#### Budget 2019/20: Equality Impact Assessments – Service-Users

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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.

EIAs assess how proposals may impact on specific groups differently (and whether/how negative impacts can be reduced or avoided) so that these consequences are explicitly considered. 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 in February. Impacts on staff are assessed separately.

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 decisions on budget proposals.

Directorate	Service	EIA number
	Health, SEN & Disability; Children's Disability Service	1
	Adult Learning Disability Assessment	2
	Health , SEN & Disability - Learning Disabilities Day Options	3
	Health , SEN & Disability - Learning Disabilities - Residential (Adults)	4
	School Organisation	5
Families, Children & Learning	Integrated Team for Families and Parenting Services (ITFPS)	6
Leanning	Fostering Placements and Permanence	7
	Contact Service	8a
	Children's Safeguarding & Care / Children's Placements	8b
	Family Information Service	9
	Safeguarding & Care / Specialist Assessments	10
Health & Adult Social	Physical Support and Sensory Support / Memory & Cognition / Mental Health Support	11

Care	Physical Support Home Care and Residential	12
	Commissioning	13
	Residential rehab for substance misuse clients	14
	HIV and sexual health services	15
	Ageing Well Service	16
	Mental Health	17
	<ul> <li>Public Health Improvement:         <ul> <li>a. Healthy Neighbourhood Fund (an element of the Third Sector Investment Programme)</li> <li>b. FareShare food reallocation project</li> <li>c. Schools' cycling initiative</li> <li>d. Home Safety Equipment</li> </ul> </li> </ul>	18
Economy, Environment, and Culture	There are no Budget EIAs required for proposals in these services	-
Neighbourhoods,	Libraries & Information Services	19
Communities and	EIA deleted – Not needed	20
Housing	Safer Communities	21
Finance & Resources	There are no Budget EIAs required for proposals in these services	-
Strategy, Legal & Governance	Life Events	22

## Families, Children & Learning

Budget Equality Impact Assessment 2018/19 – <u>Service-Users</u>

1. Service Area	Families, Children & Learning: Health, SEN & Disability; Children's Disability Service	2. EIA No. 1
3. Head of Service	Carl Campbell, Head of Service 0-25	
	What is the proposal?	
4. Budget Proposal	<ul> <li><u>Savings</u> <ul> <li>Residential, respite and short breaks - £140,000 in 2019/20 (current budg</li> <li>Children's disabilities and Adults LD - management, assessment, operation 2019/20 (current budget - £1,842,000)</li> </ul> </li> <li>For residential, respite and short breaks these savings will be made by: <ul> <li>Review of in-house provision and service users care packages to ensure are being offered a service in the most efficient way</li> <li>Use of the Extended Day offer by the Education Hubs once this is establic</li> <li>Review of contracts and offer by providers in the Community and Volunta</li> </ul> </li> <li>For social work these savings will be made by:</li> </ul>	ons and admin- £200,000 in that the correct young people shed iry Sector
	<ul> <li>Reviewing the new management structure to see whether there are opportationalising and efficiencies</li> </ul>	rtunities for further streamlining,
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Disproportionate impacts identified on the following characteristics: Age (young people)	
	<ul> <li>Reduction in residential, short breaks and respite care packages places add</li> <li>Reduction in management capacity may lead to reduced oversight of decision</li> </ul>	•

	with adverse impacts on families
6. Assess level of impact	<ul> <li>Reduction in residential, short breaks and respite care packages places additional pressure on families = 2</li> <li>Reduction in management capacity may lead to reduced oversight of decision making and care planning, with adverse impacts on families = 1</li> </ul>
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	<ul> <li>Working towards in-house residential, short breaks and respite providers being at normal capacity (not over capacity) where no new packages or increases in packages are agreed unless absolutely essential</li> <li>Care planning meetings involving managers from assessor and provider services (including Assistant Director) arranged to review in-house residential, short breaks and respite care packages</li> <li>Aim to have a clear and fixed offer for each young person where additional overnights will be provided in emergency situations only</li> <li>Alternative/replacement support options to be available for some young people e.g. Direct Payments and Extended Day</li> <li>Consideration for an independent review of in-house residential, short breaks and respite provision</li> <li>Close liaison with parent/carers groups such as PaCC and Amaze in order to improve communication and the co-production of information</li> <li>Review of management capacity will carefully and fully consider any potential impact upon decision making and care planning for families</li> </ul>
8. Full EIA?	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)?

	<ul> <li>Impact upon service users will be monitored via Strengthening Families Assessments, Social Care Reviews and EHCP Annual Reviews</li> <li>Use of data and performance reports to monitor the progress of service users</li> <li>There will be a particular focus upon the impact on service users who are in care or subject to Child Protection Plans</li> <li>Head of Service and other managers will monitor the impact upon decision making and care planning for service users</li> </ul>
10. Cumulative impacts	<ul> <li>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.</li> <li>Additional support may not be available to families if the Extended Day offer is delayed</li> <li>Additional support may not be available to families if there is an inadequate offer by offer by providers in the Community and Voluntary Sector</li> <li>Changes to in-house residential, short breaks and respite providers are delayed if there is the need to accommodate additional young people on an emergency basis</li> <li>Changes to management efficiencies may impacted upon if the current redesign process is delayed significantly</li> </ul>

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### Budget Equality Impact Assessment 2019/20 – <u>Service-Users</u>

1. Service Area	Families, Children and Learning: Adult Learning Disability Assessment	2. EIA No. 2
3. Head of Service	Georgina Clarke-Green, Assistant Director, Health, SEN & Disability	
	What is the proposal?	
4. Budget Proposal	The saving of £660,000 will be achieved by reducing the spend on the Learning Budget (total budget £27,323,000).	Disabilities Community Care
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Disproportionate impacts identified on the following characteristics: Disal autistic spectrum conditions), Carers, Ethnicity, Gender Reassignment, Se Vulnerable people in the City are assessed in accordance with the Care Act 20 <sup>4</sup> need to be met with care and support.	exual Orientation
	Approximately 800 adults with a learning disability and / or autism have eligible receiving a service paid for via the Community Care budget. Services being pro Supported Living, Community Support and Day Options.	vided are: Residential Care,
	Any reduction in the community care budget will have a direct effect on the amount is offered.	ount of the way support and care
	Care costs are steadily increasing and there is an increasing level of complex n higher care costs. This is a trend reflected nationally as well as locally. For peop be a perceived reduction in the level of service they receive or potentially a char which can be unsettling for users and families.	ble and their families there could
	<b>Disability</b> : managing these conversations will require staff to manage any chan and skilfully. Direct payments must continue to be promoted (Care Act 2014) as	<b>o</b> , , , , , , , , , , , , , , , , , , ,

	and sustainable modes of support and care, which will also be more person centred.	
	<b>Ethnicity</b> : People from BME groups may continue to face disproportionate impacts, for example reduction in budgets for translators or for more in-depth work.	
	<b>Gender reassignment</b> : As we are trying to increase engagement with trans people, and recent research shows that despite the city being 'trans-friendly', discrimination, abuse and isolation are still a problem, thus any reduction in funding may impact negatively on any extra initiatives in this area.	
	<b>Sexual orientation</b> : 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.	
	<b>Other groups</b> : 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 funding restrictions could have a direct effect on carers to continue in their caring role.	
6. Assess level of impact	2: There is an obligation to meet statutory need and there is a clear plan to implement a method of operating using the wellbeing and prevention approach as well as an asset based approach to our support and care offer: see below	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	The Care Act asks for more than just Adult Social Care to offer support to people, instead recognising that in a city-wide approach must be embraced, encompassing all services from housing through to leisure, to enhance the lives of vulnerable people.	
	Therefore, a new asset-based approach is required, 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. Reviews will also include a focus on readiness to move on to more independence, and therefore release some resources for those who need more support.

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.

	<ul> <li>An enhanced crisis provision service within Children's Learning Disability Team 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.</li> <li>The Service will comply with the new Accessible Information Standards (S.250) of the Health and Social Care Act 2012.</li> <li>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.</li> </ul>
8. Full EIA?	Full EIA not required
9. Monitoring and Evaluation	<ul> <li>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)?</li> <li>Service users will have their statutory individual Care Reviews</li> <li>Contracts will be monitored via the Commissioning and Performance Team</li> </ul>
10. Cumulative impacts	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 Community Care Budget.         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 reduction in funding from the CCG would have a direct effect on the community care budget.

1. Service Area	Families Children & Learning: Health, SEN & Disability - Learning Disabilities Day Options	2. EIA No. 3
3. Head of Service	Georgina Clarke Green	
	What is the proposal?	
	Learning Disability directly provided Day Services – proposed savings released £	250,000 (total budget: £694,180)
4. Budget Proposal	Part of the Learning Disability Strategy - includes increased Personal Budgets, and direction of travel for adult social care directly provided services is to focus these complex needs.	
	<ul> <li>Continue to support people to move on to alternative day activities on an in needs can be met in different ways. In addition, to reduce the provision run possible</li> <li>Explore creative ways to provide day activity support and make cost efficient budget.</li> </ul>	nning and catering costs where
	Highlight the most significant disproportionate impacts on groups	
5. Summary of impacts	Disproportionate impacts identified on the following characteristics: Disabi Carers	ility (learning disabilities),
	All service users are disabled therefore appropriate alternative day activities will need to be sought to meet specific assessed needs.	
	Carers will need to be engaged in the process as they may have concerns about relative.	how changes may affect their
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?	
	<ul> <li>All service users with a learning disability who have a statutory entitlement to ASC and who have assessed day activity needs will continue to receive services.</li> <li>Engage carers in the change process.</li> </ul>	
8. Full EIA?	Full EIA not required	
	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	<ul> <li>Service users will have their statutory individual Care Reviews</li> <li>Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team</li> </ul>	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.	
	Any reprovision costs to be closely monitored so they do not put pressures on to the community care budget.	

1. Service Area	Families Children & Learning: Health, SEN & Disability - Learning Disabilities - Residential (Adults)	2. EIA No. 4
3. Head of Service	Georgina Clarke Green	
4. Budget Proposal	What is the proposal?	
	Learning Disability directly provided residential and supported living services – p $\pounds 52,000$ (total budget = $\pounds 2,898,000$ )	proposed savings released
	<ul> <li>Continue to support service users with the most complex needs but identidelivery of these services through reviewing individual client needs and the more independent living.</li> <li>This will include seeking further efficiencies in non-staffing budgets where</li> </ul>	neir capacity to work towards
	Highlight the most significant disproportionate impacts on groups	
	Disproportionate impacts identified on the following characteristics: Disab Carers	pility (learning disabilities),
5. Summary of impacts	<ul> <li>In future some service users will not be able to choose accommodation provided directly by the Council</li> <li>Some people may have their care and support provided by the independent sector rather than the Council's directly provided service.</li> </ul>	
	Specific impacts:	
	<b>Disability</b> : All service users affected have learning disabilities some also have p may be on the autistic spectrum. Individualised support is required to cope with	
	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	<ul> <li>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.</li> <li>Support from Speak Out advocacy</li> <li>Engage with carers as part of the change process.</li> </ul>
8. Full EIA?	Full EIA not required
	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	<ul> <li>Service users will have their statutory individual Care Reviews</li> <li>Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team</li> <li>Service will continue to be regulated via CQC</li> </ul>
	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 identified.

### Budget Equality Impact Assessment 2019/20 – <u>Service-Users</u>

1. Service Area	Families, Children & Learning: School Organisation	2. EIA No. 5	
3. Head of Service	Richard Barker		
	What is the proposal?		
4. Budget Proposal	Significant savings have been achieved in previous years in transport and overall cost compares well with other Councils. A further small saving of £39,000 is planned for 2019/20 from an overall gross budget of £2.5m to be achieved across the full range of work undertaken within the School Organisation Team. Efficiency savings are identified in areas of School Organisation unrelated to Home to School Transport.		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts Disproportionate impacts identified on the following characteristics: None The provision of statutory services and key tasks in relation to School Organisation will remarks available regarding services such as home to school transport, school admissions or attendary responsibilities.		ion will remain unchanged as a fication to assistance or support	
6. Assess level of impact	1		
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase po	ositive impacts?	
reduce negative impacts	No negative impacts are anticipated as a result of the proposed savings which will come from efficiencies in undertaking processes rather than the entitlement of residents to services.		

8. Full EIA?	No
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
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.
10. Cumulative impacts	Entitlement to services are provided in line with statutory guidance and therefore qualification to support is not anticipated to change in areas that may have an impact on home to school transport, school admissions or support in relation to attendance or exclusion.

1. Service Area	Families, Children & Learning: Integrated Team for Families and Parenting Services (ITFPS)	2. Proposal No. 6	
3. Head of Service	Caroline Parker, Head of Early Years, Youth and Family Support		
	What is the proposal?		
4. Budget Proposal	Integrated Team for Families and Parenting Service (ITFPS) Reduction of two Family Coach posts funded by the Council General Fund (£80,000). The overall number of Family Coaches will not reduce in 2019/20 because of additional funding from the national Troubled Families Programme under Earned Autonomy. The Council General Fund budget is £542,000, so the saving is 15%. The Integrated Team for Families and Parenting Team is part of the Council's contribution to the national Troubled Families initiative which aims to deliver coordinated and tailored support to families experiencing multiple and complex problems. The service is also funded from Troubled Families Budget. Brighton & Hove has been awarded a new financial framework for the remainder of the national Troubled Families programme to March 2020 which has increased the amount of funding available. It is called Earned Autonomy and involves more flexibility in how services are delivered and an imperative to trial more integrated service delivery.		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups         Disproportionate impacts identified on the following characteristics: Age (young people), Disability, Ethnicity, Gender Reassignment, Religion & Belief, Sex (women), Child Poverty         The additional funding through the framework means that, as long as progress is made against agreed targets, the overall number of Family Coaches can be maintained for 2019/20.         The reduction of £80,000 from the Council General Fund is likely to have a disproportionate impact on families with protected characteristics when the Troubled Families Funding ends in March 2020.         The Family Coaches work with individuals within families of all ages as well as all other protected groups.		

The greatest disproportionate impact is likely to be on:

- Children and young people
- Women
- Families living in poverty
- Other groups Children aged 0-17 and parents and carers of all ages

There is currently a high demand for the service. All referrals to for Family Coaches are screened in the Front Door for Families to identify level of need and cases are allocated to Family Coaches at the Early Help weekly allocation meeting. Where there is more demand than Family Coaches available the Front Door for Families will try to find other support for families but this will be different to Family Coaching. This might include providing information or sign-posting to other services.

**Age**: Family Coaches work with children and young people 0-19 and their families. A reduction in providing early help is likely to lead to an increase in the numbers of children referred for higher levels of intervention.

**Disability**: The majority of families worked are affected by a substantial and long term health issues (both physical and mental). 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 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

**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. There is evidence that children subject to a BME background are proportionately more likely to become subject to Child Protection Plans.

**Gender**: There are a disproportionate number of women accessing Family Coaching 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.

**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

	This will be monitored through data on the number and characteristics of families being supported by family coaches using Care First.	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.	
	Impact of government policy in respect of a family's access to benefits and welfare reforms including the benefit cap and Universal Credit.	
	Impact of council social housing allocations policy could worsen or mitigate circumstances for some families.	
	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.	

# Budget Equality Impact Assessment 2019/20 – <u>Service-Users</u>

1. Service Area	Families, Children & Learning: Fostering Placements and Permanence	2. EIA No. 7	
3. Head of Service	Karen Devine		
	What is the proposal?		
4. Budget Proposal	£35,000 savings from the Adoption Support (Allowances) Budget for 2019/20. Total budget is £573,200. This budget provides lump sum payments and/or ongoing allowances to adoptive parents of children whose needs are such that without this support adoption would not be achieved. The current underspend is expected to continue.		
5. Summary of impacts			
6. Assess level of impact	2 – this budget is currently underspending		
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
7. Key actions to reduce negative impacts	<ul> <li>A review of allowances currently paid in order to achieve efficiencies and to for specific groups, where necessary.</li> <li>Close scrutiny of all applications for financial support going forward, where p rather than commitment to ongoing allowances, thereby affording the possib commitments.</li> </ul>	ossible paying small lump sums	

8. Full EIA?	Further assessment is 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)?	
	Robust assessment of financial need and review of existing and future adoption allowances.	
9. Monitoring and Evaluation	Review of adoption allowance spend has shown that our longer term commitments will decrease with time, as each adopted young person achieves the age of 18. At that time, for those with an EHCP or SEN, they will be entitled to request a review of the existing allowance and reviews will include social work assessments in additional to the financial assessments previously required. In this way we will ensure that historic allowances are appropriate to current need rather than to previous need.	
	There will be scope to reduce adoption allowance expenditure in 2019/20 when a number of historically agreed allowances come to their natural end. We will continue to forecast these planned reductions in order to inform future savings plans.	
	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 Equality Impact Assessment 2019/20 – <u>Service-Users</u>

1. Service Area	Families, Children & Learning: Contact Service	2. EIA No. 8a	
3. Head of Service	Gerry Brandon		
	What is the proposal?		
4. Budget Proposal	<ul> <li>Savings of £40,000 will be realised from the Contact Service budget of £818,000 through:</li> <li>Review of use of sessional workers and transportation costs in light of our reduced numbers of children in care – this is due to the successful impact of early social work intervention, and our model of social work practice which is working effectively to keep children safe within their families.</li> <li>Efficiency savings from review of contact arrangements systems currently in place</li> </ul>		
Highlight the most significant disproportionate impacts on groups			
5. Summary of impacts	<ul> <li>Disproportionate impacts identified on the following characteristics: Age (young people)</li> <li>Children in Care and vulnerable parents – supervised contact is a LA statutory responsibility in line with the child's individual care plan.</li> </ul>		
6. Assess level of impact	1: Minimal impact given core service offer will continue to be provided and statutory responsibilities met.		
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		

	This budget reduction will not impact upon the LA's ability to meet its statutory responsibility toward, children in care. This is because the as noted in Section 4 above the reduction in numbers of children in care means there is a reduced demand / need for supervised contact, and hence less reliance upon sessional work staff to supervise contact between children and their families	
8. Full EIA?	Full EIA not required	
	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	<ul> <li>Data on numbers of children in care</li> <li>Service user feedback</li> </ul>	
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 identified	

1. Service Area	Families, Children & Learning: Children's Safeguarding & Care / Children's Placements	2. EIA No. 8b	
3. Head of Service	Deb Austin, Assistant Director		
	What is the proposal? Use the savings proposal wording and more detail if ne	eded	
4. Budget Proposal	<ul> <li>A £1,614,000 saving on the cost of placements for children in the care of Brighton &amp; Hove City Council. This will be achieved by via:</li> <li>Further embedding on the model of social work practice, in particular Partners in Change, to enable more children to be safely supported within their families resulting in a further decrease in the number of Children in Care. Since October 2015 CIC numbers have reduced by 17%.</li> <li>Further expansion of the Fostering Transformation Project to increase in house provision thus reducing the reliance on more expensive agency foster placements; residential care and private supported accommodation.</li> <li>The budget saving is offset by a parallel investment of £911,000</li> </ul>		
5. Summary of impacts	Highlight the most significant disproportionate impacts on groupsDisproportionate impacts identified on the following characteristics: Age (young people)The Council has a statutory duty to provide alternative care for children who otherwise would suffer significant harm if left in the care of their family. These proposals would not impact upon the threshold for children to come into the care system. The savings are primarily related to reducing the cost of placements by providing in-house alternatives and by supporting families, in the wider sense, of providing safe and effective care for their children. 		
6. Assess level of impact	1: These proposals are based on supporting children to remain within the care of their families and reducing the cost of placements for children who need to come into the care system by placing with in-house provision rather		

	than expensive agency placements.	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	Continued embedding of relationship based practice with a focus on a proportionate, strengths-based approach, monitored via Quality Assurance activity and scrutinised via FCL Performance Board. Continuation of Entry to Care Panel chaired by Assistant Director to ensure that those children who need to be in the care of the Local Authority receive a timely and effective response	
8. Full EIA?	No	
9. Monitoring and	<ul> <li>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)?</li> <li>An ongoing evaluation of the model of practice is in place, which oversees the quality of services provided to children in need.</li> </ul>	
Evaluation	<ul> <li>Regular quality assurance activity takes place which is overseen by FCL Performance Board, chaired by Executive Director for FCL</li> <li>Entry to Care Panel, chaired by Assistant Director Children's Safeguarding &amp; Care, will continue to ensure that children who need to be placed in LA care receive a timely and effective service.</li> </ul>	
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.	
10. Cumulative impacts	Increasing social work demand due to unforeseen social, policy or demographic changes could increase the impact of these proposals.	
	The impact of growing levels of inequality, including changes to benefits, within Brighton and Hove alongside decreasing access to services to mitigate levels of inequality, could lead to greater levels of demand upon social work services.	

1. Service Area	Family, Children and Learning: Family Information Service	2. EIA No. 9	
3. Head of Service	Julie Dreher		
	What is the proposal?		
4. Budget Proposal	Savings of £10,000 will be realised from the Family Information Service (total budget £176,300) based on predicted underspending in 2018/19 and actual underspend in 2017/18. There are no changes to the delivery of the service.		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	<b>Disproportionate impacts identified on the following characteristics: None</b> Staff and other professionals, who may not receive the same level of service, advice, signposting for clients.		
6. Assess level of impact	1: minimal impact as not front line provision.		
7. Key actions to	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
reduce negative impacts	This is not a front line service and in the 2017-18 underspend services were not affected. This is not a statutory provision, so direct impact on safeguarding/child protection would not be evident.		
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)?		

	Review delivery of service.
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 identified.

1. Service Area	Families, Children & Learning: Safeguarding & Care / Specialist Assessments	2. EIA No. 10
3. Head of Service	Tom Stibbs, Principal Social Worker	
	What is the proposal?	
4. Budget Proposal	What is the proposal?           Since we introduced our model of practice in social work services for children and families, in October 2015, we have seen a significant reduction in demand for social work services despite a national context of increasing demand. For example, the number of children with a child protection plan has reduced by 10% and the number of children in care by 17%. We have also seen a reduction in the total number of families supported and the number of families for whom it was necessary to start care proceedings in the court: in 2017-8 the number of application for care proceedings reduced by 25% compared to the previous year. This has allowed a reduction in the overall social work establishment and enabled Children's Social Work Services to achieve previously identified savings.           This has also seen a reduction in requests for intervention from the Clermont Service, for example from 353 in 2016-7 to 289 in 2017-8, an 18% reduction. As part of the savings for 2018-9, the funding for specialist assessments was reduced by £75,000 and this was achieved principally by moving funding from commissioning external 'expert' assessments to supporting posts to deliver these assessments internally.           It is now proposed that further development of our model of practice should take place to support social workers to be the 'experts' and provide enhanced assessments. In order to achieve this we require the resource to work alongside social workers to upskill them as part of a relational organisation. This will involve a review of the delivery model currently provided by the Clermont. This will provide further opportunities for efficiencies and savings, which alongside reduced demand for 'expert' assessments, would amount up to £100,000 or 17% of the total budget.           The Clermont supports services which provide support to children who have experienced child	

5. Summary of impacts	Highlight the most significant disproportionate impacts on groups	
	Disproportionate impacts identified on the following characteristics: Age (young people), Sex (women)	
	The Clermont currently provides specific services to certain groups, such as those who have experienced domestic or sexual violence, and, therefore, these groups may be affected by these proposals at a disproportionate level. However, by providing support to social workers and upskilling workers, the service should be able to help social workers to help families earlier in our processes and by doing so should provide services more equitably across the whole spectrum of children in need and support more children to be cared for within their own families.	
6. Assess level of impact	2: In considering the impact of a reduction in the Clermont staffing, it should be noted that this will lead to a potential decrease in the number of discrete assessments and interventions that the service will be able to complete and this could impact negatively on the support to families. The decrease in assessments completed by the Clermont could also lead to an increase in requests for expensive expert assessments in court. However, the proposals are based on a re-modelling of the service to support our model of practice, building on the review of the centre last year, and will provide improved outcomes for families by upskilling social workers and improving the delivery of our model of social work for more families from their first assessment.	
	addition, some services delivered by the centre are funded separately and will not be reviewed under these proposals, such as the Child Sexual Abuse Project and the Domestic Abuse Perpetrator Programme.	
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	

	The re-modelling of the service will build on the review completed in 2017 and consider a delivery model that supports social workers to provide enhanced assessments from the outset of their work with families to help social workers affect change for families earlier in social work processes and reduce demand for high-level intervention. The service will also continue to implement the findings of the existing EIA (CS24).
	interventions and care proceedings and will realise the review's recommendation that the services provided by the Clermont will have more impact if they are more directly linked to the social work teams and that, where possible, these services are mediated by the social worker's relationship with the family.
	The re-modelling will include a review of how the Clermont works alongside the existing Lead Practitioner roles, which work across the social work teams to develop good practice and provide a lead in specific areas, such as parental mental health or substance misuse. This will build upon and utilise existing systems to ensure effective relationship-based practice affects change for families and supports families and communities to develop their own strengths to meet children's needs from the outset of social work involvement.
	The remodelling will also consider how the Clermont and Lead Practitioners upskill social workers in their assessment and support of parents, including those with mental health issues and learning disabilities.
8. Full EIA?	The proposals will be reviewed as part of the full EIA which was completed for the service redesign, CS24. This is due to be reviewed in November 2018.
	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	An ongoing evaluation of the model of practice is in place, which oversees the quality of services provided to children in need. This includes feedback from children and families. A full EIA is also in place and this will be reviewed as part of the ongoing evaluation.
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.

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Increasing social work demand due to unforeseen social, policy or demographic changes could increase the impact of these proposals. In particular, this could include the impact of decisions and practices within the family law system. However, conversely, continuing improvements in practice by the judiciary in reducing reliance on the commissioning of external assessment will support the proposed changes at the Clermont.

The impact of the Partners in Change workers, specialist mental health and substance misuse workers to work across the social work pods, will support the proposed changes at the Clermont.

Proposals to reduce funding for social work staffing may impact on the re-modelling of the Clermont to upskill social workers.

The impact of growing levels of inequality, including changes to benefits, within Brighton and Hove alongside decreasing access to services to mitigate levels of inequality, could lead to greater levels of demand upon social work services.

## Health and Adult Social Care

Budget Equality Impact Assessment 2018/19 – <u>Service-Users</u>

1. Service Area	Health and Adult Social Care: Physical Support and Sensory Support / Memory & Cognition / Mental Health Support	2. EIA No. 11
3. Head of Service	Brian Doughty	
	What is the proposal?	
4. Budget Proposal	<ul> <li>Community Care budget funding packages of care to meet statutory responsibilities across adult care groups apart from Learning Disability and Mental Health. Services include: community support, home care, supported accommodation, residential and nursing care. The overall net budget for this service area is £26,928,000 and the proposed saving is £1,429,000.</li> <li>Continue with the agreed Direction of Travel for Adult Social Care focusing upon reducing demand through a number of approaches: <ul> <li>increasing access to advice and information,</li> <li>signposting,</li> <li>development of asset based social work maximising community support mechanisms,</li> <li>integration with health colleagues, both commissioning and front line delivery, to provide a better joined up service to customers/patients.</li> </ul> </li> <li>Support delivery of preventative approaches to reduce flow of new care packages, ensure all new care packages secure VFM, prioritise reviews and target higher cost packages to explore more effective means of delivery, integration with health to focus upon admission avoidance and discharge to assess at home. Implement new financial controls with all high cost packages of care and placements to be agreed by senior</li> </ul>	
5. Summary of impacts	manager scrutiny process. Highlight the most significant disproportionate impacts on groups	

Disproportionate impacts identified on the following characteristics: Age (older people Carers	
	The proposals will impact on all service user groups. We will ensure that people are linked into community support networks, intervene early and make best use of housing and other options to avoid the need for expensive residential care. We will promote further the use of Direct payments to give people more choice and control over their lives and seek value for money alternatives.
	For people and their families they could see a change in the level of service they receive whilst still ensuring eligible needs are met.
	Potentially a change in provider and approach which can be unsettling for users and families
6. Assess level of impact	<b>3</b> : The Community Care budget is used to purchase services for a range of vulnerable people and their carers and proposals will impact on older people, people with mental health issues, a physical disability, long term conditions, sensory impairment and those with substance misuse problems
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	<ul> <li>The Council has a statutory duty to meet assessed eligible need and this will continue.</li> <li>Personalised approach and making use of community assets can increase independence and better outcomes.</li> <li>Care Act has imposed national eligibility criteria which will be implemented rigorously.</li> <li>Implementation of enhanced brokerage to reduce costs of care</li> <li>All Carers to be offered a Carers assessment and a personal budget, in line with requirements of the care act. Maintaining level of support to Carers to ensure they are able to continue in their caring role and that the right support is available.</li> <li>Ensuring a person centred approach and the provision of a direct payment where appropriate.</li> <li>We will ensure targeted support to those who have greatest difficulty including those experiencing multiple conditions (including mental health problems, substance misuses issues and/or multiple health conditions), at risk to themselves or others</li> </ul>
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	The Resource Allocation System is externally moderated and monitored through the Resource Panel. Social Work supervision will ensure eligible needs continue to be met. Annual User Survey will monitor effectiveness and any negative impacts. The statutory review process will also monitor impact	
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.	
	Any changes in Health Service provision in the city can impact particularly on those people the Community Care budget supports. This will be closely monitored through the Better Care Programme and other joint planning mechanisms.	

1. Service Area	Health and Adult Social Care: Physical Support Home Care and Residential	2. EIA No. 12
3. Head of Service	Grace Hanley	
	What is the proposal?	
	Community Short Term Services & Independence at Home (Including Early Supported Stroke Discharge and Apportionment of Assessment Duties Budget capacity for 2017/18 assumes a max of 86 people in service at any time through 12 month period Craven Vale Residential Knoll House Residential The overall budget for this service area is £3,437,000 and the proposed saving is £614,000.	
4. Budget Proposal	With a focus on admission avoidance and ensuring flow from the acute hospital, ensuring people are maintained in community settings, complete a review of the pathways that are supported by Homefirst, bedded provision in Resource Centres and our Home Care offer. Working closely with the CCG, Sussex Community Foundation Trust, applying genuine integration principles we will facilitate a more streamlined pathway delivering a reduced need for both the number and size of ongoing packages of care and placements leading to a reconfiguration of the current level of bedded provision and Home Based Care.	
	Reconfiguration of CSTS (Community Short Term Services) provision in the light of embedding Home First and Discharge to Assess principles will delay and reduce the demand on purchasing packages of care and / or placements in the independent sector reducing demand on community care provision.	
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups	

	Disproportionate impacts identified on the following characteristics: Age (older people), Disability	
	<ul> <li>We will retain a service of last resort with no adverse impact expected. This approach should only improve patient/service user experience since changes are based on: <ul> <li>better co-ordination between services,</li> <li>making assessments in home environment not hospital, and</li> <li>ongoing support and regular updates from people working with the individual (in discussion with them), to enable quicker responses to changed circumstances and needs.</li> </ul> </li> <li>Principle is of right time, right place assessment and support to stay at home, with appropriate support, where</li> </ul>	
	possible and safe. The same principles apply when someone goes into a short-term bed.	
6. Assess level of impact	1 - No adverse impact expected	
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?	
7. Key actions to reduce negative impacts	<ul> <li>Any potential impact will be monitored by both Adult Social Care and Health partners.</li> <li>A person-centred approach and 'right time, right place' assessment should enable better outcomes for individuals.</li> <li>There is an ongoing process of avoiding admission to hospital, through social workers being aligned to community health. This enables them to make assessments within a social work model: using an assetbased approach; discussions with the individual and their support network; identifying support to keep person in their own home where possible; and a positive approach to risk. All of these support people to stay for longer in their own home, which supports confidence, skills and independence and reduces risks associated with hospital admission.</li> </ul>	
8. Full EIA?	No	
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)?	

	Jointly monitored by NHS and ASC
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.
	Any change in the level of NHS provision could impact but this will be agreed jointly by the Council and CCG.

1. Service Area	Health and Adult Social Care: Commissioning	2. EIA No. 13	
3. Head of Service	Andy Witham		
	What is the proposal?		
4. Budget Proposal	udget ProposalReview contracts and ensure resources are being used effectively and any effectiveness realing this will include a review of contract and services across health and adult social care to identified for efficiencies across the following areas/lines identified in the ISFP.udget ProposalIntegrated Commissioning • Commissioning and Contracts • Housing Related Support • Hostel Accommodation		
	Specific EIAs will be developed as individual proposals are developed and pote Highlight the most significant disproportionate impacts on groups	ntial impacts identified.	
<ul> <li>5. Summary of impacts</li> <li>Disproportionate impacts identified on the following characteristics: to be confirmed</li> <li>The majority of savings will be delivered through contract and service review / ensuring that services purpose and are delivering efficiently and effectively. Needs assessments and other local and nation be used to inform changes to ensure that negative impacts are minimised.</li> </ul>		nsuring that services are fit for	
6. Assess level of impact	Individual impact will assessed through specific EIAs		
7. Key actions to reduce negative	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		

impacts	Mitigating actions will be identified through the specific EIAs.		
8. Full EIA?	Yes: as described above.		
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 fully considered and documented in the specific EIAs.		
10. Cumulative impacts	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.		
	This will be fully considered and documented in the specific EIAs.		

1. Service Area	Health and Adult Social Care: Residential rehab for substance misuse clients	2. EIA No. 14	
3. Head of Service	Stephen Nicholson		
	What is the proposal?		
4. Budget Proposal	To extend the duration of the substance misuse residential rehab contracts for of £57,561 per annum from a total budget of £575,616 (10% reduction in contra £518,054 pa		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	Disproportionate impacts identified on the following characteristics: Non The overall impact may be increased waiting times to access residential rehab as provision of residential rehab is relatively good. No equalities group is likely affected.	. This impact is likely to be low	
6. Assess level of impact	1		
7 Kaugatiana ta	What actions are planned to reduce/avoid negative impacts and increase p	oositive impacts?	
7. Key actions to reduce negative impacts	Negative impacts of increased waiting times will be mitigated by individual asse admissions on the basis of risk and other factors	essment and prioritisation of	
8. Full EIA?	No		

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	N/A	
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	Health and Adult Social Care: HIV and sexual health services	2. EIA No. 15	
3. Head of Service	Stephen Nicholson		
4. Budget Proposal	What is the proposal?		
	To review HIV and sexual health service contracts which are due to end March 2019 and not renewing those where needs can be met by other existing services. Specifically:		
	<ul> <li>Not renewing the CAB HIV specialist money, welfare rights and advice service will achieve savings of £21,704</li> </ul>		
	<ul> <li>Not renewing the BHT HIV prevention and sexual health promotion service will achieve savings of £23,843</li> </ul>		
	<ul> <li>Not renewing the primary care HIV locally commissioned service will achieve savings of £35,000</li> <li>Not renewing the NAM printed and web information for people living with HIV will achieve savings of £12,000</li> </ul>		
	Total savings - £92,547		
	Highlight the most significant disproportionate impacts on groups		
	Disproportionate impacts identified on the following characteristics: A Sex (men), Sexual orientation	Age (younger people), Ethnicity,	
5. Summary of impacts	Younger people (<25), men who have sex with men (MSM) and people with disproportionately affected by poor sexual health.	h a black ethnicity are	
	Age: Rates of sexually transmitted infections and repeat infections are high Chlamydia is the most common bacterial STI, with sexually active young per often has no symptoms and can have serious health consequences (e.g. per pregnancy and tubal factor infertility) opportunistic screening remains an est	eople at highest risk. As chlamydia elvic inflammatory disease, ectopic	

	sexual health services for young adults.		
	<ul> <li>Ethnicity: Black Africans are disproportionately affected by HIV infection and high rates of sexually transmitted infections are observed in those with a black ethnicity.</li> <li>Gender: Men who have sex with men are disproportionately affected by HIV and STIs. Black African women disproportionately affected by HIV.</li> <li>Sexual orientation: As noted above, men who have sex with men are disproportionately affected by HIV and STIs. STIS.</li> </ul>		
	It is assessed that any potential impacts of this budget proposal can be mitigated by other services		
6. Assess level of impact	1		
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?		
	<ul> <li>People living with HIV will access generic advice services and the HIV specialist money and welfare rights service funded by public health.</li> </ul>		
	<ul> <li>Training on sexual health awareness and services will be provided for day centre and services for the homeless staff by HIV prevention and sexual health agencies.</li> </ul>		
- 12	<ul> <li>Printed resources on sexual health and services will be provided in the day centre.</li> </ul>		
7. Key actions to reduce negative impacts	<ul> <li>The service will be supported to address HIV prevention and sexual health promotion with clients by the sexual health service health promotion team.</li> </ul>		
	<ul> <li>Condoms and resources for homeless clients will be provided by the city condom distribution scheme</li> <li>Chlamydia and gonorrhoea testing will be offered for clients under 25 by the chlamydia screening</li> </ul>		
	<ul> <li>All clients will be made aware of opportunities for testing for HIV and sexually transmitted infections including self –testing.</li> </ul>		
	<ul> <li>The Arch homeless primary care service will provide clinics in the day centre</li> </ul>		
	<ul> <li>Hepatitis B vaccination will continue to be provided on site to clients registered with either the homeless primary care service or Pavilions substance misuse service.</li> </ul>		

	<ul> <li>People living with HIV will access the NHS England care pathway and primary care services</li> <li>People living with HIV will still be able to access the full range of NAM printed resources and website</li> </ul>	
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	Contract monitoring data	
	Sexual health services activity	
	Feedback from services	
10. Cumulative	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.	
impacts	N/A	

1. Service Area	Health and Adult Social Care: Ageing Well Service	2. EIA No. 16	
3. Head of Service	David Brindley		
	What is the proposal?		
<ul> <li>A. Budget Proposal</li> <li>Savings of £54,063 will be realised from the Ageing Well Service commission (total be Ending fourteen separate grant contracts for older people's wellbeing and prev 31<sup>st</sup> 2019.</li> <li>Commissioning an integrated Ageing Well Service which will deliver wellbeing under a single contract starting on April 1<sup>st</sup> 2019.</li> <li>Efficiency savings from a reduction in management costs from providers operation.</li> </ul>		ng and prevention services on March r wellbeing and prevention outcomes	
5. Summary of impacts	Contract. Highlight the most significant disproportionate impacts on groups		

	Disproportionate impacts identified on the following characteristics: Age (older people), Ethnicity, Sexual Orientation, Gender reassignment		
	Age: The significant increase predicted in the numbers of older people living in Brighton & Hove will preser challenges to the health and social care system, and, whilst life expectancy has been increasing, healthy life expectancy has actually fallen in recent years. People are therefore living longer in ill health.		
	Ending grant funding to a number of established community services offering wellbeing support and primary prevention to older people could lead to increasing demand for health and social care services if the new service does not match up to or improve on the current offer, or older people find it hard to access.		
	<b>Ethnicity/Race:</b> Brighton & Hove has a comparatively young non-white British population, 80.5% of residents (all ages) identify as White British, compared to 91.8% in the 65 years + population. With a relatively small and diverse mix of non-White British older people there is potential for people from these groups to feel excluded from mainstream older people's services due to actual or perceived racism, cultural insensitivities, and possible language barriers.		
	<b>Sexual orientation/ gender reassignment:</b> Many LGBTQ older people report high levels of loneliness and lack of social and community engagement There is potential for older LGBTQ people to feel excluded from mainstream services because of actual or perceived homophobia from service staff and/or other service users, and a perception that mainstream older people's services are hetero-normative and will not understand the specific issues of older LGBTQ people.		
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	<ul> <li>Age: The Ageing Well Service will build on the best practice and delivery of current services and on the national evidence of what works to keep older people well and independent. It will be:</li> <li>delivered citywide (within the boundaries of Brighton and Hove) and be open to anyone aged 50+, targeting older people who are identified as being most at risk of a decline in their independence and wellbeing.</li> </ul>		

	<ul> <li>Have a single point of contact (SPOC) for those seeking support which is accessible to all older people, their families, and carers, and health, social care and community professionals.</li> <li>Offer an easily accessible information and advice service to older people, their families, and carers, which will support them to remain independent and age well</li> </ul>
	<b>Ethnicity/Race, Sexual Orientation and Gender Reassignment:</b> The Ageing Well Service will respond to the diversity of our older population; targeting support and providing outreach to those older people who are identified as being most at risk of a decline in their independence and wellbeing and, who are at an increased risk of being socially isolated and/or lonely. This includes a specific KPI to work with and engage people who identify as BAME. And a KPI to work with and engage people who identify as LGBTQ.
8. Full EIA?	Full EIA not required
	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	<ul> <li>Contract monitoring data</li> <li>Public Health Outcomes Framework Data</li> <li>Local ASC data</li> </ul>
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 identified

1. Service Area	Health and Adult Social Care: Public Health - Mental Health	2. EIA No. 17	
3. Head of Service	David Brindley		
	What is the proposal?		
4. Budget Proposal	<ul> <li>Savings of £45,000 from a total budget of £270,400 will be realised from the recommission of mental wellbeing through:</li> <li>Recommissioning jointly with CCG an integrated mental health service which will deliver wellbeing and prevention outcomes under a single contract, with a proposed starting date of October 1<sup>st</sup> 2019, efficiency savings will be achieved from a reduction in management costs from providers operating under a single contract</li> <li>Not renewing two contracts which come to an end on March 31<sup>st</sup> 2019. One contract is with the Kemp Town Men's Shed: details below. Second contract TBC.</li> </ul>		
	Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	Disproportionate impacts identified on the following characteristics: Gender (men)		
	The initial grant funding for the Kemp Town Men's Shed was pump-priming and not intended as long-term. The pump-priming funding was extended for 2 extra years. The provider is seeking alternative funding but if this is not achieved the service may close.		
	There are currently 33 men registered to access The Shed. The service is for men who are socially isolated and at risk of poor mental health. The service is not specifically focused on any age range (beyond adults) or those with any other 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?
	<ul> <li>Looking at the impacts for individuals: where possible and with consent the service/worker who originally referred the person into the service will be contacted to say that the service is ending.</li> <li>Existing service users will be sign-posted to the mental health resources accessible on the Mind Brighton and Hove website and to other services, such as Art Space Brighton and Life Lines Service.</li> <li>The provider Fabrica has applied for other funding e.g. Big Lotto and will be applying to the Pebble Trust, Chalk Cliff Trust as well as other local and national sources of funding.</li> <li>There are other Men's Sheds in Brighton and Hove e.g. Bevendean, Hangleton and Knoll. Users of the Kemp Town Men's Shed will be sign-posted to these services.</li> </ul>
8. Full EIA?	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)?
	Contract monitoring data for the integrated mental health service
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.
10. Cumulative impacts	New services will be provided an integrated mental health service which will deliver wellbeing and prevention outcomes under a single contract, with a proposed starting date of October 1 <sup>st</sup> 2019. These services should meet the needs of for males who are socially isolated and at risk of poor mental health.

	Health and Adult Social Care: Public Health Improvement:	
	a. Healthy Neighbourhood Fund (an element of the Third Sector Investment Programme)	
1. Service Area	b. FareShare food reallocation project	2. EIA No. 18
	c. Schools' cycling initiative	
	d. Home Safety Equipment	
3. Head of Service	Peter Wilkinson, Consultant in Public Health	
	What is the proposal?	
4. Budget Proposal	a. A reduction of 34% (from £50,000 to £33,000) in the Public Health fun This is a reduction to the final year of a three year fund. The Healthy N of the Community Development strand of the Third Sector Investment the Communities, Equalities & Third Sector Team. Small community g projects based on health improvement priorities.	Neighbourhood Fund is an element Programme (TSIP), overseen by
	b. A reduction from £10,156 to £7,156 in the Public Health funding which Sussex in Brighton & Hove. This reduction is being applied to an addit three-year waiver. This is a reduction of approximately 1% in the orga around £300,000.	tional waiver year, following a
	c. An extension of the contract with Sustrans with a reduction of £5,000 in value from a total budget of £55,000 to provide the schools 'Bike it' Project.	
	<ul> <li>A two year extension of the contract with Safety Net with a reduction of £29,000 each year to provide home safety assessment and fit appropriate</li> </ul>	
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups	

Disproportionate impacts identified on the following characteristics: Age (young people), Disability, Ethnicity, Gender reassignment, Religion & Belief, Sexual orientation, Child Poverty, Carers

- a. Health inequalities disproportionately affect all communities who experience deprivation. The Healthy Neighbourhood Fund is designed to improve the health outcomes and resilience of communities experiencing multiple-deprivation. Within these communities, minority groups are at additional risk of poor health outcomes: disability, ethnicity, gender reassignment, religion/belief, sexual orientation, child poverty, carers. Therefore, reduction of the Healthy Neighbourhood Fund may disproportionately reduce the improvement of health in these groups.
- b. This reduction will have a small impact on the capacity of FareShare Sussex to redistribute surplus food to foodbanks and food poverty-related projects in Brighton & Hove.
   The Brighton & Hove Food Poverty Action Plan 2015-18 identifies the following groups as most
  - vulnerable to food poverty:
    - Disabled people (including people with learning disabilities) and people experiencing long term physical or mental ill health
    - Large families, single parent families and families with disabled children
    - Working people on a low income, especially younger working age people
    - Vulnerable adults including some older people who are isolated or digitally excluded, or who are experiencing transition e.g. bereavement/ becoming ill/ leaving hospital - and people moving from homelessness, offending or addiction
    - 16-25 year olds who are vulnerably housed and care leavers
    - BME people and migrants who have limited recourse to funds

Therefore, the proposed funding reduction may disproportionately impact these groups, who are more likely to require access to free / low cost food to alleviate food poverty.

- c. The reduction in funding for Sustrans may lead to a reduction in service activity.
- d. Any reduction in funding to the Safety Net contract is likely to impact on the number of low income families the service can work with.

6. Assess level of impact	a. 2 b. 2 c. 1 d. 2
	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
7. Key actions to reduce negative impacts	<ul> <li>a. To reduce negative impacts on groups potentially affected by reduction to the Healthy Neighbourhood Fund, the commissioner will work with the Communities, Equalities &amp; Third Sector Team and the associated Community Development Workers to plan additional support for each affected neighbourhood area, for example: <ul> <li>support to develop project bids that will have greatest positive impact on minority groups</li> <li>support from the Council's Healthy Lifestyles team to ensure initiatives are based on key health promotion principles and local health intelligence</li> <li>support for the Council's Healthy Lifestyles team to ensure initiatives are linked in with existing health improvement services and projects for disadvantaged and minority groups.</li> </ul> </li> <li>b. To reduce negative impacts on groups most vulnerable to food poverty, the commissioner will: <ul> <li>work with FareShare to ensure food supply is prioritised to projects that are accessed by the above groups</li> <li>ensure community development workers promote available support for food poverty to the above groups</li> <li>work with the Food Partnership and other relevant partners to implement the objectives in the citywide Food Poverty Action Plan</li> <li>include food poverty indicators in contracts with related commissioned services e.g. providers of money advice commissioned for people in fuel poverty</li> <li>support promotion of services which address poverty to organisations and projects working with the above vulnerable groups.</li> </ul> </li> </ul>

	<ul> <li>Safety Net will make it clear to referring partners that there is less capacity and reduce the resources spent on following up on Do Not Attends (DNAs)</li> </ul>	
8. Full EIA?	Full EIA not required	
	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	<ul> <li>a.</li> <li>Request bi-monthly updates from the Community Development Workers, to include update on project reach to minority groups</li> <li>Mid-way report and review with the Community Development Workers</li> </ul>	
	<ul> <li>b.</li> <li>Mid-way and annual review with FareShare to include reporting on food supplied to projects accessed by the above groups</li> <li>Annual Food Poverty Action Plan progress report</li> <li>Contract reporting on food poverty indicators from commissioned services.</li> </ul>	
	c. Contract review meetings	
10. Cumulative impacts	d.       Contract reviews         Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.         Additional savings made to the Community Development (CD) strand of the Third Sector Investment Programme may affect the overall capacity of CD organisations to provide CD support to the neighbourhood areas.	

No EIAs are required for proposals from these services.

# Neighbourhoods, Communities & Housing

1. Service Area	Neighbourhoods, Communities & Housing: Libraries & Information Services	2. EIA No. 19
3. Head of Service	Sally McMahon / Kate Rouse	
4. Budget Proposal	What is the proposal?	
	Reduce Staffing and Operation costs:	
	Following a review of the major changes of 2016 made through the Libraries' Modernisation programme, the proposal is to implement further changes to the operation and staffing of libraries to deliver a further £242,000 savings (total budget £2,761,000).	
	Further modernisation to deliver these savings will include the on-going redest increased self-service enabling reduced staffing costs, with an opportunity for Specific proposals are to:	
	<ul> <li>Reduce staffing levels at Jubilee and Hove Libraries</li> <li>Integrate commercial operations with library front-line operations to reduce costs thus maximising the income potential</li> </ul>	
	<ul> <li>Reduce the contingency fund set aside to cover staff leave by using the Libraries Extra scheme (i.e. customer access to libraries when there are no staff on-site) and operating Jubilee and Hove libraries on reduced staffing levels</li> </ul>	
	<ul> <li>Convert some staffed days at community libraries to unstaffed Libraries still access the library using a special card</li> </ul>	Extra days when customers can
5. Summary of impacts	Highlight the most significant disproportionate impacts on groups	

	Disproportionate impacts identified on the following characteristics: Age (young people)	
	Changing a community library from a staffed day to a Libraries Extra day could disproportionately affect u who are not allowed in without an adult and people in the 16-29 age range where take up of the scheme compared to other ages, and on a very small number of homeless people.	
	There have been no negative equalities impacts identified in existing Libraries Extra usage through usage data or customer feedback. The facilities were designed to be accessible to disabled people and volunteers are being recruited to assist customers on Libraries Extra days. There is also a telephone link to speak to library staff and security measures in place. There is evidence that Libraries Extra has improved accessibility for school children through the greater flexibility offered for class visits with teachers.	
	Jubilee and Hove will still have plenty of staff available, and no library will be left without staffed days. For Libraries Extra days we have been recruiting volunteers to be a "friendly face" and to assist customers as needed.	
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 service is working with partners to develop the usage of Libraries Extra by schools and community groups. Through this work the service has managed to increase the opportunities for children and young people to use libraries on Libraries Extra days, for example by facilitating teacher-led class visits. The service will continue to develop these opportunities and to proactively market Libraries Extra.	
	Evidence shows that the main libraries where numbers of homeless people visit are Jubilee and Hove which would be unaffected by this change.	
	Staffed days will continue to be provided at all libraries for those who prefer them.	
8. Full EIA?	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)?	
	<ul> <li>Monitor Libraries Extra usage, including take-up from schools and community groups</li> <li>Ensure proportion of posts of various hours are consistent with current staffing</li> </ul>	
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 identified	

EIA 20 Deleted – Not needed

1. Service Area	Neighbourhoods, Communities & Housing: Safer Communities	2. EIA No. 21
3. Head of Service	Jo Player	
	What is the proposal?	
4. Budget Proposal	1. £10,000 increased income from pest control service	
	<ol> <li>£31,000 reduction in posts in community safety</li> <li>£50,000 reduction in VAWG budget</li> </ol>	
Highlight the most significant disproportionate impacts on groups		
5. Summary of impacts	Disproportionate impacts identified on the following characteristics: Sex	(women), Child Poverty
	<ul> <li>Reduction in investigation/case work resource and increase in charges for</li> <li>Reduction of budget to provide services for victims and survivors of Domesian</li> </ul>	
6. Assess level of impact	Proposal 1. Minimal but may impact on lower income families requiring pest control services resulting in health issues if unable to pay for pest removal -1 Proposal 3. May impact disproportionally on women as victims of Domestic Violence and Abuse - 4	
7. Key actions to reduce negative impacts	What actions are planned to reduce/avoid negative impacts and increase p	ositive impacts?

	<ul> <li>Targeted enforcement and advice at those independent small and medium sized enterprises</li> <li>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.</li> <li>Re-commission of DVA and SV services, in consultation with service-users and providers, to obtain better outcomes for service users and achieve value for money</li> </ul>
8. Full EIA?	Not required at this stage
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	Will monitor through CAMMS and customer feedback
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these impacts.
10. Cumulative impacts	Modernisation programme for neighbourhoods communities and housing directorate may mitigate impacts from proposals as mentioned above with the creation of field officer posts.

No EIAs are required for proposals from these services.

## Strategy, Governance & Law

1. Service Area	Strategy, Governance & Law: Life Events	2. EIA No. 22
3. Head of Service	Paul Holloway	
	What is the proposal?	
4. Budget Proposal	<ul> <li>Total budget reduction £91,000 (from a total current budget of £3,298,000)</li> <li>Bereavement Services <ul> <li>Memorialisation</li> </ul> </li> <li>Introduction of new products and development of existing products. The aim is t through product review to promote a wider range of products and continue to prequire research and an awareness of bereavement market. The service must a promotion skills - essential to promote products and services. There is a risk that could impact on income generation for Bereavement Services.</li> <li>Registration Services <ul> <li>Options for fee increase of 1% over and above the standard annual inflat</li> <li>Service redesign will enable reduction in current staffing levels, to generate redesign places no existing staff at risk.</li> </ul> </li> <li>Electoral Services <ul> <li>To introduce a modern digitised approach to data capturing. This will incl other services and robust processes developed with local universities to a Concerted efforts will be made to contact customers via email, where an provided, encouraging them to provide change of address information. We been provided, letters will be sent with the same purpose of encouraging address information. All of the data sharing will be in compliance with Re (RPA) and subsequent electoral regulations and GDPR. Where necessare Assessments (DPIAs) will be in place. This new approach will maximise</li> </ul></li></ul>	omote existing products. This will lso develop and build sales and t ineffective skills development ion increase; ite a saving of 1 post The ude increased data sharing with maximise student registration. email address has been here an email address has not electors to provide change of presentation of the People Act ty, Data Privacy Impact

	savings opportunities by cutting out posting a non-statutory household notification letter to all residents in the city.
	Highlight the most significant disproportionate impacts on groups
	Disproportionate impacts identified on the following characteristics: Child Poverty
	Bereavement Services
	Memorialisation in the Bereavement Services area
	No disproportionate impacts on groups. More availability of affordable products
5. Summary of	Registration Services
impacts	Review of fees and charges in the Registration Services area
	Any fee increases may impact on those customers in financial hardship. Statutory fees always mitigate higher
	fees and provide low cost alternatives.
	<ul> <li>Electoral Services</li> <li>No adverse impacts as data capturing ensures information gathering in other ways. Residents in financial hardship will be picked up by data capture with Housing Benefit and other data sharing provisions. There are also benefits in an increase in registrations for students.</li> </ul>
6. Assess level of impact	1 - No major impact to any specific group
7. Key actions to reduce negative	What actions are planned to reduce/avoid negative impacts and increase positive impacts?
impacts	No savings proposals discriminate against a particular protected group
8. Full EIA?	To be considered as part of regular review on effects 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)?

	All Life Events services and provision of services will continue to be monitored and reported on. This includes numbers of memorial products sold, and Registration fees and charges also monitored and recorded, and analysed in relation to service redesign and demand for services. These will have close scrutiny due to income targets – if services become less in demand, a review of the fee structure may be necessary. Non statutory changes proposed in Electoral Services, with continued monitoring of ongoing registration through new data capture arrangements.
	Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal? Please explain these 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).
10. Cumulative impacts	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. Careful monitoring of electoral registration along with improving data capture and data sharing will continue and be reviewed.
	All services business demand is monitored.

#### Equality Act 2010: section 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; ٠
- sex; ٠
- sexual orientation. ٠

(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.