings of £61,500 for Ireland | |
| 4. Budget Proposal | Physical Support – CQC registered Residential Unit. Ireland Lodge is a residential care facility supporting individuals who have a diagnosis of Dementia. There are 23 beds within the unit which is located in the Woodingdean area of Brighton and Hove. The proposal is for the service to work with the CCG and SPT to review and commission services to meet the changing demands in mental health service across the City. Average saving of £60,500 (total of £121,000 across both Wayfield Avenue and Ireland Lodge) is aligned to the successful review and commissioning of services. | | |
| | Saving opportunities on this budget include: CCG and potential for other investment opportunities supporting with an increas support direct care staffing levels. CCG and SPT supporting with an increase in funding for specialist clinical staff decision making. A review of the number of beds to ensure safe levels of care if additional fundin Consideration of outsourcing provision to an Independent provider if savings caservice in house. | to support complex cases and g is not available. | |
| 5. Summary of impacts | Highlight the most significant disproportionate impacts on groups | | |

The Council has a statutory duty to meet the needs of people who are assessed as requiring adult social care, and this includes providing 24hr support where appropriate within a residential setting. The people who will be affected are people with a diagnosed condition of Dementia. If services were to reduce, the most significant impact would be a reduction of beds available within Ireland Lodge, leading to an inevitable increase in stay for patients in hospital. This would affect patients requiring specialist support via a transitional period of support, monitoring and review between hospital and home. Reduction in support for people living in the community who are experiencing a deterioration in their mental health and require a period of support, monitoring and review within a residential facility. Possible detrimental impact on wellbeing of family carer / informal carer, who without support, would be unable to continue to provide care within the community. Possible increase in Long Term Care placements. Currently limited 24hr resources available across the City for people requiring support within a residential placement. Due to decreases in beds available, it may be necessary for BHCC residents to receive care outside of the City, which may impact on their support networks, family visiting and general wellbeing due to possible isolation. The impact of outsourcing Ireland Lodge, is the instability of the market and an alternative provider not having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 6. Assess level of 4: Reduction in beds has significant impact due to the vulnerability of individuals with dementia. impact 7. Key actions to reduce negative What actions are planned to reduce/avoid negative impacts and increase positive impacts? impacts

| | Work with the CCG & SPFT to review the requirements of specialist beds across the City and actively engage in a commissioning process to include Ireland Lodge. Review staffing levels within the unit to ensure safe levels of staffing remain. Review referrals into the unit to better screen dependency level requirements. Engage and as required complete a staff consultation to determine staffing levels for reduced level of service. Service users will have a review to ensure that their needs can be met if a change of facility is required. Any consultation process will include Carers, advocates and their families. |
|------------------------------|--|
| 8. Full EIA? | Full EIA to commence following confirmation of planned future of services. |
| 0. Manitaring and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? Completion of full EIA. Monitor demand and capacity against referrals received and declined, to evaluate loss of bed days. Monitor quality of direct care to ensure compliance with CQC. To include mediation, accident and incident reports, safeguarding, comments and complaints. Monitor levels of front line management to ensure supervision, professional development, employee |
| 9. Monitoring and Evaluation | relations tasks are completed within time scales agreed to meet quality standards. Monitor levels of staffing and input by health partners to support wellbeing of users of the service. Service User Questionnaires will be used to capture service user's views on services and individual needs- This will include equality monitoring information. Improve questionnaire return rates and encourage completion of equalities information. Ensure that information from referring agency/professional includes appropriate information on how to best meet individual needs including ethnicity, faith religious needs, communication issues, specific individual health needs etc. Follow-up Equalities related actions identified in QA work. |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |

impacts

- People with a diagnosis of Dementia will have limited In-House service in the future and the vast majority of people will receive services from the Health provider, Private companies or from the Voluntary sector.
- Provision of beds for people with a Dementia are limited and some reduction of services has been seen due to home closures over the last few years. This could have a cumulative impact on what resources are available across the City.
- Joint working with CCG and SPT to reduce the impact of any saving proposals.
- Consider development of the building to increase bed capacity by using the vacant day centre space and the community space on the lower group level.

| 1. Service Area | Health and Adult Social Care Directorate - Wayfield Avenue Residential Unit | 2. Proposal No. 14b | |
|-----------------------|---|---------------------|--|
| 3. Head of Service | Carolyn Woods | | |
| | What is the proposal? | | |
| | Reduce overall budget to our in house mental health units by £121,000, average savings of £61,500 for Wayfield Avenue. (see also EIA 14b – Ireland Lodge) | | |
| | Physical Support – CQC registered Residential Unit. Wayfield Avenue is a residential care facility supporting individuals who have mental health needs. There are 24 beds within the unit which is located in the Hove area of Brighton. | | |
| 4. Budget Proposal | The proposal is for the service to work with the CCG and SPT to review and commission services to meet the changing demands in mental health service across the City. Saving of £60,500 (total of £121,000 across both Wayfield Avenue and Ireland Lodge) are aligned to the successful review and commissioning of services. | | |
| | Saving opportunities on this budget include: CCG and SPT supporting with an increase in funding for Wayfield Avenue to support direct care staffing levels. CCG and SPT supporting with an increase in funding for specialist clinical staff to support complex cases and decision making. | | |
| | Review the number of beds to ensure safe levels of care if additional funding is not available. Consider outsourcing of the service to an Independent provider if savings cannot be secured by keeping the service in house. Consider the closure of the Day Centre as part of the service review. | | |
| 5. Summary of impacts | Highlight the most significant disproportionate impacts on groups | | |

| which may impact on their support networks, family visiting and general wellbeing due to possible isolation. The impact of outsourcing Wayfield Avenue, is the instability of the market and an alternative provider not having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
|---|--|--|
| If services were to reduce, the most significant impact would be a reduction of beds available within Wayfield Avenue, leading to an increased stay for patients in hospital. This would affect patients requiring specialist support via a transitional period of support, monitoring and review between hospital and home. Currently limited 24hr resources available across the City for people requiring support within a residential placement. Due to decreases in beds available, it may be necessary for BHCC residents to receive care outside of the City, which may impact on their support networks, family visiting and general wellbeing due to possible isolation. The impact of outsourcing Wayfield Avenue, is the instability of the market and an alternative provider not having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| Avenue, leading to an increased stay for patients in hospital. This would affect patients requiring specialist support via a transitional period of support, monitoring and review between hospital and home. Currently limited 24hr resources available across the City for people requiring support within a residential placement. Due to decreases in beds available, it may be necessary for BHCC residents to receive care outside of the City, which may impact on their support networks, family visiting and general wellbeing due to possible isolation. The impact of outsourcing Wayfield Avenue, is the instability of the market and an alternative provider not having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 6. Assess level of impact 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | The people who will be affected are people with a mental health condition. | |
| placement. Due to decreases in beds available, it may be necessary for BHCC residents to receive care outside of the City, which may impact on their support networks, family visiting and general wellbeing due to possible isolation. The impact of outsourcing Wayfield Avenue, is the instability of the market and an alternative provider not having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 6. Assess level of impact 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | Avenue, leading to an increased stay for patients in hospital. This would affect patients requiring specialist | |
| which may impact on their support networks, family visiting and general wellbeing due to possible isolation. The impact of outsourcing Wayfield Avenue, is the instability of the market and an alternative provider not having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| having the flexibility required to "flex" the criteria to meet changing demands. Outsourcing would impact on the whole staff team with TUPE implications. The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 6. Assess level of impact 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | Due to decreases in beds available, it may be necessary for BHCC residents to receive care outside of the City, which may impact on their support networks, family visiting and general wellbeing due to possible isolation. | |
| The impact includes a personalised assessment and the opportunity to consider other options that meet individual needs. 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| 6. Assess level of impact 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | Outsourcing would impact on the whole staff team with TUPE implications. | |
| 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| | 4: Reduction in beds significant impact due to the vulnerability of individuals with a mental health condition. | |
| 7 Koy actions to | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| reduce negative impacts Work with the CCG & SPT to review the requirements of specialist beds across the City and actively engage in a commissioning process to include Wayfield Avenue. Review staffing levels within the unit to ensure safe levels of staffing remain. | engage in a commissioning process to include Wayfield Avenue. Review staffing levels within the unit to ensure safe levels of staffing remain. | |
| Review referrals into the unit to better screen dependency level requirements. Engage and as required complete a staff consultation to determine staffing levels for reduced level of DRAFT Budget FIAs - December 2016 | Engage and as required complete a staff consultation to determine staffing levels for reduced level of | |

| | service. Service users will have a review to ensure that their needs can be met if a change of facility is required. Any consultation process will include Carers, advocates and their families. |
|---------------------------------|--|
| 8. Full EIA? | Full EIA to commence following confirmation of planned future of services. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Completion of full EIA. Monitor demand and capacity against referrals received and declined, to evaluate loss of bed days. Monitor quality of direct care to ensure compliance with CQC. To include mediation, accident and incident reports, safeguarding, comments and complaints. Monitor levels of front line management to ensure supervision, professional development, employee relations tasks are completed within time scales agreed to meet quality standards. Monitor levels of staffing and input by health partners to support wellbeing of users of the service. Service User Questionnaires will be used to capture service user's views on services and individual needs- This will include equality monitoring information. Improve questionnaire return rates and encourage completion of equalities information. Ensure that information from referring agency/professional includes appropriate information on how to best meet individual needs including ethnicity, faith religious needs, communication issues, specific individual health needs etc. Follow-up Equalities related actions identified in QA work. |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | People with mental health needs will have limited In-House service in the future and the vast majority of people will receive services from the Health provider, Private companies or from the Voluntary sector. Over the last 2 years, 24hr specialist residential care has reduced and this has a cumulative impact on what resources are available across the City. Joint working with CCG and SPT to reduce the impact of any saving proposals. |

| 1. Service Area | Health & Adult Social Care, Commissioning & Performance | 2. Proposal No. 15 | |
|--------------------|---|---|--|
| 3. Head of Service | Andy Witham | | |
| | What is the proposal? | | |
| 4. Budget Proposal | Easylink Service for shopping trips operated by Community Transport (Brighton, funding to ensure that services commissioned link with commissioning plans in Brighton & Hove CCG (joint funding) in delivering good health and social care of Until September 2015, this contract in conjunction with one commissioned by the council Public Transport team. With effect from 1 September 2015 a new contract Community Transport combining the council and CCG funding and including say Transport. The new combined contract is valued at £125,596 in a full year, of w City Council and £18,596 is funded by the CCG. The council funding is a subsidishopping service and a contribution towards the costs of Community Transport is service that enables users to get access to individual journeys. The CCG funding Community Transport's Core Costs for the group hiring of minibuses. | Health & Adult Social Care and autcomes for people. e CCG was overseen by the act was negotiated with vings absorbed by Community hich £107,000 is funded by the dy for the Easylink passenger running the brokerage/booking | |
| | The current contract runs until 30 June 2017 although since September 2016 £20,000 of the council funding has been re-directed into a pilot scheme for the following as the first stage of re-directing funding away from shopping trips into aspects more aligned with social care and health commissioning plans and funding: i. support for residents in areas where GP practices are closing where there are identified transport needs; ii. transport for socially isolated individuals for area based work, aligned to older people's locality hub areas; iii. creating links with other local service providers to better fulfil the aims of i. and ii. above. The proposal is for savings of £82,000 of the council's funding (65% of the total funding), saving only £25,000 in | | |
| | the 2017/18 financial year. At this time the contract runs to 30 June 2017 so it is per month for 3 months. Split between the council and CCG the council's propor £26,748. The proposed savings thus create a pressure on the contracted sum. A reduction in funding of this size is likely to lead to the end of the Easylink contracted. | s necessary to retain £10,466 tion is £8,916 per month or | |

| | significant changes are made such as reducing the routes, reducing the days it runs and increasing the charge to users (currently set at £3.50 for over 15 years). |
|-----------------------|---|
| | Highlight the most significant disproportionate impacts on groups |
| 5. Summary of impacts | Community Transport Ltd did not traditionally provide data on the clients using the minibus service (other than number of people using each bus route). Providing data was required in the new contract and the first data arrived in June 2016 based on a survey undertaken by Community Transport in May 2016 sent to the 382 residents of Brighton & Hove who had registered as individual members of the organisation and who were believed to be currently active as passengers or potential passengers of the Easylink services. 107 responses were received for analysis by 01/06/16 (figures based on where people answered the question): • All people who used the service were aged over 55 • 6 were between the ages of 60-69 • 24 were between the ages of 70-79 • 56 were between the ages of 80-89 • 14 were over the age of 90 • 92 responses were from women, 12 from men • 104 people identified as White (several categories), 3 chose not to answer. • 81 people identified as heterosexual (remainder chose not to say). • When asked if day-to-day activities were limited because of a health problem/disability which has lasted, or is expected to last, at least 12 months 88 people said yes, of which 57 said they were impacted a lot. • 61 people identified as having a physical Impairment, 8 a sensory impairment, 33 a long standing illness and 1 a mental health condition. • 61 people used a walking aid, 5 used a wheelchair, 37 people used neither. 97 people did not need a carer to help them use the service. • 3 people identified as carers of a partner or spouse. • 58 people use the service once a week, 24 more than once a week, the rest less than once a week. |
| 6. Assess level of | 2: The removal of this service might potentially leave some older and disabled people without suitable transport for shopping trips. However, whilst recognising that the need to obtain food/shopping may be an eligible ASC need, going on shopping trips is not. |
| impact | It is difficult to assess the impact on people who use the Easylink service as it is unknown if they have alternative options regarding shopping and options to engage socially. The survey undertaken by Community Transport clearly identified that the key reasons for using the service were (in order of importance): Door-to-Door Travel, |

| | Friendly Service, Quality of Driver, Reliability, Reasonable Fare, Easy Access to Shops, Vehicle is Accessible, Assistance with Journey, Meeting Other People. |
|---|--|
| | It is also unknown how many of the regular users of the service have assessed social care needs and are in receipt of packages of care. It is believed that many people have used the service for many years – pre-dating the introduction of free bus passes in 2008 and pre-dating current requirements for buses with more than 22 seats to be accessible to people. There is no reason why people who have used it for many years would stop despite alternatives being available. Finally, it is not clear as to the real numbers who currently use the service – the questionnaire organised by Community Transport had 137 returned of the 382 sent out but it is unknown whether this reflects the number of current service users (35% of those who received the survey) or is only a proportion. |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| 7. Key actions to reduce negative impacts | The intention is to engage the Impetus Lay Assessors Service to undertake a piece of face-to-face work with service users, either on the minibus journeys or at the cafes situated at most of the shopping venues. A questionnaire is being drawn up to find out the impact on service users should the service be withdrawn. The assessors will sign-post to relevant support, as needed. |
| | If people are already in receipt of an ASC package then they would need to contact their support worker to have their needs reviewed. If people are not already known to ASC and identify that they needed additional support they would need to contact ASC individually via Access Point. |
| | Where people identify that their main reason for using Easylink is largely social (friendly service, meeting other people) then they can be signposted into the Older People's commissioned services. |
| 8. Full EIA? | At this time, not needed, as the service is a transport service with a focus on shopping trips not a health or adult social care one. |
| O. Manifestor and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | The contract will continue until the end of June 2017, which gives more time to monitor impact and develop mitigating actions. |

Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.

It is possible that the 10% reductions being made in Public Health funding for the Older People's Commission to reduce social isolation could have a potential impact. However, it is not known if any of the people who use the Easylink shopping service are engaged in any of the activities/services funded via this. It is not known if there are any other transport implications for the service users.

| 1. Service Area | Adult Social Care - Commissioning & Performance | 2. Proposal No. 16 | |
|-----------------------|---|--------------------|--|
| 3. Head of Service | Andrew Witham | | |
| | What is the proposal? Use the savings proposal wording and more detail if ne | eded | |
| 4. Budget Proposal | To re-procure the Self-Directed Support Service with the Children's Service and a more efficient and value for money way, and ensuring that the services commissioning plans & deliver good outcomes for people. | | |
| | The service is subject to a budget EIA due to the reduction by £19,000 on the to £390,000 to achieve value for money; the service itself is not under threat in any | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | Self-directed support is about people being in control of the support they need to live the life they choo Any changes to funding may impact on individuals and their support plans. By re-procuring the service it is planned to make budget savings of £19,000. The current block contract £153,000 in 2016/17, plus additional spend via the Community Care budget and Children's Services be giving a total expenditure of £390,000. A reduction of £19,000 represents 4.9% of the total. It is believed that by commissioning all services at costed rates rather than a mix of block contract plus costed elements savings will be made at little impact to the service users. Further economies of scale should be achievable by jointly commissioning the service with East Susse County Council. People affected will be mainly those with Adult Social Care assessed needs who receive funding from council to buy services or employ people to support them – known as Direct Payments. There are curred over 560 Adults in receipt of Direct Payments and increasing this figure is a key target for Adult Social necessitating more referrals from Assessment Teams All people in receipt of Direct Payments are older people, people with a learning or physical disability of people with a mental health need. Most people will have physical health and mobility needs, including children. | | |

| | The current provider has provided the service since the council began funding SDS as a pilot scheme in 1999 so potential changes may be a challenge. However, any changes in the way services are procured will enable individuals to have their needs met in a way that ensures that the outcomes they want to achieve. Proposed plans include the option for two providers of the service which would also increase the opportunity for client choice. Parent Carers are significantly involved as the holders of Direct Payments for their disabled children. Many may be concerned about the impact of any change to services, and also what it may mean for them in terms of the support they receive as carers. |
|---|---|
| 6. Assess level of impact | 1: Ideally there should be no impact on the client group who should receive a continuous service. By reprocuring the service the intention is to gain better value for money not reduce the level of service. |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| 7. Key actions to reduce negative impacts | Commissioners from Adult Social Care, Children's Services and East Sussex CC commissioners will be working together to commission services that meet outcomes & achieve more efficient use of resources Service users and carers & the community & voluntary sector would be involved in decision making; any changes to services would be fully communicated. Adult Social Care will continue to commission services with an emphasis on meeting the outcomes of individuals. Services will be commissioned based on any relevant commissioning plans & reviews for services. Parent Carers will be fully involved assessment & review processes for individuals. The needs of carers are fully considered in any assessment of an individual. |
| 8. Full EIA? | No, as the service is being recommissioned; the only impact is the budget reduction |
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? The recommissioning will lead to a full contract and all contracts are subject to rigorous performance monitoring which would include the impact on all client groups |

Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. Commissioners are working together to consider mitigating factors. However, at this time there is no other identified impact on other departments/service areas.

10. Cumulative impacts

The current provider has a high profile and variety of services in the BHCC area working with many vulnerable people.

As regards the current provider organisation a financial analysis suggests that it has the resources to both expand and take on more business. In terms of losing the contract the organisation appears to be trying to improve their ability to protect against fluctuations in grants by increasing their trading activities, however cost structures may need to be reviewed to ensure sustainability.

Budget Screening Equality Impact Assessment Template 2017/18 – <u>Service-Users</u>

| 1. Service Area | Adult Social Care | 2. Proposal No. 17 | |
|-----------------------|---|--------------------|--|
| 3. Head of Service | Andrew Witham | | |
| | What is the proposal? Use the savings proposal wording and more detail if need | ded | |
| 4. Budget Proposal | Community Meals – reduction of budget At the end of 2015/16 the contract for the Community Meals Service (provision of a meals service at home for vulnerable people) came to an end, being replaced by a Menu of Providers who had satisfied a series of critic covering nutritional quality of food and the promise of providing a 'Safe & Well check' to ensure people recein a meal are adequately cared for. The B&H Food Partnership was involved in this process and an EIA was completed at this time. | | |
| 5. Summary of impacts | The first contract the second of the first contract to the first community mode convices there is no impact on client drivers. | | |

| | which 80 were in receipt of Adult Social Care services) and a report is due in mid-November 2016; findings will be added to this EIA in January 2017. Conclusions from this would be actioned as necessary although it is believed that any social care problems would have already been raised via AccessPoint. The positive impact is that people will have more options to have their nutritional needs met. |
|---|---|
| 6. Assess level of impact | 1 |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| 7. Key actions to reduce negative impacts | Last year's EIA had the action to work with Public Health and the B&H Food Partnership to ensure a wider range of options available for people to access healthy food alternatives. Both Adult Social Care and Public Health attend the Food Partnership and engage in this. An example of work undertaken in 2016/17 is the development of 'to-go' food bags for people leaving hospital to return home. Assessment teams in ASC will continue to work with the most vulnerable people to ensure their needs are met. |
| 8. Full EIA? | No – there is no contract in place and thus there are no service users. The planned retention of £10k is to ensure funding to follow-through any identified issues via the phone survey taking place in October 2016. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Report to the Older People's Council in May 2016, commissioning of lay assessors to undertake phone survey in October 2016. |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | Health & Adult Social Care are proactive partners in the B&H Food Partnership which leads on reducing food inequalities across the city. The Food Partnership were a participant in the earlier work on Community Meals that changed the process to a menu of providers to mitigate impacts. In 2016/17 the funding proposed to be savings has not been used. |

| 1. Service Area | Substance Misuse, Public Health | 2. Proposal No. 18 | |
|-----------------------|---|---|--|
| 3. Head of Service | Peter Wilkinson | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| 4. Budget Proposal | Community substance misuse services (Pavilions) - £600,000 against overall budget of £4.7m | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | All substance misuse services should be available equitably across the spectrum. A reduction in spend on substance misuse services should not impact on any or another but there could be an overall reduction in service availability for any indication of alcohol addiction. All providers are required to ensure that their services of interest, and some providers have targets on increasing the number of BME as services. This work will continue regardless of budget reductions. Pavilions may have to reduce the number of staff they employ, and so there may of people they can support, or there may be increased waiting times to access staff may be required to support greater numbers of service users, and could streeds. | ne group of people more than vidual requiring support for their are accessible to communities and LGBT individuals accessing be a reduction in the number ervices. Alternatively, remaining | |
| | In recent years commissioners and providers have been trying to encourage ind into services. E.g. older people with alcohol issues, younger people using 'legal trans people, people of diverse religions/beliefs, and LGB people. With a reduction innovative ways of interacting with these individuals may be challenging. | highs', BME people, women, | |
| | Specific impacts: Disability: One of the key focal points of the re-tendered substance misuse servintegrated dual diagnosis service (for people with a dual substance misuse and were identified to ensure adequate staffing capacity is in place to meet the demandation. | mental health need). Resources | |

| | state that a reduction in funding directly imports on the ability to deliver this intermetal control | | |
|---|--|--|--|
| | state that a reduction in funding directly impacts on the ability to deliver this integrated service. | | |
| | Child poverty : Children with a parent/parents that abuse substances may live in poverty as a result. Community substance misuse services are required to identify service users with children and ensure the right support is in place. A reduction in service provision could mean that fewer children who require support are identified. | | |
| | Other groups: Individuals with substance misuse issues often have associated issues e.g. are victims or perpetrators of domestic/sexual violence, be inadequately housed or sleeping rough, have children who are considered to be at risk, etc. Any reduction in funding, and therefore associated support, could have a detrimental impact on these areas. | | |
| 6. Assess level of impact | 2 | | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| 7. Key actions to reduce negative impacts | Commissioners will work with providers to prioritise areas for service delivery e.g. improved access generally, and for all protected groups. Innovative ways of working will be explored including group based programmes or work, or online recovery tools. | | |
| 8. Full EIA? | Full EIAs are taken when a service is being re-tendered | | |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | |
| 9. Monitoring and Evaluation | Quarterly contract reviews are held with all service providers. Performance reports (both national and local) will be discussed at these meetings and the impact will be monitored there. | | |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | | |
| impacts | Reductions to housing related services may impact on this client group, who will often be vulnerably housed. | | |

| 1. Service Area | Sexual Health | 2. Proposal No. 19 | | |
|-----------------------|--|----------------------------------|--|--|
| 3. Head of Service | Stephen Nicholson | | | |
| | What is the proposal? Use the savings proposal wording and more detail if nee | eded | | |
| 4. Budget Proposal | Savings of £112,434 will be realised from HIV prevention, sexual health promotion and HIV social care services through: Re-designing sexual health promotion and HIV prevention for men who have sex with men and black African communities; Achieving efficiency savings through a re-procurement of HIV prevention and social care services; Stopping HIV prevention funding for generic lesbian, gay, bisexual and transgender (LGBT) counselling. | | | |
| | Highlight the most significant disproportionate impacts on groups | | | |
| 5. Summary of impacts | Men who have sex with men (MSM) and black African communities are disproposexual health including HIV. A reduction in access to information, advice and resexual health and safer sex could result in increased incidence of STIs and HIV. | sources to promote good | | |
| | Other specific impacts: Age: Older people living with HIV often have greater social care needs. Reducir impact on this group. | ng social care services could | | |
| | Disability: For some people, living with HIV long-term can result in the development | nent of significant disability. | | |
| | Ethnicity : Black Africans are disproportionately affected by HIV infection and high infections are observed in those with a black ethnicity. | gh rates of sexually transmitted | | |
| | Gender : In relation to men who have sex with men being at increased risk of sex (STI) and HIV. | xually transmitted infections | | |

| | Sexual orientation: Men who have sex with men are at the highest risk of STIs and HIV | | |
|---|---|--|--|
| 6. Assess level of impact | 2 | | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| 7. Key actions to reduce negative impacts | Service re-design to ensure the most efficient and cost effective services that are targeted towards those most at risk of sexual ill health, or have the greatest HIV-related need, are delivered within available budget. | | |
| | Commissioners will work with providers to prioritise assignment of resources to those at greatest need | | |
| 8. Full EIA? | Not needed | | |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | |
| 9. Monitoring and Evaluation | Contract monitoring data Sexual health service activity HIV and STI diagnosis rates Chlamydia screening coverage and detection rates | | |
| 40 O was lather | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | | |
| 10. Cumulative impacts | None | | |

Budget Screening Equality Impact Assessment Template 2017/18 – <u>Service-Users</u>

| 1. Service Area | Public Health nursing contracts for Healthy Child Programme 0-19 | 2. Proposal No. 20 | |
|-----------------------|--|--------------------|--|
| 3. Head of Service | Peter Wilkinson, Director of Public Health Kerry Clarke, Children, Young People and PH Schools Commissioner. | | |
| | What is the proposal? Use the savings proposal wording and more detail if ne | eeded | |
| 4. Budget Proposal | During 2016/17, Public Health re-commissioned a new Public Health Community Nursing Services, Children and Young People aged 0-19 Service which was previously spent across the following separate contracts: Health visiting service with the Family Nurse Partnership (FNP being a targeted service for first time pregnant mothers under the age of 19) that was agreed to be de-commissioned by March 2017 Breastfeeding support service (Peer Support Programme; targeted work in areas of inequalities); School nursing service. | | |
| | 2017-18. | | |
| 5. Summary of impacts | Groups Affected: children aged 0-19 years, and their families Age: The balance of delivery across the four levels of need will be influenced by the projected changes to the population figures. In 2012 there were almost 59,000 children and young people aged 0-19 years in the city. To number is expected to rise to 60,500 by 2020. Plus, at present there is no service from 16 – 19. Disability: The balance of delivery will be influenced by health impact of disability on children and young people Applying national estimates to Brighton & Hove suggests between 3% and 5.4% of children in the city are disabled. People with physical and learning disabilities are more likely to suffer discrimination, poor access to some health services and worse employment prospects as a result of their disabilities, and these factors all impact negatively on their health. [Brighton and Hove JSNA 2013]. We will require the service provider to undertake an audit of service users regarding disability and any impacts on access to the service | | |
| | | ess to the service | |

of health needs identified by ethnicity /race for children and young people in the full EIA for the Healthy Child Commissioning process. 25% of the city's school and pre-school pupils are from a black or minority ethnic (BME) background. Around a third of the city's under 5 population are BME. We will need to work with the provider to recognise and respond appropriately across the ages so that BME children and young people's needs are recognised and supported.

Gender: The balance of delivery across the four levels of need will be influenced by the population % and level of health needs identified by gender for children and young people in the full EIA for the Healthy Child Commissioning process.

Religion/belief: The level of need for this population group is less understood. We will ensure that the service provider audits service use and performance by protected characteristic groups including religion or religious belief.

Sexual orientation: The balance of delivery across the four levels of need will be influenced by the population % and level of health needs identified by sexual orientation for children and young people in the full EIA for the Healthy Child Commissioning process. There is an estimated 3,200 (16%) LGBT young people aged 13 to 24 in Brighton & Hove. Note that this data is not recorded on the census or collected in a systematic way. However, young people are more likely to identify as LGB and regard their sexuality as fluid.

Child poverty: The balance of delivery across level of need is influenced by poverty. Around 20% (8,600) children live in poverty (lower than across England). Child poverty varies widely; East Brighton has 47% and Withdean just 7%. [Brighton & Hove City Council. Joint Strategic Needs Assessment 2013. Brighton & Hove: Brighton & Hove City Council; 2013.]

Other groups:

The rate of family **homelessness** is worse than England, with 302 statutory homeless households with dependent children/pregnant women (2012/13). [Public Health England. Child Health Profiles. London: Public Health England; 2014.]

We have higher rates of **children in care** than the national average. For every ten thousand children in the city, 95.2 are in care compared with 60 in every ten thousand children across England.

Compared to the England average, we have a higher rate of children in need (361 versus 332 per 10,000 children), and a higher rate of children who are the subject of child protection plans (66 versus 46 per 10,000 children). In 2013, 52% of children who were subject to a Child Protection Plan had domestic violence/abuse recorded as a contributory factor.

There are significantly higher rates of **hospital admissions for both self-harm and alcohol** for young people in Brighton & Hove. [Public Health England. Child Health Profiles. London: Public Health England; 2014.]

| 6. Assess level of impact | 2 | | |
|---|---|--|--|
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| 7. Key actions to reduce negative impacts | The performance framework and KPI measures recently set for the service through the commissioning process have taken into account level of need and whilst the savings direct impact will remain unknown, this is now being finalised through the mobilisation negotiations. We will ensure that resources are based on levels of need whilst retaining a balance in universal provision. | | |
| | PH Commissioner will work with the provider during mobilisation to ensure the learning from the EIA is included in the agreed targets attached to the KPIs. This will ensure the balance of resources is not disproportionality allocated across the four levels of need. | | |
| | PH Commissioner will also formalise the agreement of KPIs that will address the level of need identified in the full EIA, to ensure that the additional focus on these groups can continue. | | |
| 8. Full EIA? | Completed: Re-commissioning of Public Health Community Nursing Services 2016 | | |
| 9. Monitoring and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | |
| Evaluation | Through quarterly performance and evaluation meetings with the provider. | | |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | | |
| 10. Cumulative impacts | There may be a cumulative impact with: the review of Children Centres as health visiting team are based within these and the service delivered in an integrated way with children services, for example: if there are fewer Children Centres, some of the health visiting teams may have to relocate. If this is the case there will be financial implications in terms of premises and overheads for the providers which will impact on the commissioning budget. The recommissioning of youth services does mean there may be a risk through a reduction in early help support, resulting in an increase need for specialist support potentially transferring the pressure to the move the key universal support provided from the Public Health Community Nursing Children and Young People Services 0 – 19 to a higher level. | | |

| 1. Service Area | Parking & Network Operations | 2. Proposal No. 21 | |
|---|---|--------------------------------|--|
| 3. Head of Service | Charles Field / Paul Nicholls | | |
| | What is the proposal? Use the savings proposal wording and more detail if nee | eded | |
| 4. Budget Proposal | Unsupported borrowing underspend for refurbishment of off-street car parks The saving achieved per year in parking income by having one current blue badge fraud investigator Increase tariffs by an average of 2.7% This would be above 2% inflationary increase of £463,840 to achieve higher turnover of spaces and support economic growth in the city. This will result in £70,000 of savings (This is 0.3% addition above 2% inflationary increase) we would be looking at 2.7% increase allowing for 0.4% decrease in demand change to address capacity issues. This would include potential increases to tariffs above average in Trafalgar Street, London Road, Norton Road and The Lanes which are full particularly during the week. This would be alongside some careful working out alongside 2% inflationary increases to target some areas (e.g. Area M) and not have a 2.7% increase across the board which will require changes to Conditions of Use signage and more negative impacts on certain groups. | | |
| Highlight the most significant disproportionate impacts on groups | | | |
| 5. Summary of impacts | In regard to the potential increase of parking fees this may have an impact on all groups within society as the amount they pay to park on street would increase. This is in line with transport objectives of supporting sustainable transport options and reducing vehicle emissions. | | |
| | Age : Members of the public may choose not to pay to park on street due to price inclusion issues for older people. | e increase. This could lead to | |
| | Disability: Identifying blue badge fraud frees up parking spaces for eligible blue | badge holders. | |

| | In terms of blue badge fraud then the impact is positive as identifying blue badge fraud frees up parking spaces for eligible blue badge holders who would otherwise not be able to access services |
|---|---|
| 6. Assess level of impact | 2 |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| 7. Key actions to reduce negative impacts | Officers will work to ensure any increase in fees will avoid negative impacts as much as possible. Fee increases are being targeted at areas where parking is at capacity to help provide drivers with better access to currently congested areas. Surplus parking income is mainly spent on providing free bus passes for elderly and disabled people. |
| | Continue with Blue Badge fraud investigation work to protect disabled/accessible bays from misuse. |
| 8. Full EIA? | Not needed. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Regular review meetings are held to review on-street and off-street parking usage. We have recently applied for and been awarded People's Parking accreditation. This scheme was set up by Helen Dolphin MBE, disability rights campaigner to provide independent feedback about the facilities and public car park experience from a disabled user perspective, with regular monitoring and reviews. |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| impacts | Impacts of other proposals should not worsen the impacts identified above. |

| 1. Service Area | Transport | 2. Proposal No. 22 | |
|-----------------------|--|--------------------|--|
| 3. Head of Service | Mark Prior | | |
| | What is the proposal? | | |
| 4. Budget Proposal | Reduction of Revenue expenditure by decreasing Supported Bus Services budget by £170,000 | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| | Supported Bus routes are provided for areas of the city that are geographically isolated from the commercial bus network. They provide sustainable travel options in areas of high car use and provide access to education training and employment to those without access to private vehicles. Groups affected: Age, Gender, Disability, Race/ethnicity, Religion/Belief | | |
| 5. Summary of impacts | Cuts to services will particularly impact negatively on those with fewer transport choices e.g. without access to or finances for private vehicles and travelling to locations they have little control over such as schools and hospitals. Evidence for this EIA is based on: | | |
| | 2014 Supported Bus route passenger survey¹ Background research used to compile the latest Local Transport Plan (LTF) The National Highways and Transportation Public Satisfaction Survey² Passenger and operator surveys undertaken by DfT related to the introduction | , | |
| | Cuts to the supported bus route services will affect a number of groups in relation because they are more reliant on good local bus services than the general popular | | |

¹ Passenger survey carried out on commercial routes only, for BHCC.
² A statistically robust national survey http://nhtsurvey.econtrack.co.uk/
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Specific impacts:

Age: **Older People:** A higher than average percentage of older people use supported bus services and would be at particular risk from social isolation and being cut off from independent access to a wide range of services

Younger People show the highest levels of importance for good local bus services^{3.} Cuts to services will create barriers to accessing education, training and employment as well as social and leisure activities particularly for those young people living in geographically isolated communities.

The council could provide pre-paid key cards for pupils with a long home-to-school distance but operators have advised that there is not the capacity on the commercial network during peak hours to accommodate this increase in passengers. This would result in young people not being able to board buses, left at stops and late for school or unable to get home in the evenings.

Disabled people: People with certain impairments can be more reliant on buses than the general population and, for many the supported bus network will be their only method of travel. Reductions in services would become a barrier to access education training and employment, as well as shopping and leisure and other aspects of independent living. Levels of mental health illness in the wider region, are generally higher than national levels³. Any reduction in bus services will reduce opportunities for getting out and about for people with disabilities, leading to social isolation. These issues could result in increased demand of care provision across the city.

Race/ethnicity: A higher percentage of people from ethnic minorities have been recorded as users of supported bus network (20%). The geographical areas served by the supported network have high percentages of residents identifying a part of an ethnic minority group and as such reduction in these services would be greatest felt in these groups.

Gender: Women are over-represented as users of the Supported Network. In cutting these they would be disproportionately affected which would have a knock on effect for other services in the city as over 15% of women travellers reported travelling for the purpose of care responsibilities. Reducing their access to travel could have negative impacts on the Care provision for the city as a whole.

Religion/belief: There are a limited number of faith schools and religious buildings and sites such as cemeteries in the city which may warrant longer travel distances to attend these or them being located in locations not easily accessible from the commercial bus network. A reduction in bus services, particularly those that stop near faith schools or religious buildings/sites, may have a disproportionate effect on faith groups.

Child poverty: The loss of the supported network in particular areas of the city may disproportionately impact

³ LTP4,p 26 DRAFT Budget EIAs – December 2016

children from family units where the family is living on less than 60% of NMI. The reduction in services would see a decrease in access to education, training and employment as the commercial network does not have peak hour capacity to accommodate the additional passenger volume at this time. **Other impacts**: Changes in the ratio of car ownership levels and bus patronage. The city has lower than average car ownership levels and a corresponding higher than average levels of bus patronage. Any cuts to bus services are likely to result in increasing levels of car use. Health and well-being: cuts to bus services may lead to social isolation and in turn impact in additional pressure on NHS and public health and local Care services for adults and young people. Education, Training and Employment: Peak hour capacity does not exist on the commercial network to absorb the displacement of large volumes of passengers. This would lead to longer journeys and potentially Safeguarding issues. Where trips are then replaced by car there may be more congestion on roads and less independence for children and other vulnerable users. Economic: Cuts would create barriers to Education Training and Employment for those with limited transport choices (Older people, younger people, disabled people, women) and have impacts of the demand for Care services across the city. 4: The numbers are small in comparison with the wider population, but the loss of the services could cause 6. Assess level of significant impact and complicate travel for vulnerable groups and could have significantly negative impacts on the wider commercial bus network and levels of peak traffic congestion which would impact on the wider impact population. What actions are planned to reduce/avoid negative impacts and increase positive impacts? Due to the geography of the city and the outlying areas that are served by these services there would be little the 7. Key actions to council could do to offset the impacts of cuts to these. The council has a statutory obligation to provide home-toreduce negative school-transport where the distance is over three miles. However this can be in the form of a key card enabling impacts the use of commercial services where available. A full EIA on the impacts relating to all protected characteristics would be required if the termination of these services is agreed as part of the budget saving

| 8. Full EIA? | If the budget saving is agreed then a full EIA would be required. |
|------------------------------|--|
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| | It would be anticipated that residents would contact both their ward councillors and the council direct to express concerns and this information would be monitored. No mitigating actions have been suggested. |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| | Currently unknown |

Budget Screening Equality Impact Assessment Template 2017/18 – <u>Service-Users</u>

| 1. Service Area | Cityclean and City Parks | 2. Proposal No. 23 |
|---------------------------|--|------------------------|
| 3. Head of Service | Richard Bradley | |
| | What budget changes are proposed? (Use the savings proposal wording and r | nore detail if needed) |
| 4. Budget Proposal | Currently the council subsidises provision of sport and leisure activities within city parks. The income generated does not cover the cost of maintaining the facilities. The budget proposal is to reduce subsidies. The detail for each service/ type of facility needs to be worked out and the exact impacts are unknown at this stage (eg if a facility is taken over by a community group there may be no impact but if it is closed there will be a significant impact) | |
| | Highlight the main / most significant potential impacts which will need to be | e mitigated or avoided |
| 5. Summary of impacts | Impacts will vary for different groups. Some facilities and organisations will be able to become autonomous from the council as has already happened with a number of bowling clubs and continue to operate. Change of management to alternative providers may make them less accessible (with a potential specific impact on disabled people) and more costly for service users (with a potential specific impact on people on lower incomes). Closure of facilities will reduce availability for all service users. However, the benefits of this provision to older people, disabled people (with physical and mental impairments) and people on low incomes are particularly significant. | |
| 6. Assess level of impact | 2 | |

| | What actions will you take to reduce / avoid potential negative impacts and increase positive impacts? | | |
|---|---|--|--|
| | Opportunities for alternative service delivery will be explored with stakeholders and will vary depending on the service or facility. | | |
| 7. Key actions to reduce negative impacts | Alternative methods of service provision will be explored with stakeholders to try to prevent closure of facilities and where possible improve access. For example sports groups can take over certain facilities and have done so successfully in a number of cases including a number of bowls clubs. | | |
| | In relation to allotments subsidies are in place for disabled people and these should be retained to minimise impacts. | | |
| | Phasing of proposals over a number of years will maximise opportunities for transition rather than closure. | | |
| 8. Full EIA? | Specific EIAs will be required for individual proposals as the impacts will vary. | | |
| 9. Monitoring and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | | |
| Evaluation | To be confirmed | | |
| | Are any cumulative impacts identified across your service area from proposals in other departments OR from other service areas? Please explain what these might be | | |
| 10. Cumulative impacts | Reducing outdoor sports facilities and reducing subsidies for allotments can have a cumulative impact on public health as these facilities help people engage in healthier life styles and can reduce healthcare costs and antisocial behaviour. | | |

Budget Screening Equality Impact Assessment Template 2017/18 – <u>Service-Users</u>

| 1. Service Area | Economy, Environment & Culture | 2. Proposal No. 24 |
|---|---|----------------------------|
| 3. Head of Service | Richard Bradley | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | |
| 4. Budget Proposal | £100,000 reduction in 2017/18 The savings will be identified through procurement of a new contract to be awarded prior to the end of the current contract in February 2017. The new contract will include retaining the current level of toilets in the city. There are no proposed closures, reduction in opening times, or service provision. The new contract is expected through procurement to identify significant savings and maintain the existing level of service. | |
| | We therefore envisage that for 2017/18, no sites will be affected. | |
| | Highlight the most significant disproportionate impacts on groups | |
| 5. Summary of impacts | The impacts are reduced and minimal with savings created by new contract which provisions and also maintain the level of service. | n will protect the current |
| 6. Assess level of impact | 1 | |
| 7. Key actions to reduce negative impacts | What actions are planned to reduce/avoid negative impacts and increase pos | itive impacts? |

| | no mitigating actions are needed as impacts will not be felt by service-users |
|---------------------------------|--|
| 8. Full EIA? | Not needed |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | This will be monitored by ensuring the contractor will provide a high level of service, be proactive in driving improvements to the 37 sites and providing regular reporting of their success. |
| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| impacts | None |

| 1. Service Area | Royal Pavilion & Museums | 2. Proposal No. 25 | |
|---|--|--|--|
| 3. Head of Service | Janita Bagshawe | | |
| | What is the proposal? Use the savings proposal wording and more detail if ne | eded | |
| 4. Budget Proposal | New income through hiring of spaces to language schools, CCTV monitoring, fu Reduce audio contract. | ew income through hiring of spaces to language schools, CCTV monitoring, functions, guiding. | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of that impacts | Hiring our rooms to increase income impacts negatively on work with community groups, as it might reduce opportunities for activities with community groups. However, there are no plans to charge community groups coming to work with collections. | | |
| | Reducing audio contract impacts negatively on those with certain impairments edifficulties (easy English guide) and the deaf community (the BSL guide), also the backgrounds who are speakers of other languages eg: Mandarin, Hindi guides. | ose from different ethnic | |
| 6. Assess level of impact | 1 | | |
| | What actions are planned to reduce/avoid negative impacts and increase po | ositive impacts? | |
| 7. Key actions to reduce negative impacts | Continue to ensure that rooms used for work with community groups are primari hirings to other groups (eg: language schools) are at times when community wo holidays etc) - monitor impact of this. | | |

| | The guide for visually impaired people is a different unit from standard audio guide stock so levels on site of these units will not be reduced. There will be fewer audio guides available to hire. Explore book ahead options for audio guides publicised via the website to ensure units reserved and monitor impact. Mobile app use is being explored and extended, providing another option to download the audio guide. |
|------------------------------|---|
| 8. Full EIA? | Not needed with existing mitigating actions. Impacts will be monitored. |
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| 9. Monitoring and Evaluation | Monitoring of community work with community Engagement Officer who will alert if there is an impact on room usage Complaint monitoring from visitors regarding audio guide Visitor Services staff feedback at meetings |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| | NA |

Budget Screening Equality Impact Assessment Template 2016/17 – <u>Service-Users</u>

| 1. Service Area | Housing | 2. Proposal No. 25a |
|---|--|--|
| 3. Head of Service | Tracy John | · · · · · · · · · · · · · · · · · · · |
| | What is the proposal? Use the savings proposal wording and more detail if needed | |
| 4. Budget Proposal | Reduce staffing by a Housing Options Officer and Housing Needs offi | icer. |
| | Highlight the most significant disproportionate impacts on groups Reduction of front line officers providing advice and assessment of homeless households. This will impact as it may take longer to undertake casework to achieve prevention and /or statutory assessments as to the homelessness duty owed. Homeless households who are owned a housing duty are vulnerable by definition and so a reduction in staff may impact on groups such as families with dependent children or pregnant – or vulnerable due to mental or physical problems that make then less able to manage than the average person; people leaving care; institutions or armed forces. | |
| _ | | |
| 6. Assess level of impact | 5 - impacts on very vulnerable people | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| 7. Key actions to reduce negative impacts | We are upstreaming prevention so as to better manage and move wo channel shifting where possible to assist more people through more e service redesign to remove duplication and handoffs amongst the service. | efficient methods. We have delivered a |
| 8. Full EIA? | Not required as actions to manage reduced staffing are in place | |
| | | |

| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
|------------------------------|--|--|
| | Monitoring performance indicators relating to time taken to make decisions; impact on ability to prevent homelessness. | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| | None | |

Budget Screening Equality Impact Assessment Template 2017/18 – <u>Service-Users</u>

| 1. Service Area | Neighbourhoods, Communities and Housing - Libraries | 2. Proposal No. 26 |
|-----------------------|---|--------------------|
| 3. Head of Service | Sally McMahon | |
| | What is the proposal? Use the savings proposal wording and more detail if no | eeded |
| | Budget proposals for Libraries for 2017-18 are: Reduce bookfund spending in Hove Library by £30,000 Seek better deal on utilities for Jubilee Library saving an estimated £20,000 Part year saving on staffing – as a result of the restructure in August 2016 (£45,000) Further staff savings as a result of closing Hove Library on Sundays (£37,000) Increase in income of £10,000 | |
| 4. Budget Proposal | Key background information These savings proposals are in keeping with the Libraries Plan 2016-20, approved by Council in March 2016. The detail of the restructure and the service changes were covered in two EIAs earlier this year: Libraries Redesign/Restructure (ref: NCH 03) and Libraries Extra EIA (ref: ACE 18) Income generation is largely an increase in commercial activity, so there are no equalities implications Reduction in Hove bookfund was also covered in the Libraries Plan as the Service Review and Needs Analysis which preceded it identified an excess of bookfund spending in Hove in relative terms, and given the reducing use of this library. The proposal to close Hove Library on Sundays is a new proposal, and is covered in this EIA. Hove Library only opened on Sundays for the first time in August 2016, so this use is relatively new. | |
| 5. Summary of impacts | Highlight the most significant disproportionate impacts on groups | |

Reduction in Bookfund in Hove Library: The reduction in spend will be focused on the adult non-fiction stock (though all areas of stock will be affected). This will be reducing those areas of stock least used. Much of this stock is a duplicate of stock available in Jubilee Library, and we know that many (40%) of library users already use Jubilee Library as well as Hove Library. Potentially, those who are adults, or those who are disabled and find it hard or expensive to travel to another library, may be affected by this change. **Close Hove Library on Sundays** This proposal does not disproportionately impact on specific people as it affects all users. All Hove Library users on Sundays can visit another library and there is evidence to show that 47% of them already do use another library (40% use Jubilee). Already, Sundays have less than half the visits than any other day of the week with an average of 318 people using the library each Sunday. This represents only 6.5% of the total Hove Library usage over the week. However, there could be more impact on those who find it hard or expensive to travel to another library. 6. Assess level of 1 impact What actions are planned to reduce/avoid negative impacts and increase positive impacts? For both of the proposed changes above (Reduction in Bookfund in Hove Library) and (Close Hove Library on Sundays) the mitigating actions are the same: 7. Key actions to reduce negative • Those who are disabled and find it hard or expensive to travel to another library can request the stock to be impacts delivered to Hove for them. There is a charge for this but those who are in receipt of benefits can obtain reduced or waived charges, by registering for a concessionary or exemption membership. Hove Library will remain open six days a week, and there will be a re-invigoration of the service there for instance by the introduction of a café (under consideration) 8. Full EIA? Not needed. How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? 9. Monitoring and **Evaluation** Monitoring customer feedback and complaints Monitoring level of stock reservations to see if these go up

| 10. Cumulative | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
|----------------|--|--|
| impacts | None | |

| 1. Service Area | Neighbourhoods, Communities and Housing/Communities, Equality and Third Sector Team | 2. Proposal No. 27 |
|--------------------|---|--|
| 3. Head of Service | Emma McDermott | |
| | What is the proposal? Use the savings proposal wording and more detail if ne | eded |
| 4. Budget Proposal | Increase the reduction in the third sector investment programme budget from £1 2017/18. The programme consists of the Communities and Third sector Prospec Communities Fund. The prospectus invests strategically in the third sector to de for the council as well infrastructure support to CVS, community development in citywide and a community banking partnership to deliver the outcomes of the costrategy. The Communities Fund provides an annual fund for grassroots activity and pump priming collaborations to respond to gaps in and improve service proof. The target groups of the prospectus are predominantly equality groups – they a People who experience additional vulnerability or risk of exclusion linked characteristics: age, sex, gender identity, sexual orientation, disability, lead thinicity, faith; People in poverty or on low income; Carers and young carers; Children in care and/or leaving care; People struggling with addictions; Individuals in insecure housing or at risk of homelessness or homeless; Survivors and/or perpetrators of domestic violence & sexual violence; Ex-offenders; Individuals not in work or at risk of unemployment. Refugees and asylum seekers; IMD top ranking neighbourhoods; Pockets of deprivation; Note that this budget is scheduled to be reduced by £165,000 in April 2017 as a which Members deferred for 1 year. | ctus 2017 -2020 and an annual elivery against priority outcomes priority neighbourhoods and buncil's financial inclusion regrowing third sector resilience, vision. The as follows: To their protected parning disabilities, marital status, |

| | Highlight the most significant disproportionate impacts on groups | |
|---|---|--|
| 5. Summary of | The Third Sector Programme is designed to target the council's corporate priorities which focus on the most vulnerable individuals and communities, increasing fairness and promoting social capital and resilience. The organisations funded through the programme are groups/organisations that work with and support communities with legally protected characteristics, and those who are marginalised and vulnerable, including those experiencing poverty/financial exclusion. | |
| impacts | The proposed reduction in the programme's funding will directly result in: • decreased capacity to meet some corporate priorities with specific impacts on characteristics protected in law | |
| | reduced capacity for CVS groups which support community resilience and reduce reliance on statutory services: reducing the budget could result in increased demand for council services especially relating to young people and older people potential wider impact on ability to attract additional match funding | |
| 6. Assess level of impact | 4 | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
| 7. Key actions to reduce negative impacts | As the commissioning of strategic outcomes, VCS infrastructure support, community development, engagement by protected characteristic and a community banking partnership is currently underway – announcement due end of December/early January - it is not possible to identify which protected characteristics are most likely to be affected. However, when applying the additional saving consideration will be given to trying to ensure that whilst all protected characteristic will be affected (as a result of the nature of the commission) the reduction does not unfairly affect one protected characteristics more than another unless there is an alternative support packing available. | |
| 8. Full EIA? | An EIA on the reduction will be carried out to inform the decision. | |

| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
|---------------------------------|--|--|
| 9. Monitoring and Evaluation | Feedback will be sought from the infrastructure organisations in the city on the impact of the reduction on VCS organisations at all levels – grass root through to large organisations as well as on themselves. | |
| | Feedback will be sought from commissioners across the council and other public bodies especially the CCG as the strategic investment underpins organisations deliver of other contracts in the city. | |
| | Feedback will be sought from unsuccessful applicants to the commission. | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| | Reduction in the third sector investment programme will likely impact on other budget proposals that may be looking to the VCS to help mitigate the impact. It may also jeopardise the delivery of other commissions, especially if those budgets are being reduced. | |
| | Other proposals that impact on this proposal, for example the deletion of the youth services budget, will influence what VCS organisations are able to deliver through the third sector investment programme. | |

| 1. Service Area | Regulatory Services | 2. Proposal No. 28 | |
|---|--|--------------------|--|
| 3. Head of Service | Jo Player, Annie Sparks and Nick Wilmot, Joint Acting Heads of Regulatory Services | | |
| | What is the proposal? Use the savings proposal wording and more detail if nee | eded | |
| 4. Budget Proposal | £60,000 management saving following management restructure £36,000 realigning animal welfare service budget following budget saving from 2016/17 £20,000 increased income from pest control service £44,000 trading standards deletion of vacant post and reduction in supplies budget £60,000 civil contingencies potential restructure following modernisation programme | | |
| 5. Summary of | Highlight the most significant disproportionate impacts on groups | | |
| impacts | Reduction in investigation resource and increase in charges for pest control service | | |
| 6. Assess level of impact | 1: Minimal but may impact on lower income families requiring pest control services resulting in health issues if unable to pay for pest removal. | | |
| | What actions are planned to reduce/avoid negative impacts and increase po | ositive impacts? | |
| 7. Key actions to reduce negative impacts | Targeted enforcement and advice at those independent small and medium sized enterprises Modernisation programme to explore field officers undertaking some parts of regulatory services role to avoid duplication so that officers are able to concentrate on undertaking statutory work Work with partners to deliver animal welfare service | | |
| 8. Full EIA? | Not required | | |

| 1. Service Area | Community Safety | 2. Proposal No. 29 | |
|---|--|--------------------------------|--|
| 3. Head of Service | Peter Castleton | | |
| 4. Budget Proposal Reduced capacity to work with LGBT community reducing LGBT Community Safety Officer from futime (50% cut) | | | |
| | | | |
| 5. Summary of impacts | Trust and confidence with the LGBT community and particularly the LGBT Community Safety Forum may fall. This may lead to fewer reports if victims have less confidence in the council. Victims of LGBT incidents and the wider LGBT community may lose trust and confidence in the council. | | |
| 6. Assess level of impact | 2 | | |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |
| 7. Key actions to reduce negative impacts | Other community safety staff have a positive relationship with key members of the LGBT community and the LGBT Community Safety Forum, other teams will need to establish their own relationships with key LGBT stakeholders. | | |
| | Head of Community Safety will develop relationship with key LGBT community sand confidence. | stakeholders and monitor trust | |
| 8. Full EIA? | No | | |

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| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
|------------------------------|--|--|
| 9. Monitoring and Evaluation | Head of Community Safety will maintain relationship with key LGBT community stakeholders and monitor trust and confidence. | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| | None | |

| 1. Service Area | Finance & Resources – Revenues & Benefits | 2. Proposal No. 30 | |
|-----------------------|--|---|--|
| 3. Head of Service | Graham Bourne | | |
| | What is the proposal? Use the savings proposal wording and more deta | ail if needed | |
| 4. Budget Proposal | The Revenues & benefits function is moving towards an on-line service as part of the Digital First programme. The proposed savings reflect the reduction in supplies and services costs and administrative resources as the programme is rolled out over the next three years. Over the three years there will be a channel shift that will mean an incremental reduction in face to face opening hours and eventually a reduction in telephone capacity. However if the digital programme is introduced effectively these changes should reflect the change in customer demand. | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | Any reduction in Benefit Administration capacity has the potential to impasservice and therefore must be delivered with improved efficiency in place implementation of digital services providing this efficiency. The Benefit cuthose on low incomes and a high proportion of vulnerable customers. The that the service will be 100% digital and there will still be a telephone service change needs to be supported and the Digital First programme regroups may be less able to engage with a digital service. Mitigation and significant inclusion issues and to be effective this will include a requirement provision. | e. The savings are designed around the ustomer base naturally encompasses e programme to 2020 does not advocate vice and a limited face to face one. The ecognises this. As explained below some support is being designed to address the | |
| | Citizens online research identified the following: 'The key figure that our baseline analysis came up with was 16% of the Edigital exclusion i.e. lacking internet access at home or not possessing al Communicating, Transacting, Managing information, Problem-solving, and | ll of the five key digital skills: | |
| | The groups most affected are: Low income households, Retired people, a These people are more likely than average to be frequent users of public | , , | |

| | care. So the active customer base for Council services will have higher levels of digital exclusion than the average for the population. |
|-----------------------------------|--|
| | The areas where these people are most concentrated are: Hangleton, Moulsecoomb, Whitehawk, North Portslade, Woodingdean, Hollingbury and Central Brighton (parts of Regency, St. Peter's & North Laine and Queens Park wards)' |
| | There is no equality data on footfall in the customer service centre to identify any differentials in the use of service but it's not believed that any age group would be disproportionately impacted by reduced opening hours. Current statistics also show that with the proposed change in 2017/18 the service would still have the capacity to meet current footfall. |
| | Specific impacts: Disability: The Citizens Online research does not identify disabled people as one of the most impacted groups. However some of the factors identified in their research in relation to the correlation with social inclusion and low income would suggest that there would be an impact. There is also the position regarding the type of impairment and the suitability of digital as a communication channel. |
| | Race/ethnicity: The Citizens Online research does not identify ethnicity/race as one of the most impacted groups. However some of the factors identified in their research in relation to the correlation with social inclusion and low income would suggest that there would be an impact. It has been reported from Benefit Officers that face to face is a preferred option for many citizens for whom English is not their primary language. |
| | Child poverty: there is a correlation between low income and digital exclusion. |
| 6. Assess level of impact | 2 |
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| 7. Key actions to reduce negative | The service has direct awareness through its benefit and welfare reform work and the capacity to recognise cases of potential digital exclusion and adapt its individual or collective service accordingly. |
| impacts | As with any change in the benefits service there has been careful consideration in the proposals to the impact on service capacity. Not only are there customer implications in under resourcing the service or not having resilience to deal with increases in demand, but significant financial repercussions that could be counter productive to the saving intent and impact on other council services. |

The service has a continual programme that focuses on the rationalisation of existing resources to maximise the value of first contact with the customer and minimise double handling, error and cost. This work encompasses the intelligent use of technology in terms of automated communication with other benefit agencies and online claiming.

In terms of the transformation careful consideration has to be given to how this is supported in terms of the operational and cultural changes for staff and in terms of the service provision change for customers and their behavioural change to adapt to it.

The service is being supported in delivering its digital programme by Digital First (it is effectively one of the pioneer services for the corporate programme) and Customer Insight who are supporting the transformation. Lessons learnt are being compiled from other authorities who are further ahead on their digital transformation. The progression is iterative and incorporates learning and adaptation as it progresses. In June 2016 Digital First produced an Equalities Audit Report with an action plan based on recommendations to improve data collection and reporting on protected characteristics.

The key service for the support of digital delivery is the Library Service. The Library Service has been redesigned to an enabling with the strategic intent of working with the voluntary sector across the cities libraries to support citizens in becoming confident to self help using services and accessing information on the internet. This network provides the platform for the digital transformation of revenues & Benefits and the services that follow it. It is designed to be inclusive and tackle the identified groups of digital exclusion.

The transition to a full digital offer will take 3+ years and it is only in 2019/20 that other options for customer contact are sizeably reduced. Consequently the impact on those who are currently digitally excluded will be minimal.

Specific actions:

Disability: The corporate approach to digital support through the libraries reaches out into communities and is designed to improve customer digital confidence and competence. The service is often aware of individual disabilities, normally because of benefit entitlement, and provides and has access to specialist support around vulnerabilities. The digital rollout will use this information to ensure suitable sensitivity and support.

Child poverty: For low income families the corporate approach to digital support may extend to identification of digital exclusions in Families, Children and Learning and specific actions as a result. The service has direct awareness through its benefit and welfare reform work and the capacity to recognise cases of potential digital exclusion and adapt its individual or collective service accordingly. Managing this group as part of the transformation is important to the success of the programme.

| 8. Full EIA? | Not needed at this stage | |
|------------------------------|---|--|
| | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
| 9. Monitoring and Evaluation | The Digital First Team and the Service are discussing how to monitor rollout impact with a view to setting a template for future digital rollouts across other services. | |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| | The Digital Delivery coincides with a downsizing of the service to reflect reduced caseload because of the introduction of Universal Credit, and to make budget savings. This may increase pressure on the capacity to support the transformation particularly if workloads do not decrease at the predicted speed. The realisation of a programme of national welfare reforms will also put further pressure on the service. | |

| 1. Service Area | Revenues and Benefits | 2. Proposal No. 31 | |
|-----------------------|---|--------------------|--|
| 3. Head of Service | Graham Bourne | | |
| | What is the proposal? Use the savings proposal wording and more detail if nee | eded | |
| | Council Tax Reduction (CTR) – This EIA is in relation to possible changes to the CTR scheme for 2017/18. These possible changes are set out in a draft scheme which was published in September and is open for consultation until 1 st November. The possible changes are: | | |
| 4. Budget Proposal | To increase the amount that CTR goes down by for every extra £1 increase in the income a household receives (known as 'the taper') from 20p to 25p | | |
| | To set the maximum rate CTR to the amount payable for a Council Tax Band D property | | |
| | To set the minimum amount of CTR to £5 per week, meaning that households entitled to CTR of less than £5 a week will pay the full amount of Council Tax | | |
| | The consultation on these possible changes is not yet complete and as such they may not be adopted. In any case full Council needs to make decisions on changes to the CTR scheme. A report reviewing the scheme is due to go to PR&G on 8 th December and Council on 15 th December. A full EIA will accompany that report. | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| | The main findings from the EIA are: | | |
| 5. Summary of impacts | That, as a proportion of the caseload, households with a disabled member are less likely to have to pay more Council Tax as a result of these changes than households without a disabled member As a proportion of the caseload households where the claimant is female are more likely to have to pay more Council Tax as a result of these changes than households where the claimant is male As a proportion of the caseload people in different sex relationships are more likely to have to pay more Council Tax as a result of these changes than people in same sex relationships. As a proportion of the caseload households where the claim is from a couple are more likely to have to | | |

| | pay more Council Tax than households where the claim is made by a single person. Case level data on the number of trans recipients of CTR is requested but the recorded numbers of replies does not allow us to draw a firm conclusion as to whether this group is disproportionately impacted. |
|---|--|
| 6. Assess level of impact | 3: Households affected by the possible change to the taper would have to pay approximately £1.60 per week more in Council Tax Households affected by the possible change to restrict CTR to the amount payable for a Band D property would have to pay between £6.70 and £20.10 per week more in Council Tax. Households affected by the possible change to set a minimum amount of CTR at £5 would have to pay between £0.01 and £4.99 per week more in Council Tax. |
| 7. Key actions to reduce negative impacts | What actions are planned to reduce/avoid negative impacts and increase positive impacts? If these possible changes are adopted into the CTR scheme the Revenues and Benefits service will: Ensure the provision of clear communications about the change so people have time to prepare. This will include making information available according to need whether that is through 121 conversations or translations. This will include providing specifically targeted and tailored information for specific groups to organisations which support people with protected characteristics. Continue to provide a discretionary fund which can be used to increase the amount of CTR anyone can get if they face exceptionally difficult circumstances. Ensure there is availability of advice within the city so people can receive help dealing with benefits, payment of council tax, budgeting and moving towards work services throughout the city. Ensure staff and advice services are skilled to advise people on the other statutory council tax discounts customers may be entitled to which would help mitigate some of the impacts reduction of funding for CTR These include the discounts of 25% available for single occupants and the 100% discount which is referred to in legislation as being for people who are severely mentally impaired. |
| 8. Full EIA? | A full EIA will be published with the CTR report which is due to go to P,R&G on 8th December and Council on 15th December |

| 9. Monitoring and | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? | |
|---------------------------|---|--|
| Evaluation | This will depend on whether the proposals are adopted by council. If the proposals are adopted they will be reviewed quarterly during 17/18 | |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. | |
| 10. Cumulative impacts | There are no known other proposals from service areas which might worsen or mitigate the impacts of these proposals. However there are a number other welfare changes are due to start in late 2016/early 2017. They include: | |
| | The decrease of the household Benefit Cap from November from £500 per week to £385 per week for families and from £350 per week to £258 per week for single people. | |
| | The restriction of Benefits to the levels for two children from April 2017. | |
| | The reduction in the amount people on Employment and Support Allowance Work Related Activity group will receive from April 2017. | |

| 1. Service Area | Strategy Governance & Law, Democratic Services | 2. Proposal No. 32 | |
|---|---|--|--|
| 3. Head of Service | Abraham Ghebre-Ghiorghis / Mark Wall | | |
| | What is the proposal? Use the savings proposal wording and more detail if nee | eded | |
| 4. Budget Proposal | A saving of £30,000 against an overall budget of £609,030 is proposed for 2017. Services team. This includes a 33.5% saving against the print budget and the revacancy management and supplies & services budgets. | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | ssary investment and support king meetings may have to be aining will be given to Members asonable adjustments these | | |
| 6. Assess level of impact | 2 | | |
| | What actions are planned to reduce/avoid negative impacts and increase po | esitive impacts? | |
| 7. Key actions to reduce negative impacts | Democratic Services Officers will work with Members to enable greater flexibility for agendas and committee papers, and with officers to ensure that they are more report management system on the wave. A reduced number of hard copies of papers will be made available to those Menalthough it is hoped that as they become more adept at using their mobile device decrease. | re self-confident in using the nbers who require them, | |

| 8. Full EIA? | An EIA for the team will be undertaken once the move to HTH has taken place and the rollout of mobile devices to Members has been completed. |
|------------------------------|---|
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| | A review after each committee cycle will be undertaken to identify how many users are making use of the electronic agendas/papers and further training and help will be directed to those still taking hard copies. |
| 10. Cumulative impacts | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| | The use of mobile devices will depend on sufficient wifi connections being available in council buildings and alternative provision may need to be available if it was to fail. |

| 1. Service Area | Strategy Governance & Law, Democratic Services | 2. Proposal No. 33 | |
|---|--|--------------------|--|
| 3. Head of Service | Abraham Ghebre-Ghiorghis / Mark Wall | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| 4. Budget Proposal | A saving of £24,000 against an overall budget of £965,450 is proposed for 2017/18 from the Members Allowances budget. | | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | The savings directly affected current Members and could have impact on anyone considering whether to stand as a councillor in the future. | | |
| | The savings are subject to Member approval and may therefore be amended or not accepted. There is currently a £15,000 underspend that could be taken forward, whilst the proposal not to implement an inflationary increase amounting to £9,000 will be subject to the recommendations of the Independent Remuneration Panel; and the acceptance of Members at full Council. Any changes to the democratic structure of the council are not anticipated to come into effect until May 2019, which may then impact on the level and number of allowances being paid. An independent review of the structure is being investigated with a view to its findings be reported to council in due course. | | |
| 6. Assess level of impact | 1 | | |
| 7. Key actions to reduce negative impacts | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | | |

| | The proposed savings will need to be taken to the Independent Remuneration Panel for consideration as there is a direct impact to the Members Allowances Scheme, as well as being discussed with Members who will need to support the proposed changes. |
|------------------------------|---|
| 8. Full EIA? | Not required. |
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
| | The Independent Remuneration Panel is required to review the Members Allowances Scheme on a yearly basis and report its findings to the full Council. |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | None |
| | |

| 1. Service Area | Life Events – Strategy, Governance & Law | 2. Proposal No. 34 |
|--------------------|---|---|
| 3. Head of Service | Paul Holloway | ' |
| | What is the proposal? Use the savings proposal wording and more detail if needed | |
| | Welfare Funerals in the Bereavement Services area Review of provision of welfare funeral services to operate in a different way and explor operating costs. Potential use of external company for searches for next of kin may refuneral. This may involve changes to delivery of welfare services - involving outside company of the consideration will aim to reduce impacts on current staffing levels and continue to criteria working in a different way. Changes to service delivery are potentially high risk and need to be explored further - in with stakeholders. | duce need for public health considerations provide services to specific |
| 4. Budget Proposal | Coroners Transfer Service (CTS) in the Bereavement Services area Consider review of service and tender to a Funeral Director service instead of using in-house staff team from mortuary. This will involve a review of service to work in a different way and consider external Funeral Director service to provide Coroners Transfer Service Funeral Directors have contracts with other Local Authorities and therefore there is common practice across other local authority services that we can explore. We will look at working with procurement to agree a contract with reputable Funeral Directors who meets Coroner's requirements. | |
| | Memorialisation in the Bereavement Services area Introduction of new products and development of existing products The aim is to generate an increase in sales through product review to promote a wider continue to promote existing products This will require research and an awareness of bereavement market. The service mu | |

sales and promotion skills - essential to promote products and services.

There is a risk that ineffective skills development could impact on savings.

Registration Services

• Review of fees and charges in the Registration Services area

Fees and charge review and regular increases backed up by benchmarking info' from other local authorities, taking account of all unit costs.

This requires a regular fee and charge increases in line with local area and business requirements, and review of unit costs. Options need to weighed up with a view to seeking member support on fee and charge increases. Business levels needs to be maintained. The service is reliant on customer demand. There are elements of statutory fees but opportunities exist for other fees.

Highlight the most significant disproportionate impacts on groups

Bereavement Services

Welfare Funerals in the Bereavement Services area

No impact on groups. Whilst this service is for people who do not have the means to arrange a funeral from within their estate, or amongst their relatives / friends, provision of a welfare funeral is a statutory requirement an therefore the service will remain unchanged to customers / service users.

• Coroners Transfer Service in the Bereavement Services area

No impact on groups. A Coroners Transfer Service would look to be procured and contracted out to a local Funeral Director, so the service would continue as is for customers / service users.

5. Summary of impacts

Memorialisation in the Bereavement Services area

This is an area where staff training and commitment can ensure an inclusive service, which will be available to all budgets, depending on the product. Those with less financial means may be unable to purchase top of the range memorial products, but every attempt will be made to accommodate smaller budgets as well as ones where there are more financial means.

Registration Services

Review of fees and charges in the Registration Services area

Work is always undertaken to ensure a statutory registration service enables ceremonies in a register office at statutory rate. This will not change. As in previous years, benchmarking will be undertaken to provide the basis for members to decide whether increasing fees and charges for non-statutory services should increase in line with the market for similar services provided by local and similar service providers. (other Registration Services.)

| 6. Assess level of impact | 1: Minimal impact for Welfare Funerals and Coroners Transfer Service as proposals are to do with service delivery – not service provision. Potential for impact in Memorialisation proposals but training in sensitivity and inclusive approach to product availability. Potential impact for those in financial hardship in Registration fees and charges proposal, but mitigated by statutory fee remaining. |
|------------------------------|--|
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| | Some of the proposals are around marketing of products in sensitive service areas. Training needs to reflect the need for inclusive services that do not disproportionately affect customers. |
| 7. Key actions to | Bereavement Services continues to provide free burials and cremations for children up to 16 years of age – this is not affected by any of the proposals. |
| reduce negative impacts | All customers need to be made aware for the statutory fees and have the opportunity to consider this as an option. Training need to make sure staff are committed to ensuring customers can afford the services they purchase from us. |
| | Religion/belief : Whilst the first option for a Welfare Funeral will always be to offer a cremation, the service would look to do it's best to take account of other religious beliefs or faith requirements. Where there is evidence or a specific request that a burial is more appropriate, the service would accommodate this under existing arrangements and in any proposed new working arrangements. |
| 8. Full EIA? | To be considered as part of regular review on affects of proposals after monitoring – in particular of results on service provision following fee increases. |
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |

| | Service provision will continue to be monitored and reported on. No's of Welfare Funerals and body collections through Coroners Transfer work are always recorded / reviewed. No's of memorial products and Registration fees and charges also monitored and recorded. These will have close scrutiny due to income targets – if services become less in demand, a review of the fee structure may be necessary. Statutory Register Office ceremonies reported up to the General Register Office, so reported on to Central Government. |
|------------------------|---|
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| | Bereavement customers and Registration Service customers along with other LA customers are faced with paying more for services, or perhaps not receiving services they have been used to receiving. |
| 10. Cumulative impacts | The sensitive areas of the service require thought and special consideration when reviewing how much a service costs. Proposals are therefore always based on benchmarking information from other service providers, and or are aligned to how much it costs the LA to provide the service. (unit costs) |
| | Statutory services remain available at lower rates but there are options for the higher end of budgets both in the memorials and the Registration Service fee increase proposals. |
| | Ongoing Welfare Reforms are likely to add to the possibility of increases in service charges having a cumulative effect on our customers. |

| 1. Service Area | Communications | | 2. Proposal No. 35 |
|---------------------------|---|------------------|--------------------|
| 3. Head of Service | Clare Saul | | |
| | What is the proposal? Use the savings proposal wording and more detail if needed | | |
| | The reductions to the Communications Team's budgets will be made as follows: £15,000 reduction will be made to the Print and Sign salaries budget with no impact through vacancy | | |
| 4. Budget Proposal | management. Approximately £30,000 can be saved from the Graphic Design Team's salary code AA101. The budget is currently £111,304 which includes an 0.8 fte which is currently unfilled. This position would be permanently deleted in 17/18. This would have little impact in 17/18 as the position has been unfilled for a year; with little impact. | | |
| | The remaining £31,000 saving will come from the following budget codes: | | |
| | PPT005 DL220 Publicity and Marketing PPT012 RC006 Internal room / premises hire charge | £4,000 £2,000 | |
| | PPT012 DD001 Print design and reprographic | £5,000 | |
| | PPT012 DD001 DE001 Professional fees | £5,000 | |
| | PPT145 DG060 DL220 Publicity and Marketing | £15,000 | |
| | Highlight the most significant disproportionate impacts on groups | | |
| 5. Summary of impacts | There are impacts to the amount of work the communications team is able to produce in general, but the savings proposals will have no specific effect on any protected characteristic. | | |
| 6. Assess level of impact | 1 | | |

| 7. Key actions to reduce negative impacts | What actions are planned to reduce/avoid negative impacts and increase positive impacts? | |
|---|--|--|
| | None needed | |
| 8. Full EIA? | An EIA will be carried out on the new Communications Strategy, due to be in place in December 2016. | |
| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? N/A | |
| 10. Cumulative impacts Not specifically. Might related proposals from other service areas (or other changes) worsen or mitigate impacts from proposal? Please explain these impacts. Not specifically. | | |

| 1. Service Area | Housing (HRA) | 2. Proposal No. 36 |
|-----------------------|---|----------------------------------|
| 3. Head of Service | Tracy John | |
| | What is the proposal? Use the savings proposal wording and more detail if ne | eded |
| 4. Budget Proposal | Income of approximately £50,000 from the introduction of a service charge for t door entry systems to blocks of HRA flats. | he servicing and maintenance of |
| | This reflects services provided that benefit some tenants, and aren't provided to the costs of the service. | all tenants, and simply recovers |
| | Highlight the most significant disproportionate impacts on groups | |
| | The positive impacts of door entry systems on all tenants irrespective of their protected characteristic, are their blocks of flats being more secure, residents being able to exercise control of who enters the internal communal area of their block, and a likely reduction in anti-social behaviour. | |
| | There is the negative impact of tenants who are not in receipt of Housing Benef although this does not significantly impact one group disproportionately to another | |
| 5. Summary of impacts | The HRA aims to deliver high quality services to meet the needs and aspirations of council tenants, many of whom are over-represented amongst elderly, female and disabled tenants, and/or vulnerable groups, or come from disadvantaged groups. In that comparative context to the general population in the city, any changes that require additional payments from them are arguably disadvantageous. However also in that wider community comparative context, the alternative perspective is that the aforementioned groups of people are arguably in a better position to some of their peers outside of council housing by virtue of their tenancy status. | |
| | 86% of respondents to the 2016 STAR (survey of tenants and residents) custor their rent offered value for money (up from 84% in 2014). 74% were satisfied with their service charge in terms of value for money (up fro 81% were satisfied with their housing service overall. | , , |

| 6. Assess level of impact | Specific impacts: Disability: There are higher proportions of disabled people living in flats rather than in houses where the charge will not apply (54% compared to 38%). However the majority of our disabled tenants are on Housing Benefit. 2 - There are minimal impacts on the majority of tenants impacted as they will be covered by Housing Benefit, however of those who aren't there will be some impact on those who are just above the thresholds to claim Housing Benefit. |
|-----------------------------------|---|
| | What actions are planned to reduce/avoid negative impacts and increase positive impacts? |
| | Communications sent to tenants about the proposed new charge will advise people about making welfare benefit claims and give contact details for sources of support. Continued communication with residents through Homing In, housing pages on the council's website, City Assembly, Tenant Associations, Tenant Disability Network and direct contact with affected tenants. |
| 7. Key actions to reduce negative | Ensure information is available in a range of formats, and is communicated early to give people time to prepare. Translation and interpreting services available via Sussex Interpreting Service |
| impacts | Officers are aware of the local Money Works service, and are able to direct people to the website, or advise on other ways they can access the service if they are not on the internet. They also have access to the contracted Money Advice Plus service for help with budgeting and other money matters. |
| | We will conduct further analysis of the people not on Housing Benefit to look at their likely eligibility to claim benefits. Contacts are made with tenants who we know are vulnerable, and they would be prioritised for action. |
| | Housing Benefit is payable on services charges apart from heating and water charges. |
| 8. Full EIA? | For the introduction of a new service charge, a full EIA will be carried out early next year if the proposal is to be implemented. |

| 9. Monitoring and Evaluation | How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)? |
|------------------------------|---|
| | This will be through our overall analysis of rent accounts, through tenancy visits, and through our focussed work on supporting vulnerable households. |
| | Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts. |
| 10. Cumulative impacts | There will be the cumulative impacts of welfare reforms as they impact on various groups of tenants, however there are lots of mitigations for those, and this additional charge of approximately £0.65 per household per week is covered by Housing Benefit. |

149 Public sector equality duty

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic:
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) tackle prejudice, and
 - (b) promote understanding.
- (6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- (7) The relevant protected characteristics are—
- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;

- sexual orientation.
- (8) A reference to conduct that is prohibited by or under this Act includes a reference to—

 - (a) a breach of an equality clause or rule;(b) a breach of a non-discrimination rule.
 - (9) Schedule 18 (exceptions) has effect.