Budget Equality Impact Assessment (EIA) 2025/26 – Service Users

The Budget EIA process is a legal duty supporting good financial decision-making. It assesses 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. Decisions must be informed by accurate, well-informed assessment of likely impacts so that they are fair, transparent, and accountable. Budget EIAs provide a record of this assessment and consideration.
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.

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Budget Proposal

Title of budget saving being assessed:	Stop unauthorised encampments work
Name and title of officer responsible for this EIA:	Anna Gianfrancesco, Director of Commissioning and Communities
Directorate and Service Name:	Families, Children and Wellbeing, Safer Communities
Budget proposal no.	*1*

Briefly describe the budget saving proposal:

Stop unauthorised encampments work. There is no statutory duty to undertake this work.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The Encampments Team was set up 18 months ago because unauthorised encampment enquiries were being passed around different parts of the Council (housing, estates, seafront, highways, parks etc) and there was a lack of co-ordination and ownership. Without that co-ordination there is a risk of encampment ghettos if enquiries are not responded to quickly enough.

The current Encampment Team (2 officers) can provide a rapid response service offering welfare support advice and sign posting as well as enforcement action by co-ordinating the relevant services. The service helps the council meet its homelessness strategy by early interventions and stopping unauthorised encampments becoming problematic. Without that service it would need to be picked up by the relevant "land managers".
Removing the unauthorised encampments team means there will be no service co-ordinating the council's front-line response to persons living in tents and vehicles in public spaces, at a time of rising homelessness. This includes taking enforcement action if there is associated anti-social behaviour.
The encampment team's records show 118 *new cases* being recorded between July 1st and September 30th and stakeholder outcome records show 87 active cases between July 1st and September 30th. New cases will vary as some will be recorded prior to these dates however remain active during this period.
This proposal will increase pressure on land managers and commissioned outreach services. Unauthorised encampments does not include Gypsy, Roma and Travellers, who are supported by the Traveller Liaison Team.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Early engagement with other council departments on the impact of this proposal and the Police and Crime Commissioner.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	No

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

With the stopping of the service there is no intention to try and capture equality data of people who might to have been engaged with by the team other than that which is recorded by other services such as the commissioned homelessness outreach service delivered by Change, Grow, Live (CGL).

What are the arrangements for monitoring, and reviewing the impact of this proposal?

There are no arrangements for monitoring and reviewing the impact of this proposal as there will be no one central point for that information to be gathered and analysed. It is probably that the council will get feedback from residents, councillors, businesses and other partners service about people in unauthorised encampments. However, this will go into the council through various different services/land managers across the council.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing,	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.

blind, neurodiverse people, people with non-visible disabilities.		Nationally, it is recognised that people with disabilities or mental health conditions, are disproportionately represented among the homeless populations. Although there is no local data it could reasonably be assumed that some of the local tent and vehicle dwellers are disabled or have long term and/or fluctuating health conditions including mental health.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Gender and Sex including non-binary and intersex people	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted. It would be reasonable to conclude that women in unauthorised encampments may be at higher risk of vulnerability, violence and exploitation. However, we do not know the number/proportion of women in tens or vehicles in the city.
Gender Reassignment	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Sexual Orientation	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Marriage and Civil Partnership	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Armed Forces Personnel, their families, and Veterans	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for	Unknown	Due to lack of data collected locally and available nationally it is not possible to

age, language, and various intersections		determine if one specific equality group will be disproportionally impacted.
Carers considering for age, language, and various intersections	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Domestic and/or sexual abuse and violence survivors	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Unknown	Due to lack of data collected locally and available nationally it is not possible to determine if one specific equality group will be disproportionally impacted. Based on informal evidence from local services and the encampment team it can reasonably be concluded that people living in vehicles may be doing so due to cost of living pressures. Individuals living in tents and vehicles are likely to be experiencing extreme poverty and complex needs, which can intersect with other protected characteristics, worsening inequalities.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	People sleeping rough die younger, are more likely to get ill and are more vulnerable to violence than those in the wider population. The unauthorised encampments team co-ordinates the front-line response to people living in tents and vehicles in public spaces. Removing the team will have a disproportionately negative impact on this group of people.
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	Yes	Based on informal evidence from local services and the encampment team it can reasonably be concluded that people living in tents/vehicles are more likely to have multiple complex needs. This alongside other intersectionality such as disability, ethnicity, sexual orientation will make some people using this service more vulnerable than others to its ending.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents

- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Potentially any other budget proposals that impact on people with socio-economic disadvantage, homeless people and people with multiple complex needs.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: the council's land managers will be trained up in the process and procedure for managing unauthorised encampments an/or people living in vehicles, on public land
SMART action 2: All statutory partners will be informed of the ceasing of the service and directed to the council's land managers.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	Potentially 4 - unknown due to lack of equality data, however likely will impact most people with multiple complex needs and/or in socio-economic disadvantage and struggling with the cost of living, with a potential risk for women.

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Pete Wileman, Community Safety Manager	14/01/25
Accountable Manager:	Anna Gianfrancesco, Director – Commissioning & Communities	14/01/25

Budget Proposal

Title of budget saving being assessed:	Reduction in public library services including opening hours at Jubilee and Hove Libraries and closure of some community libraries
Name and title of officer responsible for this EIA:	Ceris Howard Head of Library and Customer Service
Directorate and Service Name:	Library Service, FCW
Budget proposal no.	*2*

Briefly describe the budget saving proposal:

Subject to local consultation, a proposed £210k saving from reduction in staffed hours at Jubilee and Hove libraries and closure of up to three community libraries.
Reduction in opening hours to remove one late night and Sunday afternoon hours at Jubilee and Saturday afternoon hours at Hove. **£69k** part savings in 2025-26. Full savings from April 2026.
These times have been identified as the quietest times of the week in those libraries, therefore having the least impact on customer use.
An analysis is being conducted of the use of each library and the needs of the local residents to identify those libraries whose closure would have least impact on customers.
Most community libraries are open on Sundays with Libraries Extra access. Their opening hours would also reduce, as the management support for them would cease on Sunday afternoons.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The proposed libraries affected are part of the council's statutory library provision
In reducing opening hours at the city's two principal libraires and closing up to three community libraries, the council must be satisfied that it continues to meet its statutory duty to provide a comprehensive service to the city.
This can be achieved through completion of a needs assessment, local consultation, an Equalities Impact Assessment, and a series of mitigations to ensure that local people have access to the statutory library services in the city.
Those in employment with traditional working hour (9-5) or people with caring responsibilities could be negatively impacted, due to the reduction in access at the weekend and evenings. This is mitigated by retaining three late openings in the week (one at Hove and two at Jubilee) and retaining full day Saturday and half day Sunday opening at Jubilee.
University and college students make up a high proportion of visitors to Jubilee, particularly in exam periods; this change could impact their use of the study spaces.

Those less able to travel could be disproportionately impacted by the closures, as they may need to travel further to access library services. Those with disabilities, caring responsibilities, older people and families with young children could be negatively impacted.
This is mitigated by retaining 10 libraries across the city, maintaining a geographic spread. Jubilee and Hove Libraries will maintain services 6 days/week, including three late openings/week (one at Hove and two at Jubilee). Libraries Extra enables customers to access libraries when they are unstaffed which contributes to the accessibility of services in the city. Unaccompanied children (under 16 years old) cannot use Libraries Extra, so this would not mitigate the Jubilee and Hove Libraries' hours reductions for this group. Disabled customers could also find Libraries Extra more challenging to access than staffed libraries. Alternative mitigations could be put in place, such as community book collections and activities. A full range of online services, with free access to e-books and e-audio, are available 24/7.
The Home Delivery Service delivers library resources direct to the homes of those who cannot come to a library due to disability or caring responsibilities.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Libraries. A needs analysis would be conducted to understand the potential impact of the changes for residents. This would include analysis of travel times between libraries, areas of deprivation, demographic data etc.

The government Department for Culture, Media and Sport requires a public consultation period, to engage with residents, users and non-users, for any proposals to reduce library services. It is proposed the opening hour changes and libraries closures are included in one public consultation which will run for 12 weeks in the spring/summer of 2025. This is likely to be a survey on Your Voice (the council's on-line consultation platform) and more specific engagement with partners and stakeholders for each of the libraries affected. We will consider how to target seldom-heard or marginalised groups, exploring options for accessible formats for disabled people, non-digital engagement for those without internet access, and inclusive language for people with different literacy or language needs. We will also analyse our consultation feedback/data intersectionally where possible. Library staff at several levels will be affected by the proposals and a consultation with over 60 colleagues will be required, once the public consultation has closed, likely to be summer/autumn 2025. Once results are collated and shared, final decisions will be confirmed and at least one month's notice given to the public regarding changes, likely to be autumn/winter 2025.

What other budget or service EIAs can assist/have been used to inform this assessment?

Closure of Mile Oak Library in 2023.

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Data is gathered by Library Management System when customers join the library. Not all points above have all been covered for the full period of time the service has been collecting data. Staff data is managed through BHCC HR systems.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Numbers of visitors and items loaned at libraries affected. Feedback via comments and complaints. Informal engagement with partners and stakeholders. Formal consultation with staff, 1:1s, team meetings. Data and feedback will be monitored by the Libraries Senior Management Team and reported to the Communities and Commissioning Director and Senior Leadership Team.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple	Yes	Unaccompanied children (under 16 year old) cannot use Libraries Extra, so this being available in community libraries will not mitigate

ethnicities, those with various intersections.		loss of opening hours in Jubilee and Hove libraries and would have limited impact in areas where their library has closed. A high number of customers are students or older people; the changes are likely to impact them disproportionately. Younger children and young people may not be able to travel independently to access a library further from their home. Families may find it more difficult to visit libraries further from their home or school.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Brighton & Hove has an aging population and a significant proportion of residents with long-term health conditions, mental health issues, or disabilities. Disabled customers may not be able to travel independently to access a library further from their home. They may also face additional costs through the increased travel especially people who need to use a private vehicle for travel. Disabled households are already more likely to be under greater financial strain due lower income and greater household costs. They could find Libraries Extra more challenging to use than staffed library services, so this being available in community libraries will have limited impact in areas where their library has closed and will not mitigate loss of opening hours in Jubilee and Hove libraries.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	Certain Black and racially minoritised communities may be disproportionately affected, dependent on the demographic of the areas affected by library closures.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Possible	Considering for the intersection of faith and ethnicity some faith communities may be disproportionately affected dependent on the demographic of the areas affected by library closures. Potential for additional impact on women as predominantly primary child carers, especially for young children. Lack of a local library facility could disproportionately impact on women. Community libraries provide a neutral safe social space for women with young children
Gender and Sex including non-binary and intersex people	Yes	Potential for additional impact on women as predominantly primary child carers, especially for young children. Lack of a local library facility could disproportionately impact on women. Community libraries provide a neutral safe social space for women with young children

Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	Yes	Carers may have restrictions in the times and days they can access services, therefore a reduction in access hours could disproportionately affect their use of services.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	Customers at a socio-economic disadvantage may be less able to pay for travel to alternative provision.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	There are a number of vulnerably or un-housed customers who regularly use Jubilee Library as a safe, warm space, particularly in winter. Any reduction in opening hours could disproportionately affect this group.
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	N/A	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents

- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The proposed closure of community libraries could worsen the impacts of this proposal. It may also compound other service proposals from across the council that impact on older people, disabled people and people from socio-economic disadvantage.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: The Home Delivery Service could mitigate reduced access by delivering library resources direct to customers' homes, for disabled customers and customers with caring responsibilities.
SMART action 2: Monitoring the impact through data collection enables the service to focus remaining resources in areas of need. For example, if the number of families using the service were to drop, staff could prioritise working with schools and clubs in community library areas, to encourage sign up to Libraries Extra for families.
SMART action 3: Libraries Extra enables BHCC libraries to offer services in customer's communities and provides a far higher number of accessible hours than most other library services. Libraries Extra services could be promoted across the city to increase use.
SMART action 4: clear and timely communications with customers and non-users in advance of the changes will enable customers to engage with the service early and identify alternative options before the change happens, e.g. signing customers up to Libraries Extra.
SMART action 5: explore the feasibility of creating a programme of stakeholder engagement activities to inform the Libraries Services Management team over the coming years on changes to libraries services to ensure meet statutory duty, remain inclusive and accessible with resource pressures.
SMART action 6: Revisit how we communicate/advertise Libraries Extra and the Home Delivery Service considering for proactively communication to affected communities about how to sign up and use these services.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**

Responsible Lead Officer:	Ceris Howard	27/01/25
Accountable Manager:	Anna Gianfrancesco	27/01/25

Budget Proposal

Title of budget saving being assessed:	Children's Safeguarding & Performance – Safeguarding and Reviewing Service
Name and title of officer responsible for this EIA:	Justin Grantham, Head of Safeguarding
Directorate and Service Name:	Families, Children and Wellbeing – Safeguarding and Performance
Budget proposal no.	*3*

Briefly describe the budget saving proposal:

The removal of a 1.0 FTE Independent Reviewing Officer (M7) saving on the Safeguarding and Reviewing Service Budget.
This will provide a saving of £80k.
This equates to a 3.5% saving on the whole budget for the Safeguarding and Reviewing Service (SARS) of £861,700.
This will be achieved through not recruiting to existing vacancies during 2025

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Brighton & Hove City Council (BHCC) has a statutory duty to provide a quality and assurance role in Children's Services. The Safeguarding and Review Service (SARS) team include statutory roles of Independent Reviewing Officers (IROs) for all Children in the care (CIC) of BHCC. And the Child Protection Reviewing Officers (CPROs) oversee the plans for children at risk of significant harm in Brighton & Hove.
These proposals would not impact upon the threshold for children to come into the care system or decisions on who should be subject to Child Protection Plans.
Current SARS position;

- 8.8 FTE covering 258 Child Protection Plans and 343 CIC. This equates to mixed caseload of 68 children.
- After the savings the team would be 7.8 FTE. This equates to mixed caseload of 77 children.

A CPRO/ IRO would expect to carry 50 to 70 CIC or up to 100 child protection cases. As a 50/50 caseload this would be around 80. Therefore the savings would not increase caseloads beyond expected levels. (National IRO Handbook recommends caseload between 50 and 70 of CIC)

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation is planned, however work has been undertaken and continues with SARS, social work teams and managers to look at how we continue to provide an excellent service to children and families to help them make changes where possible and to provide the right alternative plans if change cannot be achieved. Consultation with Children and Families happens individually at every level of service interaction and is within current recording policies. Wider consultation with Service Users happens through our feedback surveys. We also engage fully with gathering ad hoc feedback, sent via Customer Feedback Team, and report on that alongside any complaints process learning quarterly through our QA Audit reports to Performance Board.

What other budget or service EIAs can assist/have been used to inform this assessment?

Safeguarding & Care Social Work Establishment EIA has been used to inform this one.

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed) **Substance Misuse**	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents

- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Armed Forces data is not currently gathered or reported as not related to children however for parents this can be reviewed.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

This will be monitored through monthly performance meetings for the Family Help and Protection Senior Leadership Team as well as quarterly Directorate Performance Board.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple	yes	These proposals will impact on families and children, with the greatest impact being on children under 18. These children will be among the most vulnerable children in the city,

ethnicities, those with various intersections.		including those assessed to be in need, at risk of significant harm or to be in care. This is due to the inevitable caseload rise for Child Protection Reviewing Officers and Independent Reviewing Officers.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	yes	Children with disabilities are over-represented in our services. 23% of children in need are disabled children compared with 19% of children residents of the city.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	yes	29% of children in need are Black or from the Global Majority. Black and Global Majority children are over-represented as Children in Need (22% of school aged children in the city). This is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds. Children who identify as Asian or Asian British are under-represented as children in need.
Religion, Spirituality, Faith, Atheism, and philosophical belief	yes	The over representation of Black and Global Majority children in our system implies an impact also on people relating to religious and philosophical belief.
Gender and Sex including non-binary and intersex people	Yes	A number of children in need identify as non-binary or trans, up to 4% in the latest data, in comparison to 1% of children residents in the city. These young people will often have additional complex needs and vulnerabilities.
Gender Reassignment		See box above
Sexual Orientation	Yes	We believe that children who identify as LGBTQ+ are overrepresented within our services although data on sexual orientation and children is not clearly defined for safeguarding reasons.
Marriage and Civil Partnership	N/A	N/A
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	The social work teams support pregnant parents, completing pre-birth assessments and offering support to parents so that they can meet the needs of their children.
Armed Forces Personnel, their families, and Veterans	Unknown	Data is not collected from service users regarding if they are armed forces families
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	Unaccompanied asylum-seeking children (UASC) are supported by dedicated teams that are not effected by this budget saving proposal. However this may affect the Independent

		Reviewing Officers capacity to ensure good oversight of that support.
Carers considering for age, language, and various intersections	Yes	Young Carers are by definition Children in Need and part of our support services. They could be affected if they are also under a Child Protection Plan or are Looked After Children with the reduction in oversight from the SARS Team.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	yes	Approximately a quarter of children open to social work services are children in care and will be directly impacted by these proposals.
Domestic and/or sexual abuse and violence survivors	yes	Domestic violence is the most common factor identified in the assessments of children in need. Children and parents who have experienced domestic violence will be disproportionately impacted by these proposals. Children may also be in need due to having experienced sexual abuse, for example 4% of children protection plans are currently under the category of sexual abuse.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	yes	Children in need are more likely to have come from families in poverty, therefore any cuts in services that impact on children in need will impact on those children affected by childhood poverty
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Families in need are more likely to have experienced homelessness or insecure housing and so will be disproportionately impacted by these proposals.
Human Rights	N/A	N/A
Another relevant group Substance Misuse	Yes	Along with domestic violence and mental health issues, substance misuse (including alcohol and drug misuse) are the most common factors identified in the assessment of children in need.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

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 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.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Continuing the actions defined in the model of practice, which are proving effective: • Continued the relationship-based practice model with a focus on a proportionate, strengths-based approach, monitored via Quality Assurance activity and scrutinised via FCL Performance Board. • This aims to maintain or lower the number of Children subject to Child Protection Plans and our numbers of Children in Care. • This continues to align CPRO and IRO caseloads with national and local expectations.
SMART action 2: quality assurance activity takes place, which is overseen by FCL Performance Board, chaired by Corporate Director for FCL
SMART action 3: FCW Performance Board to monitor numbers of CIC and children subject to CP Plans to discuss any concerns about capacity.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**/Date:** /
Responsible Lead Officer:	Justin Grantham	08/10/24
Accountable Manager:	Anna Gianfrancesco	27/01/25

Budget Proposal

Title of budget saving being assessed:	Placements
Name and title of officer responsible for this EIA:	Anna Gianfrancesco, Assistant Director Children's Safeguarding & Care
Directorate and Service Name:	Families, Children & Learning, Safeguarding and Care

Budget proposal no.	*4*

Briefly describe the budget saving proposal:

£824,000 saving on the cost of independent placements for children in care by increasing in - house placements. This will be achieved by:

- continuing to work through the social work model of practice to hold the numbers of children in care, including relationship-based practice and the specialist adolescence service diverting children from the care system
- for those already in care, a stepping down to in house and/or less expensive placements.
- work to further increase the number of in-house foster placements and reduce reliance on more expensive independent provider provision
- rolling out the Mockingbird Model to support in-house foster carers to improve placement stability for children, preventing escalation to more expensive options, and to support 'going home'
- development of in-house residential options, including a new residential children's home and a new long-term residential home for disabled children
- The council is part of the Department for Education initiative to develop regional fostering recruitment hubs, it is hoped this will bring in more in-house foster carers
- provision of high quality, value for money provision though contracted services with external providers supported by the children's services framework contract arrangements and preferred provider guidelines
- agreed commissioning framework with health for children who need specialist accommodation when discharged from hospital
- block contract commissioned placements for some Unaccompanied Asylum-Seeking Children (UASC)
- development of framework and commissioning for care leavers accommodation
- continued scrutiny of placement costs contributing to a reduction in unit costs

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This reduction in budget will impact on children in care of the local authority. Black and Global majority children, including unaccompanied asylum-seeking children, are over-represented in this cohort and so will be disproportionately affected. A significant number of the children in the service are disabled children, children with mental health issues, neurodivergent children and will also be disproportionately impacted.
National sufficiency issues regarding placements for children in care continue. Providers continue to choose children with low complex needs and/or charge more for children with high complex needs. This results in some of the most vulnerable children being at risk of no placement or being placed in unregistered provision, as these providers are often the only ones which will take highly vulnerable children.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Families are involved in the planning for their young person and will feed into their own individual plan that looks at accommodation options and how to prevent their child coming into care. Work with external partners, police and health takes place to look at how to support families to remain together and reduce the demand for placements. Work has been undertaken

and continues with social work teams and managers to look at how we reduce the number of children in care and the need for high-cost placements.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	YES
Sexual Orientation	Not applicable
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	YES
Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	YES
Socio-economic Disadvantage	YES
Homelessness and associated risk and vulnerability	Not applicable
Human Rights	Not applicable
Another relevant group: **Those experiencing substance misuse**	YES

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery

- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Not applicable

What are the arrangements for monitoring, and reviewing the impact of this proposal?

This will be monitored by the Entry to Care and Placement Review board as well as by the fostering placement and permanency board which meets quarterly and includes reviewing the placement budget. As part of the monthly performance meeting ethnicity data is looked at and quarterly the ethnicity dashboard is reviewed to ensure and address any bias or disproportionality in the system

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	yes	All the people this will impact will be under 18 years old and will be among the most vulnerable children in the city.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse	yes	All the children in SCDS service have a disability. In the last 6 months (up to January 2025) 23% of children who had an

people, people with non-visible disabilities.		assessment completed by Family Help and Protection had a disability.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	yes	35% of children in care in Brighton & Hove are Black or from the Global Majority. Of which there are currently 50 Unaccompanied Asylum Seeker Children. Black and Global Majority Children are over-represented in Children in Care and this is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Unknown	Service does not hold sufficient data to determine if any faith(s) are over/under represented.
Gender and Sex including non-binary and intersex people	Yes	A number of children in care identify as non-binary or trans. These young people will often have additional complex needs and vulnerabilities and may require placement in more specialist residential provision. Reduction in residential placements will impact these young people.
Gender Reassignment	N/a	N/a
Sexual Orientation	N/a	N/a
Marriage and Civil Partnership	N/a	N/a
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	N/a	N/a
Armed Forces Personnel, their families, and Veterans	N/a	N/a
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	yes	It will impact on all our UASC and UASC care leavers. UASC are often placed in external providers, due to their age and needs. Any reduction in budget and the use of agency placements will affect the Black and global majority children in care and new arriving UASC.
Carers considering for age, language, and various intersections	n/a	n/a
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	yes	All the children will be in care or care leavers.
Domestic and/or sexual abuse and violence survivors	yes	Children in care are more likely to have come from families that have experienced domestic violence.

		A report from Coram BAAF estimates that "at least 60% of children in foster, adoption or kinship placements have been victims of domestic abuse prior to living with their new families." **Source:** Caring for children who have experienced domestic abuse | CoramBAAF
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	yes	Children in care are more likely to have come from families in poverty. It is estimated that between approximately 50-75% of the differences between local authorities in the proportion of children on child protection plans or who are 'looked after' in care can be explained by family socio-economic circumstances and income inequality (Webb et al., 2020a, 2020b). Children in the most deprived 10% of neighbourhoods in England are over ten times more likely to be in care or on a protection plan than children in the least deprived 10% (Bywaters et al., 2018) **Source:** https://committees.parliament.uk/writtenevidence/23089/pdf/
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	n/a	n/a
Human Rights	n/a	n/a
Another relevant group: Substance misuse	Yes	Children in care are more likely to have come from families who have experienced substance misuse.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Savings against the social work establishment may impact on the support for children and families and lead to an increase in the number of children in care, worsening the impact of these budget proposals.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: We are a demand lead service and therefore unable to reduce demand. While we do everything possible to prevent children coming into care, at times children will need to be safeguarded by entering our care. Due to the pressure above it is likely that even reducing the numbers of children in care will not see the overall costs reduce. Any reduction in budget will make it hard to place our most vulnerable young people. From January 2025 to March 2026, we will roll out Mockingbird, a national programme to support foster cares via small community hubs, it is anticipated this will reduce placement breakdown and enable those requiring more support that may currently need to move to residential provision stay with foster carers.
SMART action 2: By March 2026 we will develop an in-house residential home for children in care and a long-term residential home for children with disabilities.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	4

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Anna Gianfrancesco	26.11.24
Accountable Manager:	Anna Gianfrancesco	26.11.24

Budget Proposal

Title of budget saving being assessed:	Residential respite provision
Name and title of officer responsible for this EIA:	Lorraine Hughes Head of Service Specialist Community Disability Service 0 - 24
Directorate and Service Name:	FCL SCDS
Budget proposal no.	*5*

Briefly describe the budget saving proposal:

Offer the use of the vacant flat at Drove Road residential respite provision to East and West Sussex County Councils to generate income of £225K rather than BHCC using the flat.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

There are currently 2 residential respite provisions (Drove Road and Tudor House) for children and young people with disabilities in the city. Both provisions are well used and highly valued by parents and carers and the local SEND community. The Local Authority has a statutory duty to

provide short breaks to families of disabled children under the Children Act 1989 ("the 1989 Act") *to provide, as part of the range of services they provide for families, breaks from caring for carers of disabled children to support them to continue to care for their children at home and to allow them to do so more effectively. Local authorities should enable carers of disabled children to have breaks from caring by providing, as appropriate, a reliable range of services including a provision of overnight care for disabled children.*
Both provisions already currently struggle to meet demand, and both have waiting lists for overnight respite. To use the vacant flat to generate income rather than expand the current offer will further delay those children and young people on the waiting list to accessing overnight respite.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Planned to consult with parents/carers and staff at Drove Road by the end of February.

What other budget or service EIAs can assist/have been used to inform this assessment?

Disability Placements Budget EIA 2024/25

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	YES
Sexual Orientation	YES
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	YES
Expatriates, Migrants, Asylum Seekers, and Refugees	YES
Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	YES
Socio-economic Disadvantage	YES
Homelessness and associated risk and vulnerability	YES
Human Rights	YES

Another relevant group (please specify here and add additional rows as needed)	YES, Lone parents/carers and people facing literacy and numeracy barriers

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

We will seek to establish data on whether the families who are accessing these provisions are Armed Forces personnel, their families or veterans. This can be undertaken through the social care assessment process.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The children and young people impacted by the change will also have the support of their social worker and review assessments will be undertaken to ensure their needs will continue to be met while they wait for an overnight respite placement to become available. Feedback from social workers will also be gathered to help monitor the impact of the proposal.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith**

	State Yes or No	OR If no impact is identified, briefly state why.
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	YES	Both providers are registered for young people between the ages of 8 and 18. Therefore this proposal will impact disproportionately on children and young people.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	YES	Both provisions are specifically for children and young people with complex disabilities. There is a lack of other provisions available to meet their needs within the city; by not utilising the spare bed for children who reside in the city it may cause children and young people to have to access provisions outside of the city which would be more costly to the local authority.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	YES	18% of children and young people with an Education Health and Care plan are either Black or from the Global Majority. A number of the young people who access the provision are of a Black and Global majority identity and their cultural understanding of disability can impact on their wider familiar support network meaning that these provisions are an invaluable service for respite and support.
Religion, Spirituality, Faith, Atheism, and philosophical belief	YES	The majority of service users are of Islamic faith.
Gender and Sex including non-binary and intersex people	YES	The gender split of children and young people with SEN and Disabilities is 29% female and 71% male. We would therefore expect to see a similar proportionate gender split in those children and young people attending the short breaks respite provision. Consequentially, the proposal will have a disproportionate impact on young males. Where young people have identified as non-binary or intersex both homes will need to work closely with families and social care to ensure they have the right advice and support them appropriately and adapt any material or make any necessary adjustments to the home environment to meet their needs. The loss of this space is likely to impact disproportionately on women, specifically single mothers.
Gender Reassignment	NO	We know that parents/carers may not want to disclose information about gender reassignment for reasons such as the perceive lack of support, fear of discrimination, personal choice.

		Due to the unreliability of the data we do not know if there would be a disproportionately negative impact on this group.
Sexual Orientation	NO	Due to the unreliability of the data we do not know if there would be a disproportionately negative impact on this group.
Marriage and Civil Partnership	NO	The young people attending the short breaks provision, or the residential home will be between the ages of 8 and18. It is unlikely this would apply. However, if a young person who is between the ages of 16 and 18 and has parental consent to enter a marriage or civil partnership support will be provided to the young person and family concerned. A mental capacity assessment will be completed if required.
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	YES	There are likely to be children and young people who have been fostered or adopted accessing these provisions and the loss of this additional bed is likely to negatively impact on the support this family receives. There are times when the parents of children using these facilities are expecting another child or are on maternity / paternity leave and they rely on their short breaks so would be negatively impacted upon. There is a recent example that Drove Road has been able to provide a week's respite for a child who's baby sister was born with a heart defect and had to stay in intensive care in a specialist hospital in London, it was not appropriate for her to be in London with her mother and due to her learning disabilities and behaviours that challenge this would not have been a safe place for her or others around her. Without the provision of Drove Road this child may have had to come into Local Authority care.
Armed Forces Personnel, their families, and Veterans	NO	We do not know if there would be a disproportionate impact on this group because the data available about parent/carer profession is not available.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	NO	There is no comprehensive data available and further work needs to be undertaken into whether any of the children or young people who will be accessing Drove Road and Tudor House are Expatriates, Migrants, Asylum Seekers or Refugees.
Carers considering for age, language, and various intersections	YES	Reduced provision will have a significant impact on carers of disabled children. The provisions provide much needed respite for the carers and in many cases prevent their children coming into full time local authority care.

Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	YES	Some of the young people attending these provisions are Looked After by the council due to the number of nights they stay at the provisions (75+ nights in a year). Not having the additional capacity could result in more children coming into full time local authority care.
Domestic and/or sexual abuse and violence survivors	YES	It there are children or young people accessing the short breaks provision who are living in a home where there is domestic and/or sexual abuse and violence, having a reduced provision may impact upon family life and place the children at a greater risk of significant harm.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	YES	Having a disabled child impacts on a family's potential earnings and financial resilience. For two parent households one parent/carer is often the primary carer. For single parent households, part time employment is often the only viable employment option. For these families a reduction in access to respite provision is likely to have a negative impact.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	NO	As far as we are aware none of the families who access short breaks are currently homeless or rough sleeping. Therefore, there is no disproportionate impact upon this group.
Human Rights	YES	The reduction of these provisions could impact on the human rights of the young people and their families as this will likely lead to disadvantage and impact on their family life.
Another relevant group (please specify here and add additional rows as needed)		

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Unknown

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: The savings proposal is not to use a bed that is due to become vacant in January and generate income by offering it to East or West Sussex. Because this is a physical resource required for an overnight stay rather than a staffing issue it would be difficult to mitigate with the other tools usually available such as flexible staffing arrangements or other like for like provision.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	5

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Lorraine Hughes	09.12.24
Accountable Manager:	Georgina Clarke-Green	09.12.24

Budget Proposal

Title of budget saving being assessed:	Social Worker Reduction
Name and title of officer responsible for this EIA:	Anna Gianfrancesco, Assistant Director Children's Safeguarding & Care
Directorate and Service Name:	Families, Children & Learning, Safeguarding and Care
Budget proposal no.	*6*

Briefly describe the budget saving proposal:

£100,000 saving by reducing the number of children and families social workers by 1.4 full time equivalent.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This reduction in budget will impact on children and families open to social work, in particular vulnerable children and families and those experiencing deprivation as well as children in care and care leavers. Black and Global majority children, including unaccompanied asylum-seeking children, are over-represented in this cohort and so will be disproportionately affected. A significant number of the children in the service are also disabled children, children with mental health issues and/or neurodivergent and will also be disproportionately impacted.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation is planned, however work has been undertaken and continues with social work teams and managers to look at how we continue to provide an excellent service to children and families to help them make changes where possible and to provide the right alternative plans if change cannot be achieved.

What other budget or service EIAs can assist/have been used to inform this assessment?

Placement EIA

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	YES
Sexual Orientation	YES
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	YES
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	YES
Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	YES
Socio-economic Disadvantage	YES
Homelessness and associated risk and vulnerability	YES
Human Rights	Not applicable
Another relevant group: **Those experiencing substance misuse**	YES

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)

- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Not applicable

What are the arrangements for monitoring, and reviewing the impact of this proposal?

This will be monitored through monthly performance meetings for the Family Help and Protection Senior Leadership Team as well as quarterly FCLS Performance Board.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	yes	These proposals will impact on families and children, with the greatest impact being on children under 18. These children will be among the most vulnerable children in the city, including those assessed to be in need, at risk of significant harm or to be in care
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people,	yes	Children with disabilities are over-represented in our services. 23% of children in need are disabled children compared with 19% of residents of the city.

people with non-visible disabilities.		
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	yes	29% of children in need are Black or from the Global Majority. Black and Global Majority children are over-represented as Children in Need (22% of school aged children in the city). This is especially the case for children of mixed heritage or from Gypsy, Roma, Traveller backgrounds. Children who identify as Asian or Asian British are under-represented as children in need.
Religion, Spirituality, Faith, Atheism, and philosophical belief	no	no disproportionate impact for this group
Gender and Sex including non-binary and intersex people	Yes	A number of children in need identify as non-binary or trans, up to 4% in the latest data, in comparison to 1% of residents in the city. These young people will often have additional complex needs and vulnerabilities.
Gender Reassignment		See box above
Sexual Orientation	N/a	N/a
Marriage and Civil Partnership	N/a	N/a
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	The social work teams support pregnant parents, completing pre-birth assessments and offering support to parents so that they can meet the needs of their children.
Armed Forces Personnel, their families, and Veterans	Unknow	Data is not collected from service users regarding if that are armed forces families
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	Unaccompanied asylum-seeking children (UASC) and UASC care leavers are supported by dedicated teams that are not effected by this budget saving proposal.
Carers considering for age, language, and various intersections	?	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	yes	Approximately a quarter of children open to social work services are children in care and will be directly impacted by these proposals. These budget savings will not be directly impact as they are supported by Personal Advisers within a dedicated Leaving Care Team.
Domestic and/or sexual abuse and violence survivors	yes	Domestic violence is the most common factor identified in the assessments of children in need. Children and parents who have experienced domestic violence will be disproportionately impacted by these proposals. Children may also be in need due

		to having experienced sexual abuse, for example 4% of children protection plans are currently under the category of sexual abuse.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	yes	Children in need are more likely to have come from families in poverty, therefore any cuts in services that impact on children in need will impact on those children affected by childhood poverty
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Families in need are more likely to have experienced homelessness or insecure housing and so will be disproportionately impacted by these proposals.
Human Rights	n/a	n/a
Another relevant group: Substance misuse	Yes	Along with domestic violence and mental health issues, substance misuse (including alcohol and drug misuse) are the most common factors identified in the assessment of children in need.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Savings against the independent placements for children in care may impact on the support for children who need to come into care and worsen the impact of these budget proposals.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1:
We are a demand-led service and unable to reduce the demand. However, we have seen a significant reduction in the number of children open to our service (for example between 2018 and 2024 this reduction was 20%). We believe that this is due to improvements to the quality of our support to families, underpinned by our model of practice. This was evidenced in our outstanding Ofsted report in 2024. Families in the city experience increasing challenges, including the impact of poverty and mental health issues. In implementing these budget savings we would spread the reduction in social worker establishment across our 15 safeguarding pods so that the loss of posts

is not felt in one area in particular and good relationship-based practice can be supported. The impact of these proposals will be monitored via the Family Help and Protection Senior Leadership Team Performance Meetings.
SMART action 2: The Family Hubs will continue to provide support to families to reduce the need for social work intervention. In 2025-26, this will be jointly managed via the Family Help and Protection Senior Leadership Team as the Family Hubs will move to this branch of the FCLS directorate.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	4

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Anna Gianfrancesco	26.11.24
Accountable Manager:	Anna Gianfrancesco	26.11.24

Notes and recommendations (if any) from Head of CETS Service reviewing this assessment:

Further work on making best use of the equality data collected and to fill gaps in equality data would assist the service's robust consideration of equality implications as it implements this change. As would exploring how to engage with service users to hear and use their feedback about their experiences of the service, giving due consideration to engagement with the equality groups most affected by this proposal.

Budget Proposal

Title of budget saving being assessed:	Youth Led Grants
Name and title of officer responsible for this EIA:	Gemma Doughty Youth Commissioning Service Manager, Family Hubs
Directorate and Service Name:	FCL Family Hubs
Budget proposal no.	*7*

Briefly describe the budget saving proposal:

The proposal is to cease the Youth Led Grants funding in total; a saving of £40,000.
Young people are responsible for the distribution of funding (up to £3,000 per application) allocated to the annual Youth Led Grants programme. Young people take a lead on how this money is spent, making decisions on the priorities, framework for allocating funds, and writing and evaluating the bids. The current agreed priorities for this programme are:

- Improving young people's mental health ·
- Reducing the harm from young people's alcohol and substance misuse
- Increasing volunteering and work experience opportunities
- Increasing opportunities for young people to participate in new and challenging experiences
- Supporting young people who have faced additional disadvantage due to Covid-19

The eligibility criteria include:

- Benefiting young people aged 11-19 (up to 25 if they have special educational needs)
- Ensuring distribution of funding considers the geographical areas of the city and groups of young people facing challenges in their lives, particularly around equality issues
- Working in partnership with one of the lead Youth Service Grant Providers listed above
- Succeeding in encouraging participation with the voice of young people being embedded across all work, broadening the area of influence for young people. Your project will have a clear approach as to how young people are involved in and shape the activities and be part of the offer.
- Operating in a manner compliant with the Equalities Act 2010 (see below)

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

All funded projects target disadvantaged young people. A reduction in funding would result in between 20 -25 different youth projects/activities not being funded, and this would impact on young people aged between 11 – 19 years (up to 25 if they have special educational needs), particularly those with SEND, those financially disadvantaged, Black and Global Majority young people, gender specific groups, including trans and non-binary young people and those impacted by Covid (particularly worsened mental health). It will impact on projects that support young people's intersectionality.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Discussions took place with the Youth Led Grants panel members around the reduction of the Grants for 24/25. No formal consultation has taken place with young people regarding ceasing Youth Led Grants for 25/26, however, there has been ongoing consultation with young people regarding youth voice and participation as part of a review of Youth Wise, which will continue over the coming months.

What other budget or service EIAs can assist/have been used to inform this assessment?

23/24 budget EIA for this same grant programme.

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes 11-25 yr olds
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Not applicable
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	No
Sexual Orientation	No

Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	No

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equality data forms part of the application and assessment process.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The impact of this proposal will not be monitored.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data

- Service specific data
- Community consultations
- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	This will impact on young people aged between 11 years – 19 years (up to 25 years if they have special educational needs). There will be no funding for projects for this group.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	This programme awards funding to activities for young people with disabilities. This will impact on young people aged between 11–19 years (up to 25 years if they have special educational needs). There will be no funding for projects for this group.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	This programme awards funding to activities for Black and Global Majority young people and specifically activities for a Gypsy, Roma and Traveller girls' group. There will be no funding for projects for this group.
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	No disproportionate impact for this group
Gender and Sex including non-binary and intersex people	Yes	This programme awards funding to activities for young women and men re: gender-related issues and disadvantages. There is also an intersect with ethnicity as the programme funds a Gypsy, Traveller, Roma girls project. There will be no funding for project for this group.
Gender Reassignment	No	No disproportionate impact for this group.
Sexual Orientation	No	No disproportionate impact for this group

Marriage and Civil Partnership	n/a	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	n/a	
Armed Forces Personnel, their families, and Veterans	n/a	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	This programme awards funding to activities for Black and Global Majority young people, within this cohort of young people some will identify as refugee and or migrant. There will be no funding for projects for this group.
Carers considering for age, language, and various intersections	No	No disproportionate impact for this group.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	Children/young people in care/care leavers in Brighton and Hove can apply for a Youth Led Grant via the Children in Care Councils and Care Leaver's forum. There will be no funding for projects for this group.
Domestic and/or sexual abuse and violence survivors	n/a	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	Financially disadvantaged young people are particularly targeted for the funded projects. There will be no funding for projects for this group
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	n/a	
Human Rights	n/a	
Another relevant group (please specify here and add additional rows as needed)	Yes	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas

- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The Youth Service Grants Programme 2021-2025 aims to assist organisations financially so that they can deliver the desired outcomes, building on the assets of the third sector, promoting enterprise and social value.

This funding is to:

- Provide safe physical, digital and outreach spaces in the community that delivers open access, non-formal education to young people that will support their personal and social development through activities that young people need, want and value.
- Deliver regular activities and opportunities for young people to participate in decision making forums, social action and volunteering.
- Provide targeted and specialist youth work to engage young people with specialist needs, disadvantaged young people or marginalised population groups.
- Work in partnership with the Council, other youth providers and specialist agencies, acting as a bridge and supporting young people to access other services and being part of a multi-agency group where appropriate.
- Empower young people to co-design and co-produce activities, projects and services

Proposal to cut the Youth Service Grants by 47% for 25/26 which will reduce youth provision across the city.

Youth Led Grants provide additional activity/resource for disadvantaged children and young people in the city. However, when faced with multiple proposals affecting the same cohort, youth led grants are seen to be the less impactful budget saving when compared to Youth Service Grants. However, cumulative savings that impact young people will deepen disadvantage faced by some young people due to their protected characteristics as identified in this EIA.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Youth providers will be supported to seek and apply for other funding opportunities via BHCC youth commissioning service manager.
SMART action 2: Youth providers will be supported to seek HAF funding for young people eligible for free school meals.
SMART action 3: A small number of young people from the Youth Led Grants panel will be part of the HAF funding panel and steering group.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Gemma Doughty	28/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Care pathway for sexual dysfunction (female)
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children & Wellbeing
Budget proposal no.	*8*

Briefly describe the budget saving proposal:

To decommission the service care pathway for sexual dysfunction (female) to realise a budget saving of £43,650 per annum.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The most significant impact will be experienced by women with pain and penetration sexual function issues who are unable to identify or afford a paid for therapy service.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

None, however, NHS colleagues have been notified of the proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

N/A

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	N/A
Sexual Orientation	Yes
Marriage and Civil Partnership	No

Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	Not applicable
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Service provider collects
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Yes / No/ Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

No arrangements have been agreed as commissioning this service is not a public health function.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results

- Lived experiences and qualitative data
- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups** **For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No	
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Not known	
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No known	
Gender and Sex including non-binary and intersex people	Yes	The vast majority of clients of this service are female and will therefore be disproportionately impacted
Gender Reassignment	N/A	
Sexual Orientation	No	
Marriage and Civil Partnership	N/A	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	N/A	

Armed Forces Personnel, their families, and Veterans	N/A	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Not known	
Carers considering for age, language, and various intersections	N/A	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	N/A	
Domestic and/or sexual abuse and violence survivors	Yes	Service provider reports that significant numbers of women will have experienced childhood sexual abuse, violence, rape, sexual assault and other sexual violence.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	The only other counselling/therapy for sexual dysfunction available is a paid for service which will disproportionally impact those experience socio economic disadvantage
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	As above
Human Rights	N/A	
Another relevant group (please specify here and add additional rows as needed)		

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

N/A

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: This service is not assessed to be a public health function.
SMART action 1: Ensure the ICB is aware of the gap this proposal creates.
SMART action 2: Request that this service is included in the development of the women's health delivery network

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	5 if mitigation is not successful

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	LCS General Practice Young Persons' Sexual Health
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children & Wellbeing
Budget proposal no.	*9a*

Briefly describe the budget saving proposal:

Decommission the general practice LCS for young persons' sexual health to realise savings of £12,000 per annum

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

No significant impacts are identified. The majority of the young persons' sexual health service provision is from a small number of practices. Re-providing appointments, self-sampling and information provision from the integrated sexual health service and ensuring effective sign posting is in place will mitigate changes to the service model

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

None

What other budget or service EIAs can assist/have been used to inform this assessment?

EIA Integrated Sexual Health May 2015.doc

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	Not applicable
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	Not applicable
Carers	Not applicable
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	Not applicable
Homelessness and associated risk and vulnerability	No
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness

- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Monitoring activity and demographic data from the integrated sexual health service, the chlamydia screening programme and the pharmacy EHC service

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	Young people under 25 years old experience the highest rates of sexually transmitted infections.

		This is an age targeted service, withdrawal will disproportionately affect those aged 13 – 24 years.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	No	
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	No	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	No	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age,	No	

disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections		
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

N/A

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Increase capacity at the integrated sexual health and contraception (SHAC) service from 1st April 2025
SMART action 2: Ensure comprehensive information and signposting on the service change is in place by March 2025
SMART action 3: Monitor demographic and activity data from the integrated sexual health service, the chlamydia screening programme, and the community pharmacy emergency hormonal contraception (EHC) service

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	1

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Mind Out HIV Prevention
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children & Wellbeing
Budget proposal no.	*9b*

Briefly describe the budget saving proposal:

To cease the grant funding contribution to Mind Out LGBT mental health service to support the inclusion of HIV prevention as part of the peer support group work offer to realise savings of £5,370 per annum

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Lesbian, gay, bisexual and transgender individuals experiencing mental health issue who attend the Mind Out peer support groups will be disproportionally negatively affected by the closure of the group if Mind Out are not able to support its facilitation. The most recent data shows an annual membership of 44 people with an average attendance of four people each week.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

None, however, the provider has been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

N/A

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No

Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

This is a funding contribution to support the inclusion of HIV prevention as part of the peer support group work offer. It does not commission a specific programme of work and as such we do not receive detailed monitoring information.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Support and materials provided to Mind Out from THT will be monitored as part of THT contract monitoring. Feedback from Mind Out to THT on any additional needs in the HIV prevention support will also be collated.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data

- Community consultations
- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	The group supports LGBT people experiencing mental health issues which includes specific sessions for those age 50+
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	The group supports LGBT people experiencing mental health issues which may include non-visible disabilities
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	Yes	The group supports Lesbian, gay, bisexual and transgender people experiencing mental health issues
Gender Reassignment		
Sexual Orientation	Yes	The group supports Lesbian, gay, bisexual and transgender people experiencing mental health issues
Marriage and Civil Partnership	N/A	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and	N/A	

non-binary gender spectrum)		
Armed Forces Personnel, their families, and Veterans	N/A	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	N/A	
Carers considering for age, language, and various intersections	N/A	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	N/A	
Domestic and/or sexual abuse and violence survivors	N/A	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	N/A	
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	N/A	
Human Rights	N/A	
Another relevant group (please specify here and add additional rows as needed)		

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

N/A

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Terrence Higgins Trust to liaise with Mind Out regarding the HIV prevention needs of service users and to provide and signpost to appropriate materials

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Sexual health programme budget
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children and Wellbeing - Public Health
Budget proposal no.	*9c*

Briefly describe the budget saving proposal:

Decommission directory of services advertisement in GScene magazine (£4,230) Decommission Pathway Analytics tariff grouper service (£2,000) Reduce contribution to HIV testing, Fast Track Cities (£1,500) Total budget savings = £7,730.00

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

These savings can be achieved with little significant impact and no group being disproportionately negatively affected. The functions can be met within existing resources.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

None. The deadline for submission precluded detailed consultation. However, the respective organisations have been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

N/A

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Not applicable
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Not applicable
Religion, Belief, Spirituality, Faith, or Atheism	Not applicable
Gender Identity and Sex (including non-binary and Intersex people)	Not applicable
Gender Reassignment	Not applicable
Sexual Orientation	Not applicable
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	Not applicable
Carers	Not applicable
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Not applicable
Socio-economic Disadvantage	Not applicable
Homelessness and associated risk and vulnerability	Not applicable
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances

- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

N/A

What are the arrangements for monitoring, and reviewing the impact of this proposal?

N/A

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**

Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No	N/A
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	No	N/A
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	N/A
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	N/A
Gender and Sex including non-binary and intersex people	No	N/A
Gender Reassignment	No	N/A
Sexual Orientation	No	N/A
Marriage and Civil Partnership	No	N/A
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	N/A
Armed Forces Personnel, their families, and Veterans	No	N/A
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	N/A
Carers considering for age, language, and various intersections	No	N/A
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	N/A
Domestic and/or sexual abuse and violence survivors	No	N/A

Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	N/A
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	N/A
Human Rights	No	N/A
Another relevant group (please specify here and add additional rows as needed)	No	N/A

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

N/A

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

1. No mitigation actions are available due to:
2. SMART action 1:
3. SMART action 2:
4. SMART action 3: .

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	1

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Locally commissioned service, Alcohol Identification and Brief Intervention
Name and title of officer responsible for this EIA:	Drug and Alcohol Programme Manager
Directorate and Service Name:	Children, Family and Wellbeing. Public Health team
Budget proposal no.	*10*

Briefly describe the budget saving proposal:

This proposal is to cease the LCS Alcohol Identification and Brief Intervention programme at GP practice.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The closure of this service may affect opportunities for the early assessment of high-risk alcohol use among individuals who are reluctant or not ready to engage with specialist services. However, this LCS is not well used and the population needs will continue to be met across the Local Authority through the ongoing core-funded activities provided via the Public Health Grant, which ensures support for people experiencing moderate and high-risk alcohol use. As a result, the overall service delivery for addressing alcohol-related harm will remain unaffected.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Annual LCS monitoring review of service will be undertaken.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes

Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Due to time restraints, this will not be possible. The LCS proposal is to cease from April 2025

What are the arrangements for monitoring, and reviewing the impact of this proposal?

No arrangements are in place at this time. However, the ongoing monitoring of the usage and users other alcohol services will continue to watch for any uptick in use by certain demographics displaced from the cessation of this service.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it.

Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Gender and Sex including non-binary and intersex people	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Gender Reassignment	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in

		effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Sexual Orientation	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Marriage and Civil Partnership	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Armed Forces Personnel, their families, and Veterans	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential

		support remains accessible for those who seek it
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Carers considering for age, language, and various intersections	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Domestic and/or sexual abuse and violence survivors	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Socio-economic disadvantage considering for age,	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals

disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections		accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Human Rights	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it
Another relevant group (please specify here and add additional rows as needed)	No	This LCS is currently underutilised, with engagement remaining lower than expected despite being available to all individuals accessing their GP practice. Time constraints within primary care settings and challenges in effectively engaging clients around alcohol consumption have contributed to this limited uptake. However, the potential impact of this underuse will be mitigated through core business activities, ensuring that essential support remains accessible for those who seek it

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas

- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

For individuals identified as low risk or higher risk, the Public Health core funding and supplementary funding for drugs and alcohol services will continue to cover essential service delivery.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are needed due to the essential service being covered by public health core funding, but some suggestions can be:
SMART action 1: A mitigating action will be to refer the current patients and everyone experiencing harmful alcohol use to the specialist service commissioned by core funding. Last year, Public Health, in collaboration with GPs, developed a direct referral electronic form for GPs to refer patients directly to specialist drug and alcohol treatment and recovery services to streamline the referral process. When informed of the cessation of this service, it will be useful to remind GPs that the electronic referral is available for every practice in Brighton and Hove.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	1

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Fran Piccoletti, Drug and Alcohol Programme Manager	24/01/25
Accountable Manager:	Caroline Vass DPH	24/01/25

Budget Proposal

Title of budget saving being assessed:	Starting Well Programme commissioned services and Public Health Schools Programme
Name and title of officer responsible for this EIA:	Public Health Core Grant
Directorate and Service Name:	Family Children and Wellbeing – Public Health
Budget proposal no.	*11*

Briefly describe the budget saving proposal:

Name of contract/programme	Total Contract Value	Proposed saving %	Saving
1. Public Health Community Nursing SCFT	£5,359,000	1.9%	£100,000
2. Truth to Power Programme Audioactive	£35,000	100%	£35,000
3. Home Safety Service Impact Initiatives	£33,000	10%	£3,300
4. Mental Health Champions YMCA DLG	£35,000	10%	£3,500
5. Public Health Schools Programme	£25,000	10%	£2,500
		Total savings	**£144,300**

Contract 1 proposes recurrent annual saving across a 5 year contract from April 2025
Contracts 3 and 4 propose annual recurrent savings across a 3 year contract from April 2025
Contract 2 proposes a reduction from a 2 year planned contract to a one year contract and a funding source switch from the Public Health Grant to the DATRIG drug and alcohol grant which is confirmed as a 1 year extension to the current programme of funding from April 2025.
Programme 5 is a Public Health delivered programme of support for schools and colleges.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This bundle of work under Starting Well is aimed at improving the health and wellbeing of babies children young people and families; as such any adverse impacts as result of the proposed savings will be to this population.
Contract 1 provides the 3 level health visiting and school nursing service As there is a mandated element of reviews and checks in the health visiting service and height and weight measurements with hearing and sight checks in the primary school part of the school nurse offer, any impacts on delivery will be in areas of the service which support targeted work with families with additional needs.
Contract 2 works with young people at risk of criminal and sexual exploitation and substance use issues and engages young people who may not be in full time/school and do not engage with other services. The proposed 100% saving in the recurrent funding for this planned 2 year contract is likely to mean 1 full year less of engagement and service offer for this cohort.
Contract 3 Provides homes safety checks advice and installation of home safety equipment in the homes of vulnerable new mothers and parents. Impacts will be felt to this population which is referred from health visiting family hubs and social work teams.
Contracts 4 and 5 the Public Health Schools Programme work to improve children and young people's wellbeing in school including mental health and so impacts will be felt in a reduced offer to primary and secondary schools.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, the provider has been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

For contract 1 the Public Health Community Nursing service there is a recent EIA as this service has been recommissioned and is due to start a new 5 year contract from April 2025. AS the recommission Cabinet paper included an option (not approved) to reduce the contract value the

EIA includes a response to a reduction. Please refer to this in respect of the response to section 3 onwards.

HASC70-10-Oct-24-EIA-PHCN-Contract (

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

The bundle of contracts and delivery described above means there are variable monitoring processes in place. The completed section 3 is accurate for contract 1 the Public Health Community Nursing contract. (There is a recent signed EIA for this service in respect of the recommission of the service from April 2025. The much smaller Community and Voluntary contracts vary in monitoring as relevant and proportionate to the work. All Contracts are monitored quarterly and this will be the mechanism for monitoring the impact of any reductions on the client groups.

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	YES but not routinely analysed
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	YES but not menopause/(in)fertility
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	No but caseload held by specialist HV
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes and at every routine contact
Socio-economic Disadvantage	No – In progress
Homelessness and associated risk and vulnerability	YES – emergency & temp accommodation not routinely reported on
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	YES Special Educational Needs & Disabilities (HV specialist caseload) Perinatal Mental Health (HV specialist caseload

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Contract 1 Public Health Community Nursing Contract
The service currently collects the data as indicated above and the requirement in the specification from April 2025 will be to report on this monitoring data to the commissioner along with any actions that are developed as a response to any service gaps or issues that the monitoring evidences along with patient voice and experience intelligence and wider service delivery.
As part of the re-procurement of the service the refreshed specification will:
Require available demographic monitoring information to be regularly provided to the commissioner as part of the contract monitoring process. This will provide evidence to drive discussions around the patient experiences of people and families with protected characteristics with an intersectional approach.
Require the provider to evidence regular effective engagement with families with protected characteristics that ensures their experiences and views inform the delivery of the service with specific engagement prior to any substantive changes in the service offer.
Require the service provider to work towards collection and monitoring of all relevant protected characteristics. For those characteristics that are not currently recorded this will involve a staged process; SCFT as an NHS Trust uses standard NHS monitoring which does not encompass all the characteristics above. Adjustments therefore to the Systm1 database used by the Trust will rely on wider equalities monitoring improvements and actions being undertaken by the Trust and by NHS England.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Each contract is managed through quarterly contract review meetings at which delivery and the degree to which capacity is matching demand is discussed in relation to monitoring equalities impacts.
Contract 1 Public Health Community Nursing contract

- Quarterly Contract reviews
- Annual Reports
- Maternity Voices Partnership key messages from local engagement
- Patient voices via our local Maternity Voices Partnership
- Safe and Well at School Survey – whilst not a survey of the school nurse service, it provides a picture across a wide range of health and wellbeing impacts for primary and secondary school pupils which informs the school nurse service.

The Public Health Schools Programme is delivered by Public Health to education settings; the planned work for the summer term of the academic year 24/25 and for the next academic year

from Sept 2025 will be reduced in line with the reduced budget. This will mean reduced resources for schools and reduced payments to schools to support project work. This reduction will be managed with a view to reducing health inequalities by prioritising schools in areas of greatest deprivation. Any impacts will be reported through the Ph Schools Annual Report.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	**Note: For Contract 1 Public Health Community Nursing contract for all protected characteristics please refer to the signed EIA on record and inserted in section 2 above.** The services listed above and subject to proposed savings aim to improve the health and wellbeing of one or all of the following: pregnant people, babies, children and young people. Health inequalities are most significant for Black and Racially Minoritised families, those with Special Educational Needs and Disabilities, those living in financial hardship and those from the LGBTQ+ communities. In the Community and Voluntary Sector contracts the impacts will vary according to the

		focus of the contract. The principle impact will be reduced offer to children and young people or schools and colleges with reduced outcomes in terms of health and wellbeing improvements and reductions in health inequalities. Contracts 2,3,4 are small scale projects run by Community and Voluntary Sector partners and the principal impacts will be – **Contract 2 Truth to Power** This planned 2 year contract would have worked with 120 young people over that period. If the proposed change in funding to the DATRIG substance use grant is agreed by the national programme this will mean 60 young people supported rather than 120. If the proposed alternative funding is not agreed by the national grant programme this will mean the loss of a service for the remaining 60 young people at risk of exploitation and substance use. **Contract 3 Home Safety Service** Fewer safety advisor visits to new parents and less safety equipment installed in homes. This service supports between 90 and 100 families per year. The proposed 10% reduction in the annual contract value means over the 3 year contract between 27 and 30 fewer families receiving a home safety visit. **Contract 4 Mental Health Champions** Fewer schools offered the project for the academic year 25/26. Likely reduction in between 2 and 4 schools across 10 secondary schools and 2 primary schools and between 20 and 40 fewer pupils taking part in the programme. **Public Health Schools Programme** 10% reduction in grants for schools – i.e. Healthy eating, food poverty, active travel, wellbeing initiatives.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Data Insights: The 2021 Census shows for Brighton & Hove (England) Disabled under the equality act 18.7% (17.3%) Not disabled under the equality act 81.3% (82.7)

Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	Data insights: A quarter of the residents of Brighton and Hove are 'BME,' 72,272 residents (26%) are from a Black and Racially Minoritised group, compared to South-East 21% and England 27%. This has increased by 35% since last census. 37% of 'BME' residents are other White. 18% of 'BME' residents are of mixed ethnicity. 18% of 'BME' residents are Asian. 8% of 'BME' residents are Black. 4.2% of 'BME' residents are Arab. Nearly 1000 are Gypsy, Roma, or Irish Traveller. For nearly one in ten residents (9.1%) English is not their first or preferred language. Significantly higher than the South East (7.2%) but similar to England (9.2%). Arabic, Spanish and Italian are the most frequently spoken languages. Among residents (24,577 people) for whom English is not their main or preferred language, 87% speak English very well or well,11% cannot speak English well and 2% cannot speak English.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	Data Insights: The 2021 Census shows for Brighton & Hove (England) No religion 55% (36.75) Christian 30.9% (46.3%) Muslim 3.1% (6.7%) Buddhist 0.9% (0.5%) Jewish 0.9% (0.5%) Hindu 0.8% (1.8%)
Gender and Sex including non-binary and intersex people	Yes	Data Insights: The Safe and Well at School Survey – a bi-annual survey undertaken by pupils in schools and colleges in the city asks pupils if they identify with the gender they were assigned at birth if they don't identify or not all the time. KS3: 133 answered "No" (2.7%), 116 answered "Not all the time" (2.4%) KS4: 75 answered "No" (2.6%), 74 answered "Not all the time" (2.6%) FE: 48 answered "No" (2.9%), 48 answered "Not all the time (2.9%) Analysis of the response to the survey questions show statistically significant differences for those pupils that do not identify/not all the time indicating more negative experiences for these pupils in comparison to those that do identify. In the 2023 survey when asked if you have been

		bullied in the last term 42% of pupils who do not identify and 38% of pupils if don't identify all of the time replied yes compared to 17% of pupils who do identify. The survey provides services such as School Nursing with a clear picture of the additional needs and vulnerabilities of these children and young people Safe & Well at School Survey 2023 by Brighton and Hove City Council - Infogram
Gender Reassignment	Yes	In respect of Trans children and young people For data insight see above.
Sexual Orientation	Yes	Data Insights: 1 in 10 adults (16 years and older) identify as Lesbian, Gay, Bisexual or Other the highest proportion in England and Wales – 2021 Census The Brighton & Hove 20222 Needs Assessment estimates that 11% (27,200) to 15% (39,500) of residents 16+ yrs in the city are lesbian gay or bi-sexual bandh-jsna-exec-summary-june-2022 - 07 07 2022.pdf (brighton-hove.gov.uk) A Stonewall report in 2018 evidenced that; • Half of LGBT people (52 per cent) experienced depression in the last year • Research shows LGBT people face widespread discrimination in healthcare settings • One in seven LGBT people (14 per cent) avoid seeking healthcare for fear of discrimination from staff LGBT in Britain - Health (2018) (stonewall.org.uk) It is important that whole population services understand the reflect the needs of parents and carers and children and young people when delivering services. LGB or other people may experience discrimination and homo/bi phobia in their life, at work or in education.
Marriage and Civil Partnership	Yes	Contract 1 PHCN only
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	Contract 1 PHCN only Births in the city There are around 67,850 women of childbearing age resident in the city, which is defined as aged 15 to 44 years. This is 24% of the female population, higher than our CIPFA comparators (22%) and England (19%).41 Brighton & Hove had a general fertility rate of 34.8 live births for every 1,000 women aged 15-44 years in 2019, with 2,395 live births. This was the lowest general fertility rate of any upper tier local authority in England in this year. The rate has

		been falling; in 2010 it was 50 live births for every 1,000 women aged 15 to 44 years. Mental health JSNA 2022 full report FINAL.pdf (brighton-hove.gov.uk) Whilst the birth rate for the city is falling after a peak in 2010 the complexity in needs of families with children has grown across children's safeguarding, SEND needs and in response to the cost of living crisis exacerbated in the city by the very high cost of housing.
Armed Forces Personnel, their families, and Veterans	Yes	Data Insights: Families within the Armed Forces have some specific needs when accessing services in respect to conception, maternity, perinatal mental health, and adoption. There are over 190,000 Serving Personnel in the British Armed Forces, of which approximately 140,000 are based in the English regions. Serving Personnel are all registered with Defence Medical Services (DMS) GP practices; their spouses/partners and dependants usually have to register with a NHS GP practice, although there are a small number of DMS practices that will allow families also to register with them. Military spouses/partners are predominately female reflecting the gender balance in the Armed Forces with just over 10% of female Serving Personnel. The unique circumstances and requirements of a military career - not least the frequent moves within the UK and overseas which can involve long periods of separation - can be very challenging for the partners and families of Serving Personnel, both in terms of continuity of care and impact on mental health. These challenges can be particularly difficult for female partners when pregnant and in the weeks that follow giving birth. Armed Forces Serving Personnel are generally young and the Armed Forces community includes large numbers of female spouses/partners of childbearing age. Military careers can require regular moves of the family home, often far away from family support networks. As a result, vulnerable young women may be at greater risk of social isolation; they may find themselves having to move while pregnant and furthermore, their serving partner may be posted overseas for significant periods of time including during pregnancy, the birth, and the postnatal period. Emotional vulnerability may be exacerbated by fears over the safety of

		their absent partners. There may further challenges for continuity of carer for women who live in one Local Maternity System (LMS) but give birth in another. For example, women from Thorney Island in West Sussex will often give birth within the Hampshire LMS.AFN-Maternity-Fact-Sheet-February-2020.pdf (armedforcesnetwork.org)
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	Data Insights: Families seeking asylum or who are refugees face a complex range of challenges and barriers on arrival in the UK; ranging from language barriers discrimination and racism to difficulties accessing enough funding and support for the essentials of life. For many health and wellbeing will be a primary are of need with historic and present trauma, accumulated healthcare needs and the impact of all their experiences on their mental health. For unaccompanied asylum seeking children and young people there are well documented safeguarding risks. Common healthcare needs include: – untreated communicable diseases – poorly controlled chronic conditions – maternity care – mental health and specialist support needs. The British Medical Association recognises that; 'Pregnancy is often the first significant contact female refugees and asylum seekers have with the UK healthcare system. This is a key opportunity to engage women on a broad range of issues.' Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA
Carers considering for age, language, and various intersections	Yes	Data Insights: The 2021 census shows 1 in 12 residents provide unpaid care in Brighton & Hove compared to 1 in 12 in the South East and 1 in 11 across England. The School census 2023 in which schools are now required to record the number of Young Carers in their school shows 251 Young Carers across primary and secondary schools and the Safe and Well at School Survey return for 2023 shows 913 self-identified Young Carers across primary pupils (76% of all pupils completed the survey) and 64% of secondary pupils (who completed it). The State of Caring report 2023 shows that; • More than a quarter (27%) of unpaid carers have bad or very bad mental health, rising to 31% of those caring for

		more than 50 hours a week, or for over 10 years. • 84% of carers whose mental health is bad or very bad have continuous low mood, 82% have feelings of hopelessness and 71% regularly feel tearful • 68% of carers with bad or very bad mental health are living with a sense of fear or dread. • More than three quarters of all carers (79%) feel stressed or anxious, half (49%) feel depressed, and half (50%) feel lonely. • 65% of carers agreed that the increase in the cost of living was having a negative impact on their physical and/or mental health. • Despite feeling they are at breaking point, nearly three quarters (73%) of carers with bad or very bad mental health are continuing to provide care. .State of Caring survey | Carers UK Parents may be caring for children and young people with Special Needs and/or Disabilities; one parent may be caring for another and parents may care for older family members or they may have multiple caring relationships. The impacts of a carer role may be in their own health and wellbeing with less time for self-care and following up on health worries; mental health needs and financial hardship issues. Families with children and young people with special needs and disabilities are more likely to live in poverty and struggle with affordable housing and accessing paid care to provide respite to carers. And in respect specifically of Young Carers in contract 4 Mental Health Champions in schools and the Public Health Schools Programme The Safe and Well at School Survey shows clearly that pupils who are Young Carers are significantly more likely to be experiencing mental health problems, more likely to struggle with drug and alcohol use, experience self-harm and suicide ideation and struggle to feel they belong in school. Safe & Well at School Survey 2023 by Brighton and Hove City Council - Infogram
Looked after children, Care Leavers, Care and fostering experienced	Yes	Data Insights

people considering for age, language, and various intersections		Brighton & Hove at March 2024 had 310 Children in Care and 36 Unaccompanied Asylum Seeking Children. Children in care and those who are care experienced are vulnerable to experiencing a range of inequalities in health, education and wider life chances compared to those who have never been in care. Care experienced children and young people have consistently been found to have much higher rates of mental health difficulties than the general population, including a significant proportion who have more than one condition. They are approximately four times more likely to have a mental disorder than children living in their birth families. Almost half (rising to three quarters in residential homes) meet the criteria for a psychiatric disorder compared to 10% of general population. What works in preventing and treating poor mental health in looked after children? 2014 What works in preventing and treating poor mental health in looked after children? (ox.ac.uk) Children in care also face inequalities in educational outcomes and are more likely have a Special educational Need; Children in the key social care groups perform less well than their peers across all Key Stage 4 measures (with their overall average Attainment 8 score being broadly less than half of that of the overall pupil population). Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)
Domestic and/or sexual abuse and violence survivors	Yes	Data Insights There were 5,487 domestic violence incidents and crimes recorded in the city by the police in 2021/22, of which 3,299 were crimes. There were 463 crimes and incidents of stalking in Brighton & Hove recorded by the police in 2021/22 with 83% having female victims, and 9 police recorded crimes of honour-based violence in 2021/22 with all victims being female. It is widely accepted that VAWG is more prevalent than recorded crime figures suggest. Feedback from partners has highlighted that fear of not being believed is a key barrier to survivors reporting or help seeking. This is an issue for survivors of all genders and more so for those with intersecting protected characteristics.

		74% of domestic abuse offences in 2021/22 had a female victim and 88% of perpetrators between April 2020 and September 2021 were male. For every case discussed at MARAC in 2021/22 there were an average of 1.3 children in the household. The peak age of victims is 30 to 39 years. In the case of police recorded sexual offences in 2021/22, 84% of victims were female and 16% male. 96% of perpetrators were male. 43% of offences were committed by strangers, 37% were by an acquaintance and 15% were committed by an intimate. The peak age group for victims was between 10 and 19 years old. Problems are already evident in young people's relationships; the 2021 Safe and Well at School Survey found that 45% of 14 to 16 year olds who had ever had a boy/girlfriend had experienced a problem behaviour in their relationship, with those more likely to experience problems including LGBTQ+ and young carers. This survey also found that 19% of 14-16 year olds said they had experienced someone at school touching them sexually when they did not want it. This was more common in girls than boys and in LGBTQ+ pupils.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	Data Insights: • Brighton & Hove is the 131st most deprived local authority in England out of 317 (2019 Index of Multiple Deprivation). • Brighton & Hove has 7 neighbourhoods in the 1% most densely populated areas in England • The highest concentration of deprivation is in the Whitehawk, Moulsecoomb and Hollingdean areas. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England. • 1 in 4 children in the city are living in poverty after housing costs, compared to an average of 1 in 3 across England.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Yes – Contract 1 PHCN and Contract 3 Home Safety Service Data Insights: Brighton & Hove is very high housing costs and lower than average wages along with a higher than national percentage of residents living in private rented accommodation who are at

		greater risk of homelessness and poverty with less security. From 2011 to 2021, there has been reduction in homeownership in Brighton & Hove and an increase in private renters. Those on the lowest 25% of earnings need 12 times their earnings to afford the lowest 25% of house prices (2022). In May 2024 Shelter reports 154,800 children in England living in temporary accommodation a 15% increase on May 2023 Record number of 145,800 children's lives blighted by homelessness: housing must be a priority in the general election - Shelter England The Children's Society documents the impact on children and young people with disrupted education impacting on attendance and attainment and long term life chances, poverty and the impacts on the ability to eat healthily and to eat enough, the impact on mental health of the life course etc. The life-changing effects of homelessness on children | The Children's Society (childrenssociety.org.uk) No - The Community and Voluntary Sector contracts and the Public Health Schools programme do not deliver to these communities.
Human Rights	Yes	Yes – Contract 1 PHCN only • A right to education – the provision of school nursing service supports the health and wellbeing of children and young people which in turn supports school attendance and educational attainment • Right to privacy – children have the right to privacy in health matters and confidentiality must be maintained, with exceptions for safeguarding concerns. The School Nurse service offers children and young people a trusted and confidential route to raise their health needs and get support with the implementation of Gillick competency judgements where relevant. School Nurses will also support dialogue around health issues raised by children and young people with parents and carers ensuring children and young people understand their rights whilst maintaining a safeguarding focus. • Respect for cultural practices – the services support all families (right to freedom of thought, conscience, and religion).

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Not known however likely that there are other council savings proposals that may affect the same populations or the same providers, in particular disabled people.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

Contract 1 Public Health Community Nursing – please see the EIA for this service embedded in section 2 above. Contracts 2,3,4 and PH Schools Programme There are no other resources or services to replace the proposed reduction in the service offers. These services are already configured in a way that aims to reduce health inequalities and provide accessible and appropriate services with a focus on those babies children young people and families that are most at risk of experiencing poorer health outcomes. The reduction in contract and programme value will mean less activity and capacity and that will be managed through quarterly contract reviews with a reducing health inequalities focus.
SMART action 1: Contract 1 PHCN – this is a 5 year contract – mitigations in years 1-2 can be taken in terms of avoiding redundancies through efficiencies and vacancy controls. From year 3 onwards and depending upon the degree to which NHS will support the annual cost of salary increases – redundancies of clinical staff may be needed. Any future reduction in establishment workforce will ultimately impact upon the degree to which a service to families can be provided beyond the mandated elements. For specific mitigations in relation to populations with protected characteristics please see the actions in the EIA embedded in section 2 above. SMART action 2: Consult with providers of contracts 2,3 and 4 to identify any ways to mitigate the impacts of reduced delivery on children young people and parents who experience the greatest health inequalities.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	Contract 1 PHCN - 2 Contract 2 Truth to Power – 4 Contract 3,4 and PH Schools Programme - 3

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Community weight management programme for children and adults - Thrive Tribe Service name: Gloji Brighton and Hove
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children and Wellbeing directorate - Public Health team
Budget proposal no.	*12*

Briefly describe the budget saving proposal:

The proposal is for a 10% reduction to the value of this contract which equates to £40,000 from the overall annual budget of £400,000. Contract in place 2024-2027 plus optional extension until 2029.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This would lead to reduced capacity within a service focussed towards addressing existing inequalities.

GROUPS

For 10-11 year olds:

- 53% of those living in the most deprived 10% of areas in the city are a healthy weight compared to 78% of those living in the least deprived 10% of areas
- This latest data shows that the relationship with deprivation and unhealthy weight is particularly strong for Brighton and Hove
- The lowest levels of healthy weight are in Moulsecoomb and Bevendean, Whitehawk and in Hollingdean and Coldean
- Those from Asian or Asian British, Black, or Black British, Mixed, or other ethnicity than White are significantly less likely to be a healthy weight
- Boys are less likely to be a healthy weight than girls (68% boys, 73% girls

Adults

- In 2012, the percentage of adults eating five or more fruits or vegetables per day was 46% for residents in the most deprived 20% of areas (based on England quintile), and this fell to 42% in 2024. Whereas in the least deprived 20% of areas, it increased from 54% to 56%, so we have seen a widening of inequality.
- In 2012 the rate of healthy weight was 45% for residents in the most deprived 20% of areas (based on England quintile) and fell to 34% in 2024. Whereas in the least deprived 20% of areas, it fell from 51% to 38%. There is now less difference between the most and least deprived areas, but inequality persists.
- Groups who are less likely to be a healthy weight in 2024, compared to all respondents (37%) include:

- Older adults (aged 45-84 years) – 33% for 45-54 year olds falling to 29% for 75-84 year olds
- Black, Black British, Caribbean or African residents (17%)
- Males (33%)
- Adults with a disability (31%)
- Unpaid carers (31%)
- Adults with developmental conditions (24%), sensory impairments (25%), a physical or visible difference with a disabling or discriminatory impact (24% and 25% respectively), Autism (29%), physical health conditions (29%), mental health conditions (33%) and learning disability (35%).

IMPACTS

People on lower incomes are more likely to experience food insecurity and have less disposable income for food, presenting a barrier to eating a healthy diet. Additionally, deprivation can impact on mental wellbeing and increase stress levels, which in turn, can influence the ability to choose or prepare healthy food.

Being an unhealthy weight increases the risk of developing heart disease, type 2 diabetes, a number of cancers, musculoskeletal problems. This burden of preventable ill health falls disproportionately on the more deprived population groups in Brighton and Hove, alongside those identified within the priority groups listed below.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, the providers have been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

The full Community Weight Management service EIA undertaken as part of the procurement process in 2023. Available here

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Not applicable

Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Yes
Another relevant group (please specify here and add additional rows as needed) • Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities • Ex-offenders and people with unrelated convictions • Lone parents • People experiencing homelessness • People facing literacy and numeracy barriers • People on a low income and people living in the most deprived areas • People who have experienced female genital mutilation (FGM) • People who have experienced human trafficking or modern slavery • People with experience of or living with addiction and/ or a substance use disorder (SUD) • Sex workers	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery

- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Existing contract monitoring involves quarterly contract review meetings where activity is measured against the key performance indicators in the service specification. The impact of this proposal will include a future review of equalities impact through contract management and monitoring processes.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

- NCMP - National Child Measurement Programme, England, 2023/24 School Year - NHS England Digital
- Office for Health Improvement and Disparities Public Health Profiles - Fingertips | Department of Health and Social Care
- Health Survey for England - Health Survey for England: Weight (hscic.gov.uk)
- Brighton & Hove City Council and University of Sussex. Safe and Well at School Survey, 2023 Safe and well at school (brighton-hove.gov.uk)

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**

Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	Reducing the value of a community weight management programme will disproportionately affect both adults and children, but children may face long-term consequences in terms of health and self-image. Programmes that support individuals across the life course are key to tackling obesity and promoting sustainable health changes.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	The current provider has recently launched a Learning Disability pathway as part of their offer. Many adults with disabilities face unique challenges related to weight management, such as limited mobility, higher rates of sedentary behaviour, and potential difficulties accessing tailored health resources. Tailored programmes are vital to ensuring people with disabilities have equal opportunities to manage their weight and improve overall health.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	ADULTS: Individuals from Black, racially minoritised, Gypsy, Roma and Travellers backgrounds often experience higher rates of obesity and related health issues, such as diabetes and hypertension, due to a mix of factors including socio-economic disparities, cultural influences, and limited access to healthcare. Reducing the value of a community weight management programme could deepen these disparities by limiting access to culturally relevant support and resources. These communities may also face additional barriers like food insecurity or lack of safe spaces for physical activity, so the reduction of programmes could exacerbate existing health inequalities, making it harder for individuals to manage their weight and prevent chronic conditions. CHILDREN: Children in racially minoritised groups are at a higher risk of being impacted by issues such as food deserts or cultural stigma around weight, and reduced access to weight management programmes could make it harder for them to address these factors. This might lead to a cycle of poor health outcomes and limited opportunities for social and emotional development.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	Religion, spirituality, faith, atheism, and philosophical beliefs can all shape a person's motivation, approach, and emotional response to weight management. The loss of structured programs might lead to some turning to other avenues for support—whether that's religious practices, personal faith, philosophical reflection, or evidence-based approaches—while others

		may struggle to find guidance or motivation without the external structure of a formal programmes.
Gender and Sex including non-binary and intersex people	Yes	For cisgender men and women, reducing the value of community weight management programmes could limit access to gender-specific health guidance. For example, women may need more support related to hormonal changes (such as during pregnancy or menopause), while men might require resources tailored to address specific metabolic needs. For non-binary and intersex individuals, reducing access to inclusive weight management programmes can disproportionately affect them. These individuals often face healthcare disparities and may struggle with finding health services that are respectful of their gender identity.
Gender Reassignment	Yes	The reduction is tricky to quantify for this group but it's reasonable to estimate that the reductions may limit the ability to address unique health concerns, exacerbate mental health struggles, and hinder the development of a positive relationship with their bodies and overall well-being. Inclusive, knowledgeable support is crucial for ensuring these individuals have the tools they need for effective and respectful weight management. Individuals who have undergone gender reassignment may experience changes in metabolism, body composition, and fat distribution as a result of HRT, which can affect their weight management needs. A reduction in programme resources could limit access to healthcare providers knowledgeable about these specific needs, such as how HRT affects weight or how to tailor physical activity and nutrition. Additionally, the lack of inclusive services can contribute to feelings of alienation and may discourage participation in health programmes, further exacerbating mental health concerns like body dysphoria.
Sexual Orientation	Yes	25,247 people (10.6%) identified with an LGB+ orientation (Gay or Lesbian, Bisexual or Other sexual orientation). For adults from various sexual orientations (e.g., lesbian, gay, bisexual, queer, asexual), reducing the value of weight management programmes can have significant emotional and physical health implications. LGBTQ+ adults may already face increased health risks such as higher rates of mental health issues, body image concerns,

		and discrimination, all of which can be compounded by inadequate access to weight management support. A reduction in such programmes could limit access to inclusive spaces that offer both physical health guidance and mental health support in a non-judgmental, affirming environment. Additionally, these individuals may be less likely to seek health services that don't feel welcoming or culturally competent, potentially leading to a lack of proper weight management advice or support.
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	The current provider has recently launched a Maternity pathway as part of their offer. Reducing the value of this pathway could disproportionately affect people navigating pregnancy, maternity, paternity, adoption, menopause, and infertility. These individuals, especially those from the non-binary gender spectrum, may face additional health challenges that require tailored, inclusive support. The lack of such programmes could worsen physical health outcomes, mental health struggles, and hinder the ability to manage weight in these critical life stages.
Armed Forces Personnel, their families, and Veterans	Yes	This is difficult to quantify but as the weight management offer is open to all it is reasonable to assume that some individuals from armed forces personnel, their families, and veterans will access the sessions. Reducing the value of community weight management programmes could have a profound impact on both physical and mental health outcomes. For service members, families, and veterans who often face unique challenges related to stress, trauma, and lifestyle adjustments, these programmes are essential for maintaining overall health, managing weight, and supporting a successful transition to civilian life. The loss of such programmes could exacerbate existing health disparities and hinder efforts to promote long-term well-being.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	Reducing the value of community weight management programmes would disproportionately affect expatriates, migrants, asylum seekers, and refugees, who already face numerous challenges related to age, language, and intersecting factors like socio-economic status and cultural differences. These populations often lack the resources and support systems to

		manage weight and overall health, and the loss of accessible, culturally competent programmes could exacerbate existing health disparities, particularly for children and vulnerable adults.
Carers considering for age, language, and various intersections	Yes	Carers, particularly those who look after family members with chronic illnesses, disabilities, or age-related conditions, often face physical and emotional stress. They may have limited time and resources for self-care, including maintaining a healthy weight. Reducing access to community weight management programmes could make it harder for carers to access tailored support for managing their own health, potentially leading to weight gain, stress-related eating, and burnout. Carers might also experience social isolation, and weight management programmes could serve as an important opportunity for connection and support. Without these programmes, carers may struggle to find the balance between caring for others and looking after their own health.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	Reducing the value of community weight management programmes would have a significant negative impact on looked-after children, care leavers, and individuals with care and fostering experiences. These populations often face disruptions in their living situations, emotional and mental health challenges, and barriers to accessing healthcare. Reducing support could exacerbate existing health disparities and hinder their ability to develop healthy habits, leading to long-term physical and mental health issues. Providing tailored, inclusive, and accessible weight management programmes is essential to ensure these individuals have the resources to thrive and build a healthy future.
Domestic and/or sexual abuse and violence survivors	Yes	Reducing the value of weight management programmes could disproportionately affect survivors of abuse and violence, as they are often coping with trauma, mental health challenges, and barriers to accessing healthcare. Weight management programmes can serve as a tool for survivors to regain control over their health, rebuild confidence, and establish routines that support their physical and emotional well-being. Without access to these programmes, survivors may face worsened health outcomes, a lack of mental health support, and difficulty overcoming the lasting impacts of abuse. Tailored, trauma-informed weight management services are critical to help these individuals recover and improve their overall quality of life.
Socio-economic disadvantage	Yes	Reducing the value of community weight management programmes would

considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections		disproportionately impact individuals from socio-economically disadvantaged backgrounds, especially those who also face additional challenges related to disability, ethnicity, age, or expatriate status. These groups already experience barriers to accessing healthy food, healthcare, and physical activity resources, and the loss of supportive, culturally competent programmes could exacerbate existing health inequalities, making it harder for them to manage their weight and improve overall well-being. Inclusive, tailored weight management support is essential to address these disparities and promote better health outcomes.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Reducing the value of community weight management programmes would disproportionately affect homeless individuals and rough sleepers, especially those who also face challenges related to age, veteran status, ethnicity, language, and various intersecting factors. These individuals already face extreme barriers to accessing healthy food, shelter, and healthcare, and the loss of inclusive, culturally competent weight management services would exacerbate health disparities, making it even harder for them to manage their physical and mental health. Tailored, accessible support is crucial to improving health outcomes for these vulnerable populations.
Human Rights	Yes	Reducing the value of community weight management programmes could infringe upon several key human rights, including the right to health, non-discrimination, an adequate standard of living, education, and social inclusion. Such reductions could disproportionately impact vulnerable and marginalised populations, exacerbating existing inequalities and denying individuals the resources they need to maintain their health and well-being. Access to inclusive, equitable weight management programs is crucial for upholding human rights and promoting a healthier, more just society.
Another relevant group (please specify here and add additional rows as needed) • Ex-offenders and people with unrelated convictions • Lone parents	Yes	The non-judgemental, compassionate approach of the weight management team supports individuals who may often feel marginalised and misunderstood by health services. Gloji provides much needed support for individuals to engage with services.

• People experiencing homelessness • People facing literacy and numeracy barriers • People on a low income and people living in the most deprived areas • People who have experienced female genital mutilation (FGM) • People who have experienced human trafficking or modern slavery • People with experience of or living with addiction and/ or a substance use disorder (SUD) • Sex workers		

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Disproportionate Impact on Vulnerable Groups: The reduction could disproportionately affect vulnerable populations, such as low-income individuals or those with limited access to health care.
Strain on Other Health Services: If fewer individuals are supported in managing their weight early, the burden on other healthcare services (e.g., GP appointments, hospital admissions, and treatment for weight-related conditions) could increase in the long term.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: The provider is 1 year into their contract and have completed mobilisation of 8 separate pathways designed to deliver an effective weight management service to the resident of Brighton and Hove. Without their input, it is difficult to suggest what possible actions can be taken in lieu of reduced services.
SMART action 1: Work with the provider over the next 6 months to understand how best to make savings to the existing offer.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Active for Life programmes initiatives budget
Name and title of officer responsible for this EIA:	Healthy Lifestyles Team
Directorate and Service Name:	Brighton & Hove Public Health
Budget proposal no.	*13*

Briefly describe the budget saving proposal:

It is proposed that a budget saving proposal of £9k will be made to Active for Life initiatives budget, which comprises the whole initiatives budget.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

A 9K reduction in the initiatives budget will see a reduction in the number of extra or targeted work that specifically target physical activity, address inactivity and inequalities across Brighton & Hove. 'Active for Life' initiatives support delivery of programmes and events within the Healthy Lifestyles team intended to support the overall delivery of 'Let's Get Moving' the city's 10-year physical activity and sport strategy. This budget currently funds projects such as 'Let's Get Moving'- a free physical activity offer for residents across the life-course. Sessions coordinated in partnership with a variety of organisations, include activity sessions for children and young people and older adults across the city; responding to the city's 'Let's Get Moving' strategy by providing free/ low-cost inclusive opportunities for people to 'move more' in Brighton & Hove. A reduction of budget within the Active for Life Programme will reduce the ability to support and develop targeted initiatives to reduce barriers to participation in physical activity that are

reported by communities in the city. A reduction in budgets for initiatives will mean that future initiatives to address local need will become more reliant on income generation, the ability to leverage external resources and funding.
This presents a risk of widening health inequalities for groups who are more likely to be inactive due to barriers that currently prevent them from moving more in the city – the impact of this is most likely to effect:

- people on low incomes who may struggle to access other paid for activities
- people who experience discrimination based on their gender identity, ethnic background or sexual orientation who can feel less safe accessing opportunities
- people who may require adapted forms of opportunities such low intensity exercise due to a limiting disability/long term health conditions or culturally sensitive opportunities.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or public engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, the budget is for a discretionary, non-mandated area of service.

What other budget or service EIAs can assist/have been used to inform this assessment?

To inform our data we have utilised insight taken from 289 participants responding as part of 'Evaluation Fortnight' (Feb 2024).

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes – ongoing
Disability and inclusive adjustments, coverage under equality act and not	Yes - ongoing
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes (part of Evaluation Fortnight)
Religion, Belief, Spirituality, Faith, or Atheism	Yes (part of Evaluation Fortnight)
Gender Identity and Sex (including non-binary and Intersex people)	Yes (part of Evaluation Fortnight)
Gender Reassignment	Yes (part of Evaluation Fortnight)
Sexual Orientation	Yes (part of Evaluation Fortnight)
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes (part of Evaluation Fortnight)
Armed Forces Personnel, their families, and Veterans	Yes (part of Evaluation Fortnight)
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	Yes (part of Evaluation Fortnight)

Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	Yes (Indices Multiple Deprivation) - ongoing
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	No

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Development and review of equalities monitoring within the programme, supported by a phased engagement plan to increase insight and collaborative working with representative groups through Let’s Get Moving Alliances.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

National data for physical activity is provided by Active Lives | Sport England and currently Brighton & Hove have the 2nd highest levels of physical activity in England and the highest % of inactivity. If there is a decrease in the number of initiatives supported by Brighton & Hove Public Health team, there may be a decrease in participation/ activity levels which might be captured via Active Lives.

At a local level, specific programmes or initiatives will be reshaped or cease. Corporate indicators such as ‘the proportion of physically active adults’ will continue to be reported upon and will monitor the impact of this proposal in addition to Healthy Lifestyles reporting that will be submitted via Families, Children & Wellbeing.

Local mechanisms for monitoring and reviewing the impact of this proposal will include:

- Ongoing programme impact monitoring access, engagement and outcomes by groups experiencing greater inactivity within the physical activity programme, including service user feedback processes.
- Review of relative city performance and changes on inequalities identified within local population physical activity data (e.g. Active Lives, Safe and Well at School).

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	The Active for Life Programme delivers physical activity initiatives across all age groups: The programme includes dedicated activity programmes for adult/older people and children and young people. Opportunities provides for residents within the programme are open to all but are targeted through marketing, location and design towards population age groups that are identified with higher rates of inactivity: - Older Adults - Children and Young People Around half (47.1%) of people supported through existing Active for Life Programme are aged 55+. 35% of programme participants are aged under 18. A reduction in budget to support initiatives targeting these age groups may widen existing inequalities, particularly amongst if there is

		intersectionality for groups experience greater barriers to inactivity[1].
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Evaluation Fortnight (adults and children & young people) equalities monitoring showed day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months: 29% a little; 8.7% a lot; 62.2% not at all The Active Lives Survey (Sport England)[2] identifies that people living with a disability or long-term health condition experience greater barriers to being physically active, and more likely to be identified as "inactive" compared to those without a disability. This inequality widens if someone has more than one type of disability or long-term health condition. Examples of existing provision include working with Freedom Leisure to support Boccia and In-Shape sessions. A reduction in budgets supporting the programme may result in a reduction in the opportunities available for people with disabilities to be active in the city and limit the ability to develop local initiatives to remove further barriers for people in the city.

[1] Physical activity JSNA tableau April 2022.pdf
[2] Active Lives | Sport England

Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	This data is not routinely collected but according to Evaluation Fortnight amongst people accessing the Active for Life Programme 75.4% white British; 19.7% other (no significant group) There is limited data that identifies local inequalities in physical activity by ethnicity in adults, but national data identifies long term inequalities with fewer people from Black and Asian backgrounds are identified as physically active compared to the average for England. Inequalities in physical activity widen with the intersectionality with other characteristics (female, disabled, lower socioeconomic status, Muslim or Hindu faiths). Inequalities between participation rates are identified amongst secondary aged children in the Safe and Well at School Survey 2021 referenced within Brighton & Hove's physical activity JSNA. Asian or Asian British pupils were statistically significantly less likely (16%) to meet recommended guidelines for physical activity compared to White British pupils (22%). Community feedback has identified a demand for increased access to culturally sensitive opportunities, and reduced budgets will limit ability to develop initiatives that address barriers in local provision and may lead to persistent or widening inequalities.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	This data is not routinely collected. Evaluation Fortnight (adults and CYP) equalities monitoring showed the following from participants attending: 51% Christian; 29% no particular religion; 5% atheist; 9% other See also notes in Ethnicity on inequalities that intersect with faith and on this basis disproportionate impact may be experienced by these groups.
Gender and Sex including non-binary and intersex people	Yes	This data is not routinely collected. In 2021 Census data estimates there to be 141,000 female (51%) and 135,400 male (49%) residents in the city. Data indicates that females are less likely to be physically active than males. This inequality in participation is observed from secondary school age (12+) into adulthood. Safe and Well at School Survey Data 2021 is provided within the JSNA and indicates: o Females (16%), in secondary school age groups were significantly less likely to meet physical activity recommendation compared to males (28%)

		Sport England Active Lives survey data (2021-22) identifies inequalities for children and young people (under 16), with fewer (35.7%) girls identified as meeting the recommended levels compared to males (55.6%).6 According to the Evaluation Fortnight there were twice as many women attending Active for Life programmes and equalities monitoring showed that: 92.8% identified with their gender at birth; 5.1% did not; 2.2% preferred not to say
Gender Reassignment	Yes	This data is not routinely collected. Despite limited data being available, inequalities are identified in some national studies between trans- and cis-gender populations. There is evidence that Trans people are less likely to be enabled to participate in sport and physical activity and should be prioritised in work to promote equity in physical activity participation. A reduction in budget to support initiatives may widen existing inequalities, and these may be exacerbated if there is intersectionality with other characteristics experiencing greater barriers to inactivity.
Sexual Orientation	Yes	This data is not routinely collected. Evaluation Fortnight (adults & CYP equalities monitoring) describes sexual orientation as 81.5% heterosexual, 6.7 % bisexual, 2.2% other (9.6% prefer not to say). Community feedback as part of the Let's Talk Active for Life consultation (2022) identified that some people from LGBTQIA+ community felt less safe accessing community sport and physical activity opportunities due to discrimination, and that there were fewer opportunities in the city that were offered specifically for younger people identifying as LGBTQIA+. Reduced budgets will limit ability to develop initiatives that address barriers in local provision, and may lead to persistent or widening inequalities.
Marriage and Civil Partnership	No	This data is not routinely collected.
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	This data is not routinely collected. The Active for Life team coordinate specific programmes for pre and post-natal women and menopause. There may be some impact on programmes supported going forward.

Armed Forces Personnel, their families, and Veterans	No	This data is not routinely collected. Evaluation Fortnight (adults and CYP) equality monitoring showed a small sample of people either in 0% or previously in).9% or family in the armed forces.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	This data is not routinely collected however it is recognised that there may be links between these characteristics and ethnicity, and subsequently an impact on physical activity opportunities within the city and the risk of disproportionate impacts with the intersection of other characteristics e.g. low-income, English as a second language (ESOL) etc
Carers considering for age, language, and various intersections	Yes	This data is not routinely collected. Based on service data, 12% of people attending Active for Life sessions identify as being Carers. The Active for Life programme provides opportunities for targeted programmes to be hosted in collaboration with partners (e.g. Young Carers) and opportunities to support targeted interventions going forward in alignment with budget constraints may be negatively impacted.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	This data is not routinely collected however a reduction in the provision of free physical activity sessions may impact this group.
Domestic and/or sexual abuse and violence survivors	No	This data is not routinely collected.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	Brighton & Hove ranks 131st most deprived local authority in England (of 317) according to the 2019 Index of Multiple Deprivation (IMD). Around 50,000 residents live in areas identified within the 20% most deprived areas in England. Based on service data one in three participants attending Active for Life reside in Quintiles 1 & 2 within the City (i.e. IMD). Budget reductions will limit the ability to support and develop access to low-cost opportunities that support active living, the impact of which would likely be disproportionately experienced by people on low incomes who may not be able to access other local activities due to cost barriers. These may also be of greatest impact where low income intersects with other characteristics experiencing inequalities and barriers to participation in physical (e.g. older adults, gender, ethnicity, disability, Carers).

Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	This data is not routinely collected.
Human Rights	No	This data is not routinely collected.
Another relevant group (please specify here and add additional rows as needed)	N/A	N/A

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Brighton & Hove Public Health There are other savings proposals that will impact Brighton & Hove Public Health including a staff re-organisation which may impact the mitigation of these budget proposals. The flexibility to reshape existing budgets in alignment with the 'Let's Get Moving' strategy and objectives will ensure that resources, be them limited, are attributed to areas that need it most.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: To review this EIA in accordance with remaining budget lines supporting 'Let's Get Moving' by June 2025 and to reshape these to maximise outcomes with a clear focus on addressing inequalities and inactivity; ensuring that programmes supported respond to Let's Talk Active for Life and strategic objectives.
SMART action 2: An ongoing exploration of external funding sources, income generation and partnership working to support programmes at-risk and minimise impact.
SMART action 3: To continue targeted engagement with less active groups in the City to ensure that remaining provision meets local needs.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	1

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Mental Health Support Service for adults in Brighton & Hove
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families Children and Wellbeing Brighton and Hove Public Health team,
Budget proposal no.	*14*

Briefly describe the budget saving proposal:

Mental Health Support Service for adults in Brighton & Hove, jointly funded by NHS Sussex ICB and BHCC Public Health. The new service will begin on 1 October 2025 for 5 years (plus an optional 2 year extension). The total contract value will be £1,925,786 per year, including £270,000 recurring contribution from Public Health.
The proposed budget saving proposal is a reduction of £20,000 per year from Public Health (i.e. Public Health to contribute £250,000 per year).

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The is the only Public Health funded preventative service supporting adults with mental health and wellbeing needs in Brighton & Hove. The service is currently out for a competitive tender process, which will close on 31 January 2025, and the new service will be in place for 5 years (+2 year extension).
The new service aims to improve the mental health and wellbeing of the adult population in Brighton and Hove. The Public Health funded elements in the contract include delivering community engagement & development; delivering mental health awareness and suicide prevention campaigns and delivering suicide awareness and prevention training.
The impacts of the budget saving proposal will likely be greater in communities where high need in relation to mental health has been identified in Brighton & Hove, including those aged 18 to 25 years old, adults with care experience, carers, adults who use drugs and/or alcohol, adults who are or at risk of being homeless, Black and Racially Minoritised communities (including Gypsy, Roma and Traveller communities), refugees and asylum seekers, LGBTQ+ adults and neurodivergent adults. Many adults in Brighton & Hove may belong to more than one of these communities and therefore the impact may be exacerbated.
The exact implications will be identified in discussion with the new service provider and will establish how the impacts can be minimised.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, our NHS partner has been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

The Mental Health Support Service EIA undertaken as part of the procurement process in 2024 is available here:

EHIA MHSS - approved.pdf

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Not applicable
Another relevant group • People being housebound due to disabilities or disabling circumstances • Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory	Yes

requirements, neurodivergence, various complex disabilities • Ex-offenders and people with unrelated convictions • People experiencing homelessness • People on a low income and people living in the most deprived areas • People with experience of or living with addiction and/ or a substance use disorder (SUD)	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Not applicable

What are the arrangements for monitoring, and reviewing the impact of this proposal?

If the Public Health contribution to the service is reduced, the impact will be monitored through contract mobilisation, contract review meetings, annual reports, and service user feedback.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

National	PHE Fingertips Indicators on mental health, self-harm and suicide rates
Local	Mental health and wellbeing in Brighton & Hove JSNA report and summary Census 2021 intelligence
Service Specific	Quarterly reports shared by the current provider

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data

- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	The mental health and wellbeing JSNA found that compared to England, Brighton & Hove has: • A higher prevalence of common mental disorders in adults and older adults, such as anxiety or depression and severe mental illness, such as schizophrenia • A greater proportion of adults dying by suicide, particularly women • A lower proportion of adults who feel that the things they do in life are worthwhile • Significantly higher rates of adults who have experienced care • A higher proportion of adult social care users reporting depression and anxiety • A greater number of Employment Support Allowance claimants for mental health conditions • Higher mental health needs in particular communities such as adults with poor physical health, adults in deprived areas, adults with multiple complex needs, asylum seekers and refugees, women and LGBTQ+ people. The mental health support service (MHSS) is only open to adults. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate targeted mental health campaigns, community engagement and training that will support adult residents with mental health needs in the city.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of	Yes	According to 2021 census, 19% of Brighton & Hove residents are disabled, compared to 17% nationally.

hearing, blind, neurodiverse people, people with non-visible disabilities.		People living with physical and/or learning disabilities have a higher prevalence of mental health conditions compared to the general population. Neurodiverse people are a priority group in the national suicide prevention strategy and local action plan due to a greater risk of dying by suicide compared to the general population. People with physical disabilities, learning disabilities and/or neurodivergence experience multiple risk factors for mental health, including facing stigma; feelings of not belonging; abuse; financial stress; or lack of access to appropriate support and health care. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate targeted mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	People from Black and Racially Minoritised groups in the UK are more likely to experience poor mental health and experience barriers to accessing mental health care. National evidence suggests that Gypsy, Roma and Traveller people are 6 times more likely to die by suicide than the general population The national suicide prevention strategy calls for greater understanding and evidence in relation to black and racially minoritised groups, including people who are Gypsy, Roma or Travellers Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate targeted mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	The Census 2021 reported that 55% of the population in Brighton and Hove reported "No religion", which was the highest percentage of people in England. Some national research suggests religious affiliation can be a protective factor against suicide, however, this may depend on the cultural implications of choosing to affiliate with a particular religion and its beliefs and practices. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate targeted mental health campaigns, community

		engagement and training that will support this cohort of adults in the city.
Gender and Sex including non-binary and intersex people	Yes	Brighton & Hove has a relatively even gender distribution of males and females across all ages up until the age of 75 years. Beyond the age of 75 years, the proportion of female residents increases. In Brighton & Hove, 69% of deaths by suicide were male, compared to 75% in England and showing a downward trend, although this has varied over time. For females, there has been increasing trend since 2013, which is now the highest in the South East and England. Research shows that employment, financial stress and loneliness and social isolation are a key risk factor for men's mental health. Young women in Brighton & Hove have higher rates of self-harm, anxiety, depression, eating disorders and PTSD compared to England. A review of several national studies found almost 50% of transgender people, including non-binary and intersex people reported suicidal thoughts in the last year. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Gender Reassignment	Yes	According to the 2021 Census, 1% of residents identified as a gender different from their sex assigned at birth, double that of the South East and England. Accessing gender affirming care can be an important part of transitioning which can positively impact on mental health outcomes for transgender people. However, the waiting times to access gender dysphoria clinics can cause severe distress and anxiety. A review of several national studies found almost 50% of transgender people reported suicidal thoughts in the last year. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Sexual Orientation	Yes	25,247 people (10%) of Brighton & Hove residents identified as Lesbian, Gay, Bisexual or other sexual orientation in the 2021 Census. A review of national studies found increased suicide risk in LGB+ adults with 20% reporting

		attempting suicide in their lifetimes. Almost a third (31%) of LGB+ cisgender people reported suicidal thoughts in the last year. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Marriage and Civil Partnership	No	National research suggests a lower risk of mental health and suicidality for people in a marriage or civil partnership compared with people who are single, separated or widowed.
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	The perinatal period can greatly impact on poor mental health and can cause long lasting effects on pregnant people and their families. Suicide is the leading cause of pregnancy-related death in the year after pregnancy in England. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Armed Forces Personnel, their families, and Veterans	Yes	The most common mental health problems among personnel and veterans are depression, anxiety PTSD and using alcohol and/or drugs as a result of working in stressful and traumatic situations. There can be major difficulties in transitioning back into civilian life, such as relationship or family problems, homelessness and social isolation. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	ONS figures (2020) estimates that 55,000 Brighton & Hove residents (19%) were born outside of the UK. People who have recently arrived from abroad to live in an area may face barriers to accessing mental health services due to lack of awareness. Refugees and asylum seekers have a higher prevalence of mental health conditions such as depression, anxiety and PTSD and may face barriers to accessing trauma-informed support if they do not speak English as a first language.

		Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate targeted mental health campaigns aimed at reaching this cohort of adults in the city.
Carers considering for age, language, and various intersections	Yes	The mental health of carers is often neglected, particularly for carers looking after a family member with a mental health problem or parent carers of children and young people with special educational needs and disabilities. Nearly one in ten of the city's residents provide unpaid care to a family member, friend or neighbour with a disability or health problems related to old age. This is slightly lower than the South East and England average. The mental health problems of carers include emotional stress and depression. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	Brighton & Hove has a higher rate of care experienced people compared to South East and England. National research found people with care experience were 4-5 times more likely to attempt suicide than the general population. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Domestic and/or sexual abuse and violence survivors	Yes	Survivors of domestic abuse face an increased risk of mental health problems, and people with mental health conditions are also more vulnerable to domestic abuse. The rate of domestic abuse-related incidents across Sussex is lower than England, which may be impacted by differences in reporting to the Police. National research shows that the people experiencing domestic violence are more likely to die by suspected suicide than homicide. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.

Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	The 2019 Index of Multiple Deprivation reported 17% of Brighton & Hove residents live in the 20% most deprived areas in England. People in deprived areas are more likely to need mental healthcare but less likely to access support and to recover following treatment. In addition, people with mental health problems can face barriers in gaining employment, which can adversely affect income causing increased financial stress. Half of adults with unmanageable debt have a common mental health condition, such as anxiety or depression. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Brighton & Hove has the second highest rate of statutory homelessness (households in temporary accommodation) of all local authorities in England outside of London. Compared with the general population, homeless people are more likely to have depression, anxiety, psychosis or die by suicide. They also face significant barriers in accessing health services, including mental health care. Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and mental health campaigns, community engagement and training that will support this cohort of adults in the city.
Human Rights	Yes	Improving access to mental health support is intrinsically linked to human rights. The Human Rights Act 1998 means staff and service providers must treat service users with dignity, fairness and respect and not discriminate against them. MHSS supports people who may have been affected in terms of their human rights such as people who have historically been detained under the Mental Health Act.
Ex-offenders and people with unrelated convictions	Yes	People in contact with the criminal justice system or ex-offenders have substantially more risk factors for mental health and suicide, including increased prevalence of mental health conditions, greater socio-economic deprivation and drug & alcohol treatment needs.

		Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and evaluate mental health campaigns, community engagement and training that will support this cohort of adults in the city.
People with experience of or living with addiction and/ or a substance use disorder (SUD)	Yes	People can use drugs or alcohol to try and cope with the symptoms of their mental health and develop a dependence. Research shows that mental health problems are experienced by the majority of drug and alcohol users in community substance use treatment services. There are higher rates of people affected by drug and/or alcohol use in Brighton & Hove compared to England, and Brighton & Hove has the 9th highest rate of drug-related deaths in England (2018-2020). Reducing the MHSS budget for public health programmes will impact on the service capacity to plan, deliver and mental health campaigns, community engagement and training that will support this cohort of adults in the city.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The MHSS will work closely with healthcare services and wider support services in the city to improve mental health outcomes for adults. These include NHS Sussex ICB Primary Care and SPFT secondary mental health services, Ageing Well service, Healthy Lifestyles team, Healthy Weight services, Adult Social Care, Housing services, social prescribing, and voluntary and community sector organisations such as CGL.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: During the contract mobilisation period, Public Health commissioner will work with the new Provider to identify aspects of the public health service outcomes (campaigns, training and community engagement) which can be delivered differently to minimise impact.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Ageing Well contract
Name and title of officer responsible for this EIA:	Public Health core grant
Directorate and Service Name:	Families, Children and Wellbeing, Public Health
Budget proposal no.	*15*

Briefly describe the budget saving proposal:

Reduce the annual BHCC budget contribution for the new Ageing Well contract by 10% (£45,295.) - This budget saving is compounded by the ICB budget contribution, to this new contract, reducing by 50% (£100k)

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Ageing Well provides primary prevention services and activities to keep people well as they age. The population of our city is getting older and for many of our residents that will come with increasing health and care needs.
This budget reduction, coming on top of the ICB reduction, means there will inevitably be some reduction in general Ageing Well services and activities. This could result in an increase in demand for health and social care services, for example, increased use of emergency care, longer hospital stays and a greater burden on primary care services. Cutting these services could also increase loneliness and social isolation, increase the strain on care givers, and lead to a loss of independence.
Ageing Well activity targeted at those with the greatest risk of isolation and/or loneliness will not reduce, although it is still possible that a cut to general services could result in widening health inequalities.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, the provider has been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

Not known

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Not applicable
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Not applicable
Sexual Orientation	Yes
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes / No/ Not applicable
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)

- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

The new service starting 01/04/25 has new KPI requirements to improve service monitoring

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Contract reviews

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	Service delivery will reduce and less support will be available for the core target group; people aged 50 and over.
Disability includes physical and sensory disabled, D/deaf,	No	

deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.		
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	No	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	No	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for	No	

age, veteran, ethnicity, language, and various intersections		
Human Rights	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Older people in the city benefit from other complimentary services which have all either had contract values reduced or are facing a reduction. These include the Carers Hub, Healthy Lifestyles Team, Oral Health Promotion, the cancer awareness and early diagnosis service and UOK mental health support. The cumulative impact of these reductions will have a negative impact on whether people in our city are supported to age well.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: The commissioner will work with the provider to ensure the impact affects only a reduction in general support and does not affect targeted work to more vulnerable groups

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	**Fuel Poverty & Excess Winter Deaths – strategy and programme budget**

Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children & Wellbeing, Public Health
Budget proposal no.	*16*

Briefly describe the budget saving proposal:

Proposed reduction of Warm homes and fuel poverty programme budget by 60%, from £25,000 to £10,000.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Strategy and programme budget aims to reduce the significant health and wellbeing impacts of fuel poverty and cold homes on vulnerable and disadvantaged residents.
This programme of work is underpinned by:

- Public Health Outcomes Framework indicator **'E14 Winter Mortality Index'** (Healthcare and premature mortality)
- Public Health Outcomes Framework indicator **'B17 Fuel Poverty'** (Wider Determinants of Health)
- NG6 NICE guideline, 'Excess winter deaths and illness and the health risks associated with cold homes'
- Brighton & Hove Joint Health & Wellbeing Strategy 2019-2030
- Brighton & Hove City Council Plan to create 'A better Brighton & Hove for all - a city to be proud of, a healthy, fair and inclusive city where everyone thrives'

Groups at greatest risk of fuel poverty:

- single parent households
- households with an ethnically minoritised 'household reference person'
- households containing children and young people
- people who are unemployed or a full-time student

Groups at disproportionately increased health risk when living in a cold home:

- older people (aged 65 and over)
- people with cardiovascular or respiratory conditions
- people with mental health conditions
- people with learning and/or physical disabilities
- young children (particularly those aged under 5)
- pregnant people
- people on a low income.

People living in cold homes during the winter months are at increased risk of negative health outcomes, including winter deaths. It is estimated that 10 per cent of excess winter deaths (the number of deaths in the winter period compared with the average number of deaths in the non-winter period) are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes.
Exposure to cold temperatures increases blood pressure and risk of blood clotting, heart failure / attack and stroke. It also suppresses the immune system, diminishes the lungs' capacity to fight infection and increases the risk of bronchitis and pneumonia. When a house is damp as well as cold, mould is likely to occur. This increases the risk of respiratory illness, particularly asthma. Cold homes also negatively impact social isolation, mental health (particularly depression and anxiety), arthritis and unintentional accidents and injuries including falls and children's educational attainment. Negative epigenetic changes can also occur when children are exposed to consequences of cold, damp housing such as mould and disrupted sleep.

Reduction of this budget will reduce support to vulnerable and disadvantaged residents experiencing fuel poverty and cold homes, increasing the risk of associated illness and premature deaths. Initiatives funded typically include:

- Money advice and in-depth debt and benefit casework, resulting in significant, sustainable improvements to vulnerable residents' ability to meet essential living costs, including energy bills, food and housing costs.
- Small energy grants to support vulnerable residents in urgent need to heat their homes.
- Home energy checks providing in-depth advice and support to increase home energy efficiency, reduce energy bills and access grants to install insulation and associated support.
- Small energy saving items (e.g. draught proofing, radiator reflector panels) and larger items for emergency heat and / or energy efficiency (e.g. oil-filled radiators, heated blankets, thermal curtains).

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Transferable insights from the following consultation and engagement exercises:

- Consultation and engagement to inform the Fuel Poverty & Affordable Warmth (FPAW) Plan 2024 - with all members of the FPAW Steering Group and the Council's Net Zero and Policy teams (2024)
- Citywide Cost of Living Action Plan consultation (autumn 2023)

What other budget or service EIAs can assist/have been used to inform this assessment?

- Fuel Poverty & Affordable Warmth Strategy PH25
- In progress: Fuel Poverty & Affordable Warmth Strategy Refresh

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Not applicable
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Not applicable

Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Not applicable
People on a low income and people living in the most deprived areas	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Not applicable

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Continued collection and review of equalities and risk group monitoring data for people receiving support commissioned via this programme budget.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.

- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

The following sources have been used to inform the below analysis:

- Excess winter deaths and illness and the health risks associated with cold homes
- Annual Fuel Poverty Statistics in England, 2024
- Sustainable Warmth – Protecting Vulnerable Households in England
- Fuel poverty, cold homes and health inequalities in the UK
- The Health Impacts of Cold Homes and Fuel Poverty - IHE
- Adverse Weather and Health Plan - GOV.UK (www.gov.uk)
- Brighton & Hove JSNA: Excess Winter Deaths & Fuel Poverty

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	Older people (age 65+), babies and children under five are at increased risk of illness, death and wider impacts caused by living in a cold home. Excess winter deaths are highest among people aged 65+. Living in a cold home may negatively affect children's educational attainment. Negative epigenetic changes can also occur when children are exposed to consequences of cold, damp housing such as mould and disrupted sleep. Households containing children and young people have the highest likelihood of being in fuel poverty of all age groups.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Disabled people are at increased risk of illness, death and wider impacts caused by living in a cold home. People with chronic and severe illness are at increased risk of ill health due to cold weather. Disabled people are likely to have higher energy bills due to the need for a warmer home environment to maintain their health, to power essential equipment and to refrigerate medications. People who have a long-term illness or disability are more likely to be fuel poor than those who do not. Brighton & Hove Health Counts Survey respondents who had a limiting long-term illness or disability

		were significantly more likely to be unable to keep their home warm in winter.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	Households with an ethnically minoritised 'household reference person' (HRP) are more likely to be in fuel poverty. Households with a white HRP have a higher average fuel poverty gap (depth of fuel poverty). Gypsies and travellers living in caravans or trailers are at increased risk of living in a cold home environment due to poor insulation, not having access to mains gas and/or electricity and the high cost of gas bottles. Data collected by London Gypsy Traveller Unit showed a high incidence of health problems and that most households had difficulty keeping warm. Claiming government support for cold homes is often difficult or impossible without a permanent address.
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Gender and Sex including non-binary and intersex people	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Gender Reassignment	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Sexual Orientation	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Marriage and Civil Partnership	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	Pregnant people are at increased health risk when living in a cold home.
Armed Forces Personnel, their families, and Veterans	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.

Carers considering for age, language, and various intersections	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Domestic and/or sexual abuse and violence survivors	No	No specific data identified in timeframe available, though likely to intersect with other vulnerable groups.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections And **People on a low income and people living in the most deprived areas**	Yes	People who are socio-economically disadvantaged and living in deprived areas are at increased risk of fuel poverty and cold homes. The subsequent health and wellbeing impacts will increase the cumulative impact of wider determinants of health on this group.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	Not applicable
Human Rights	No	No specific data identified in timeframe available, though likely to intersect with other categories.
Lone parents	Yes	Single parent households are at increased risk of fuel poverty.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Worsen: Reduction of any budgets or resource which provides support and advice on energy, cost of living, money, debt, benefits, welfare, food, public warm spaces, or support to older people, families with young children, disabled people and other risk groups identified above.

Reduction to Public Health Aging Well programme budget and Ageing Well Service contract.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Health Promotion Specialist to continue working with the Fuel Poverty & Affordable Warmth Steering Group to coordinate support and resources in the city to maximise impact and target to the benefit of the most disadvantaged and vulnerable groups.
SMART action 2: Health Promotion Specialist to continue working with the Fuel Poverty & Affordable Warmth Steering Group to identify and bid for external sources of funding and support coordination of relevant funding streams across the city to maximise support for vulnerable residents experiencing fuel poverty & cold homes.
SMART action 3: Health Promotion Specialist to continue working closely with the council's Sustainability and Energy Manager (Housing), Revenues and Benefits Managers, Food Policy Coordinator and other pertinent council teams to coordinate support and resources for people most at risk, as part of the council's Poverty Reduction programme of work and making Brighton & Hove 'a city to be proud of, a healthy, fair and inclusive city where everyone thrives'.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	2

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Oral Health Promotion
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Public Health, Families, Children and wellbeing
Budget proposal no.	*17*

Briefly describe the budget saving proposal:

£9,000 from the overall annual budget of £96,380. Contract in place 2024-2027 plus extension until 2029. No uplift is factored into this contract and the budget has remained the same since the start of the previous contract i.e. over the last 3 years which has already represented a reduction.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The OHP team have an important public awareness role promoting oral health, access to dentistry (a national and local challenge) and raising awareness of Oral Cancers, which are high in this city.
The likely impact will be for those people who are at most risk of poorer oral health such as people living in IMD1 IMD2, children, older people and vulnerable groups.
Cutting this service will lead to a reduced emphasis on prevention in oral health, which will likely lead to an increase in oral cavities and gum disease in the city. This in turn will lead to an increase in emergency dental care and even longer waiting times for treatment in the city. Poor oral health can lead to many other health conditions, including heart disease and stroke.
Investing in prevention is more cost-effective than treating advanced oral diseases, and cutting this budget will likely lead to increased spending in the future. Additionally, children with poor oral health are more likely to miss school due to pain or treatment needs.
The impacts will likely be greater where additional OHP time is needed to build trust and establish strong community links where people have additional intersections that may reduce trust and confidence in services, access to oral health information, and dental services.
The exact implications will be identified in discussion with the Oral Health Promotion Service (OHP) team to establish areas of delivery that can be done differently or trimmed to minimise these impacts.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, the service has been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

The full Oral Health Promotion service EIA undertaken as part of the procureme**nt** process in 2023. Available here **HASC53-31-Jan-24-EIA-Oral-Health-Promotion-Service.docx**
Inequalities exist in oral health with lower income and socially disadvantaged groups experiencing disproportionately higher levels of oral disease. There is evidence that poor oral health is more common in individuals from areas of relative deprivation.
Vulnerable groups are also more at risk as often they have poor access to oral health care information and dental services. This includes: Gypsy, Roma and Traveller communities; refugees and asylum seekers; disabled people; homeless people; older people living in long term residential care; looked after children and children with special needs; people with learning disabilities, mental health problems or substance misuse.
Cancer JSNA

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	No

Sexual Orientation	Yes
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	No - except as carers for other groups specified in this list
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	Yes People on a low income and people living in the most deprived areas
Homelessness and associated risk and vulnerability	Yes
Human Rights	No
Another relevant group (please specify here and add additional rows as needed) • People with experience of or living with addiction and/ or a substance use disorder (SUD) • People facing literacy and numeracy barriers • People on a low income and people living in the most deprived areas • Lone parents	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Ex-offenders and people with unrelated convictions
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

As part of the ongoing implementation of the OHP Service EIA, the OHP team have in place a phased approach to develop work with people included in some of these other identified groups e.g. People with additional sensory needs. Data collection will develop as alongside this phased approach – collected as either quantitative, or as qualitative to inform the annual report.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Ongoing contract reviews, quarterly and annual reports, service feedback, service user feedback, Safe and Well at School survey

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

- Oral health summary JSNA 2022.pdf
- Safe & Well at School Survey 2023 by Brighton and Hove City Council - Infogram Oral Health section
- Health Counts – Oral Health analysis (not yet published)
- Cancer JSNA Cancer in Brighton & Hove – for Oral Cancers

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	The OHP service specification incudes interventions for all ages. In children oral health can contribute to speech development, school readiness and the prevention of school absence. It is the top cause of hospital admissions for 6-10 year olds, causing children to miss school and parents to take time off work. In 2020/21, 115 children aged 0 to 19 in Brighton & Hove, were admitted to secondary care for dental extraction, of whom 30% had a primary diagnosis of dental caries. Significant inequalities persist, across England admission rates for tooth

		extraction in the most deprived communities are three times that of those living in the least deprived communities. Working with Early Years, schools and Family Hubs is a large part of the work of the OHP team. This include special schools and tailored consideration of differing needs, method of communication and languages. However reaching young people takes time, building trust and finding the 'right' routes into the populations. Reduced capacity may impact on the ability to work across all groups of under 16s. Older people in particular are at risk of poor oral health. More people are living longer with their own teeth which require increasingly more complex care. Older people living in deprived areas are more at risk of having fewer teeth than those in the least deprived areas. The number of 65+ year olds is projected to increase by 19% (7,400) from 39,000 to 46,400 people between 2020 and 2030. Reduced capacity may impact on the ability to work across all setting or older adults.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	The service specification focuses on OHP with those most at risk. People with disabilities may have complex health and care needs associated with poor oral health and less regular contact with dental services. In 2020/21 1,703 people were registered at their GP practice as having a learning disability. Certain disabilities, neurodivergences[3] and medications can have negative impact on the teeth, the ability to care for own oral health and to easily access a suitable dentist. 122 people aged 18-64 with a serious visual impairment and 3,294 aged 65 or over with a moderate or severe visual impairment. 5,841 people aged 18-64, and 16,303 aged 65 or over, with a moderate or severe hearing impairment; and 48 people aged 18-64 and 455 aged 65 or over, with a profound hearing impairment. The HP work with people with neurodivergences in settings. They provide specific OHP resources e.g. non foaming toothpaste etc. Developing links with the relevant VCSE groups supporting people with neurodivergences is part of the phased implementation of the EIA.

[3] National Autistic Society Parents and families

		Developing links with the relevant services supporting people with sensory needs is part of the phased implementation of the EIA. Reduced capacity may impact on the ability to work across all groups.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	More than a quarter of residents (72,272 people, 26%) are 'BME' (non-White UK/British), compared with South East (21%) and England (27%). People from Black and Racially Minoritised groups are less likely to access NHS dental services with barriers including cost, language problems, and mistrust of dentists, as well as cultural and religious influences. Asian adults have been found to have higher levels of gum disease than other ethnic groups. Summer 2023 Gypsy and Roma Traveller (GRT) Health & Wellbeing group identified oral health and access to dentists as a priority health issue. Oral health is one of the many health inequalities experienced by the GRT communities. 7 OHP staff will continue to visit gypsy and traveller sites with BRM Health Visitors and outreach through trusteed BRM community groups. Reduced capacity may impact on the team's ability to work across all Black and racially minoritised groups.
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	A 2021 report: Research and analysis. Inequalities in oral health in England: summary found that no conclusions could be drawn on associations between religion and oral health. There may be some impact where faith and e.g. Ethnicity intersect or the reasons given above.
Gender and Sex including non-binary and intersex people	Yes	Studies indicate that oral health and oral health behaviours demonstrate gender differences with men reporting poorer oral health, poorer oral hygiene habits and fewer dental visits. Developing links with the relevant Trans and Non binary services/groups is part of the phased implementation of the EIA. Reduced capacity may impact on the OHP team's ability to work proactively across all these groups.
Gender Reassignment	No	See above Except as these groups intersection with other identified in this EIA
Sexual Orientation	Yes	25,247 people (10.6%) identified with an LGB+ orientation (Gay or Lesbian, Bisexual or Other sexual orientation). Proactively sharing oral health resources through services and VCS groups working with LGBTQIA+ people, for example, additional outreach with Switchboard health workers. is part of the phased implementation of the EIA.

		Reduced capacity may impact on the OHP teams ability to work proactively across all these groups
Marriage and Civil Partnership	No	Except as these groups intersection with other identified in this EIA
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	The mouth is one of the main areas involved in the physiological and hormonal changes that take place during pregnancy. Pregnant people can be affected by pregnancy gingivitis and periodontitis. Gestational diabetes mellitus may also affect oral health. The team have an aim to training the services working with pregnant people in the key OHP messages and guidance. Reduced capacity may impact on the OHP team's ability to work proactively with relevant services and groups
Armed Forces Personnel, their families, and Veterans	No	Except as these groups intersection with others identified in this EIA
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	Currently the OHP team work with services and the VCSE groups to provide oral health packs, advice and triage support access to dentists e.g. via Datid buses. This works takes time to coordinate and reduced capacity may impact on this.
Carers considering for age, language, and various intersections	No	Except as these groups intersection with others identified in this EIA
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	The OHP team deliver specific support to those working with LAC/CIC. Reduced capacity may impact on the OHP team's ability to work with these groups.
Domestic and/or sexual abuse and violence survivors	No	Except as these groups intersection with others identified in this EIA
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity,	Yes	2021 Adult oral health survey: More people in deprived neighbourhoods had pain (41%) or broken or decayed teeth (36-40%) compared with those in the least deprived neighbourhoods (24-25% and 30% respectively). 26% of those who couldn't afford to pay dental charges, lived in the

expatriate background, and various intersections		most deprived neighbourhoods (compared with 3% in least deprived) and 34% lived in lowest-income households. Reduced capacity may impact on the OHP team's ability to work proactively with all the intersectional groups with the areas of higher disadvantage.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	The Brighton & Hove Homeless Health Audit in 2014 found that only 38% of single homeless participants were registered with a dentist and recommended that access to dental services for homeless people is improved. The OHP team regularly visit the day centres and recognise that building trust takes time. Reduced capacity may impact on the OHP teams ability to work proactively with all the intersectional groups
Human Rights	No	Except as these groups intersection with others identified in this EIA
People with experience of or living with addiction and/ or a substance use disorder (SUD)	Yes	The OHP team regularly visit the day centres and recognise that building trust takes time. Reduced capacity may impact on the OHP teams ability to work proactively with these services.
	Potentially	The people below may appear in other categories.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The OHP work with other public health commissioned services to identify opportunities to offer staff training, share messages, guidance, packs and materials, attend groups, venues etc. For example working with ACT on oral cancers, Healthy Weight services, Healthy Child programme (HVs & SNs), Schools programme, Ageing Well.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Over the month of May work with the Oral Health Promotion Service team members to identify aspects of their regular service (early years, schools, family hubs, older

peoples settings, vulnerable groups, campaigns, training, motivational interviewing) which can be delivered differently to minimize impact.
SMART action 2: Over the month of June work with the Oral Health Promotion Service team members to identify aspects of their phase approach to implementing their EIA to minimize impact.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Cancer Awareness and Early Diagnosis Service (Act on Cancer Together)
Name and title of officer responsible for this EIA:	Public Health
Directorate and Service Name:	Families, Children & Wellbeing Public Health
Budget proposal no.	*18*

Briefly describe the budget saving proposal:

The proposal is a 20% budget cut to the contracted service delivered by the Trust for Developing Communities. To reduce it from £50,000, to £40,000.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The is the only public health (BHCC) funded cancer service. The aims are to raise awareness of the signs and symptoms of a range of cancers and increase the uptake of national screening programmes. The service has a universal element but its main focus is on groups who have poor health outcomes in relation to cancer diagnosis. This service was recently presented at the Health Overview and Scrutiny Committee, which also highlighted the low levels of cervical cancer screening uptake in the city and the work done by this cancer awareness service to access those who had not taken up an offer of screening. Their work led to increases in uptake and therefore detection at an earlier stage. The ramifications of the 20% cut are currently unclear but would likely lead to reduced resources and capacity within a service focussed towards addressing existing inequalities. The result of reduced awareness of the signs and symptoms of cancers would lead to more people being diagnosed at a later stage of their cancer, reducing their chances of survival and increasing costs to the health and social care sector.

Cutting the budget to this service therefore presents risk of reducing impact and increasing risk of sustained or widening health inequalities driven by inequalities in screening rates and associated cancer mortality in these groups.

GROUPS

Areas of Deprivation

There are higher incidence and mortality rates of cancer in areas with higher levels of deprivation: lung cancer, pancreatic cancer, oesophageal cancer, liver cancer and stomach. Rates of bowel screening uptake are lower in areas of higher deprivation.

Ethnicity

National studies have found though that a small number of cancer sites have higher incidence rates in Black and racially minoritized populations

Black and racially minoritized males - Prostate cancer.

Black and racially minoritized males - Liver cancer

Black women from Caribbean and African backgrounds - late-stage diagnosis for some cancers

Sexual Orientation

There is limited evidence available on cancer incidence, mortality and screening uptake by sexual orientation. Where evidence is available, it suggests that cancer screening coverage is lower in lesbian, gay and bisexual communities.

Disability

Adults with learning disabilities have a higher incidence of metastatic cancer of unknown primary origin (cancer that has spread to other parts of the body), and three times as many died from cancer at this advanced stage compared to the general population.

Women with learning disabilities have higher mortality rates from breast cancer, female genital organ cancers (namely ovarian cancer and body of uterus) and, cancers of unknown primary origin.

Men with learning disabilities were more likely to die from colorectal cancer and cancers of unknown primary origin.

IMPACT

Inequalities in the experience of cancer manifest themselves at any point and is especially evident in the screening programmes;

- screening cohort identification and invitations may exclude certain groups such as those not registered with a GP, trans people, or those with differing literacy
- provision of appropriate and accessible information about signs and symptoms, and the screening programmes
- access to screening services – in terms of both suitability and practicality
- differences in help seeking behaviour
- access to a GP, and further diagnostics
- accessible information about, and access to, treatment
- supportive onward referrals
- support for those living with and beyond cancer
- health outcomes

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, the provider has been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

EIA for Cancer Awareness Early Detection Service HASC35 May 2021 FINAL.doc

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Yes
Another relevant group (please specify here and add additional rows as needed) • People being housebound due to disabilities or disabling circumstances • Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities • Ex-offenders and people with unrelated convictions • Lone parents • People experiencing homelessness • People facing literacy and numeracy barriers	Yes

• People on a low income and people living in the most deprived areas • People who have experienced female genital mutilation (FGM) • People who have experienced human trafficking or modern slavery • People with experience of or living with addiction and/ or a substance use disorder (SUD) • Sex workers	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Not applicable

What are the arrangements for monitoring, and reviewing the impact of this proposal?

A future review of equalities impact through contract management and monitoring processes. Existing contract monitoring consist of quarterly contract review meetings with the provider. If this service is reduced the arrangements for monitoring, and reviewing the impact will be: National screening records - Fingertips | Department of Health and Social Care

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Please note, at the time of writing there is no reported national data cancers or cancer screening for people who identify as trans11, non-binary or intersex.

National	The Office for Health Improvement and Disparities (OHID) Public Health Outcomes Framework Fingertips NHS Cancer Data
Local	Census 2021

Service Specific	Quarterly reports shared by the provider
Local Insights	Local insight reports carried our by the provider with partners
Good practice research	There is wide variation in smoking prevalence across all CCGs, with lots of The Sussex CCG Primary Care Network annex (2020) concluded: • Cancer is a large contributor to the life expectancy gap between the most and least deprived quintiles for both males and females in most local authorities • In Brighton and Hove and Surrey, cancer in women (24.2%) is the biggest contributor to the gap (higher than CVD) • Lung cancer and other cancer are the two groups having the biggest impact on the life expectancy gap • GP practices having rates significantly worse than the England average, especially in Brighton and Hove (19.3%) • Age standardised all cancer incidence is significantly higher in Brighton and Hove CCG compared to England and has increased over the last 10 years for all CCGs • Breast cancer screening coverage between 2015 and 2018 has continued to decline and deteriorate against national performance • Screening coverage (breast (62.8%), bowel (68.6%) and cervical (67.6%) is lower in Brighton and Hove CCG that the national average (all above 70%) • Deprived areas have the lowest screening coverage across all screening programmes Evidence shows that when cancer is diagnosed at an early stage, the treatment options and chances of a full recovery are greater. Raising awareness of cancer symptoms is therefore a key aim of the government's strategy for cancer and a key intervention for reducing the life expectancy gap between the most and least disadvantaged areas. It is important to recognise that the pandemic has exacerbated health inequalities across all areas of health and therefore it is paramount that this cancer awareness service focuses on both ethnicity and deprivation.

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.

- Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	Incidence increases with age for most cancers and some older people may not be aware of their increased risk and may have lower awareness of cancer symptoms than younger groups. Young people may be negatively impacted by a lack of information and awareness about maintaining healthy lifestyles and how this can benefit them Reducing ACT’s budget will impact on their capacity to plan, deliver and assess targeted campaigns projects that support this cohort.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Disabled people may be unable to access screening and therefore be more at risk at of presenting to medical services at a later stage of cancer development. ACT is involved with local partners to support with disabilities to attend their appointments as well as providing services with recommendations on how to make their services more accessible. Reducing ACT’s budget will impact on their capacity to plan, deliver and assess targeted campaigns projects that support this cohort.
Ethnicity, ‘Race’, ethnic heritage including Gypsy, Roma, Travellers	Yes	See section 1 - Ethnicity Some cancers are higher in certain ethnic groups than in the white populations. The ACT project specifically works with Black and racially minoritised population in the city to increase awareness around signs and symptoms and encouraging uptake of national screening programmes. Reducing ACT’s budget will impact on their capacity to plan, deliver and assess targeted campaigns projects that support this cohort.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	Some religious practices and philosophical beliefs may pose barriers to accessing cancer screening programmes due to concerns about medical procedures, ethical views on health interventions, or the perceived conflict between certain treatments and religious or spiritual beliefs.

		In working with different community around the city, ACT helps to address some of these concerns and encourage individuals to seek advice/attend screening appointments.
Gender and Sex including non-binary and intersex people	Yes	Cancer incidence and mortality is higher in men than women but, due to women's longer life expectancy, more women than men are living with or beyond a diagnosis of cancer. As well as focusing on male and female specific cancers ACT have linked with Switch Board to support the local LGBTQA+ communities and shared specifically designed resources to promote signs, symptoms and screening programmes. Reducing ACT's budget will impact on their capacity to plan, deliver and assess targeted campaigns projects that support this cohort.
Gender Reassignment	Yes	Gender reassignment introduces unique factors that can impact the decision to undergo cancer screening, but with appropriate knowledge, sensitivity, and communication, barriers can be minimised, ensuring that transgender individuals have access to the screenings and treatments they need for optimal health. In their work with the LGBTQA+ community, ACT will support people undergoing or who have undergone gender reassignment.
Sexual Orientation	Yes	Differences in health-related behaviours among lesbian, gay, bisexual and transgender (LGBT) people may lead to differences in cancer incidence. Perceptions of risk and healthcare seeking behaviour may also vary. As above
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	There is room for improvement in making cancer screening programmes more inclusive and accessible across different life stages and identities. Increased awareness, policy change, and healthcare provider education can help bridge these gaps and ACT can play a role in supporting these changes.
Armed Forces Personnel, their families, and Veterans		Armed Forces personnel, their families, and veterans face a unique set of challenges when it comes to accessing cancer screening programs. These challenges include frequent relocations, deployment schedules, psychological barriers, transition difficulties, physical disabilities, and a lack of awareness about available services. Addressing these barriers requires a multifaceted approach, including increasing awareness of the importance of cancer

		screenings, improving accessibility, providing targeted screening programs, and offering specialized support for veterans with service-related health risks In the course of their work, ACT are likely to encounter residents who are members of these groups and will be able to offer support.
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	Cancer awareness and screening programmes are critical in supporting the health of migrants, asylum seekers, and refugees, but several barriers—such as age, language, and intersectional factors—can make accessing these services more challenging for these groups. In their work targeting these groups, ACT can reduce some of the barriers experienced and support individuals to understand the need for and attend appointments.
Carers considering for age, language, and various intersections	Yes	Carers—whether they are family members, friends, or professional caregivers—play a crucial role in supporting individuals with cancer or those at risk. However, when carers themselves try to access cancer screening appointments, they often face a unique set of challenges. These challenges can vary depending on the caregiver's personal circumstances, the needs of the person they care for, and the healthcare system. ACT have worked with the Carers Hubs to support people from this group who may encounter the above challenges.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	Yes	Survivors of domestic and/or sexual abuse and violence often face significant challenges when it comes to accessing cancer screenings. The trauma from such experiences can have profound effects on a survivor's physical, emotional, and mental health, making it more difficult for them to prioritise or navigate the healthcare system, including preventive care like cancer screenings. The ACT team have the knowledge, skills and sensitivities required to support individuals in a meaningful way.
Socio-economic disadvantage considering for age,	Yes	The combination of socio-economic disadvantage and other factors (such as age, disability, being D/deaf or blind, ethnicity, and

disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections		other intersecting identities) can create a complex web of barriers that prevent equitable access to cancer screening services. Reducing ACT's budget will impact on their capacity to plan, deliver and assess targeted campaigns projects that support this cohort.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Access to cancer services for homeless individuals and rough sleepers presents numerous challenges, many of which are influenced by factors such as age, veteran status, ethnicity, language, and other intersecting identities. People experiencing homelessness often face significant barriers to healthcare, and these challenges can be exacerbated by the complex factors of their personal background. Through their community connections, ACT have access to people experiencing homelessness and are well placed to support access to cancer services.
Human Rights	Yes	Access to cancer services is deeply intertwined with human rights, and addressing the various barriers that individuals face is critical for ensuring that everyone has the opportunity to detect, treat, and survive cancer. Discrimination, socio-economic barriers, lack of information, and physical and mental health challenges all contribute to disparities in access to cancer care. Through their work with partners, ACT link with organisations who support individuals facing the challenges above and are therefore well-placed to offer tailored cancer awareness support.
Another relevant group (please specify here and add additional rows as needed) • People being housebound due to disabilities or disabling circumstances • Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities	Yes	The non-judgemental, compassionate approach of the ACT team supports individuals who may often feel marginalised and misunderstood by health services. ACT provides much needed support for individuals to engage with services.

• Ex-offenders and people with unrelated convictions • Lone parents • People experiencing homelessness • People facing literacy and numeracy barriers • People on a low income and people living in the most deprived areas • People who have experienced female genital mutilation (FGM) • People who have experienced human trafficking or modern slavery • People with experience of or living with addiction and/ or a substance use disorder (SUD) • Sex workers		

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Weight management for Adults and Families Reducing weight management for adults and families can lead to a range of negative consequences, particularly in the context of cancer prevention, diagnosis, and treatment. Obesity and poor weight management are key risk factors for several types of cancer, and neglecting weight management programmes can contribute to delayed diagnoses, more complex treatment regimens, and increased demand for healthcare resources.

To mitigate these impacts, healthcare systems should prioritise weight management as an integral part of cancer prevention and care. This includes ensuring that individuals have access to affordable weight management resources (like the public health commissioned tier 2 service), promoting healthy lifestyles through public health campaigns, and integrating weight management strategies into cancer care plans. By addressing these issues proactively, we can help reduce the burden on cancer services while improving overall health outcomes for individuals at risk of obesity-related cancers.

NHS Health Checks

Reducing the number of NHS Health Checks delivered to residents can have a significant negative impact on cancer services, particularly in terms of early detection, prevention, and overall health outcomes. NHS Health Checks are designed to identify risk factors for various health conditions, including cancer, and to promote early intervention, which can lead to better management and prevention. Ensuring that NHS Health Checks remain a core component of public health strategy is essential for maintaining effective cancer prevention and early detection programs. Reducing these checks would likely result in more late-stage diagnoses, higher healthcare costs, and worse health outcomes for individuals and communities.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: immediate communisations re budget reductions for the Q1 2025-2026, to co-commissioning partners in NHS Sussex and then the provider
SMART action 2: From February to June work with the providers and partners to re design the model of delivery within the budget envelope.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	4

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Caroline Vass, Director Public Health	29/01/25
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Cancer Awareness and Early Diagnosis Service (Act on Cancer Together)
Title of budget saving being assessed:	Knowledge and Library Service contract
Name and title of officer responsible for this EIA:	Public Health

Directorate and Service Name:	Families, Children & Wellbeing
Budget proposal no.	*18a*

Briefly describe the budget saving proposal:

Reduce Knowledge and Library Service to realise budget savings of £18,000 per annum.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

This is an essential service needed for evidence-based decision making to fulfil our statutory duties (e.g. Joint Strategic Needs Assessment (JSNA) and Public Health commissioning), and to promote health and wellbeing and reduce inequalities across our diverse population.

Public health library service

The JSNA is a statutory requirement of Health and Wellbeing Boards and is led by the Public Health team. It is the key source of evidence to improve health and wellbeing outcomes and to reduce inequalities across the city. Specialist evidence searches, reviews and syntheses are a key component of the library service that are essential part of evidence generation for the JSNA. Reduction in this service will have a number of impacts, including:

- Our ability to deliver the JSNA programme will be significantly impacted
- Access to literature, journals, training and evidence would be severely restricted without this service
- Reduced access to training in searching and critically appraising evidence available through the library service
- Knowledge and use of current evidence to inform effective services and evidence based decision making will be negatively impacted across the council
- Reduced services will impact on stakeholders' (NHS, CVS, ICTs and others) ability to use evidence to inform practice, services, commissioning, strategies, and policies
- Expertise to conduct complex evidence searches and review will be lost or reduced
- Ability to identify and understand the needs of equalities groups, Inclusion groups, protected characteristics and intersectionality across the city will be disproportionally affected due to the loss of expertise required
- Below are a few selected evidence searches that will be negatively affected within this current JSNA year programme of needs assessments alone – with additional and compounding impacts in additional years:
    - Evidence searches and synthesis to understand experiences of young people with learning disabilities and intersections with ethnicity, deprivation, sexual orientation and gender identity, care experience
    - Evidence searches and synthesis to understand experiences of neurodiverse young people and intersections with ethnicity, deprivation, sexual orientation and gender identity, care experience
    - Evidence searches and synthesis on needs and assets of adults with learning disabilities
    - Evidence searches and synthesis on needs and assets of neurodiverse adults

Health promotion resources service
This service includes proactive outreach to promote the Health & Wellbeing Resources, including paper and digital leaflets and other information resources; health promotion models and teaching aids to borrow; electronic displays and information packs.

Health promotion paper leaflets (and electronic materials) are available in different languages (e.g. English, Arabic, Bengali, Ukrainian, Hindi and Spanish) and "easy read" versions. These focus on health and wellbeing topic areas that are priorities to promote within our local population, including:

- Immunisation – to promote uptake of immunisations across diverse populations where Brighton & Hove has low update of immunisations
- Drugs and alcohol
- Sexual health
- Mental health
- Cancer/screening
- Smoking
- Physical activity
- Nutrition
- Oral health

Paper copies of health promotion leaflets are provided for use by the public and for out-reach, campaigns and events across organisations and community settings, including:

- Community libraries
- Community and Voluntary Sector Organisations
- Pharmacies, GP surgeries, Hospitals
- Council departments
- and universities

Reducing (or stopping) the Health Promotion service would have direct impact on specific marginalised groups within our city, including:

- Older people
- Digitally excluded populations
- Black and Racially Minoritised people
- People for whom English is not their first language
- People with disabilities (easy reads)
- People living in the most deprived areas
- People experiencing homelessness

Which may contribute to increased inequalities within the city.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?

If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has taken place as the timescale on decision making around the proposed savings precludes this. However, relevant partners have been notified of this proposal.

What other budget or service EIAs can assist/have been used to inform this assessment?

None at this time.

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	All relevant groups listed above, plus: • Digitally excluded • People facing literacy and numeracy barriers

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

No data is currently captured at an individual level as it would be disproportionate in leaflet provision to collect this information from individuals.
Note that the following is monitored: number of leaflets, posters, models and resources distributed: recipients' organisations and locations; breakdown of resources by public health life stage (Starting Well, Living Well, Ageing well and Dying well) and topic areas i.e. sexual health, mental health, obesity/healthy eating/active for life, drugs, alcohol, smoking, immunisation, oral health, cancer, screening, Healthy Living Pharmacies.

The JSNA programme delivery is monitored. Evidence reviews that cannot be completed due to service reductions would be monitored as a high-level concern affecting the validity, quality and impact of the needs assessment.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

There are none. It is not possible to adequately address this within the timeframe to complete this EIA.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Please note, at the time of writing there is no reported national data cancers or cancer screening for people who identify as trans11, non-binary or intersex.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data

- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Digitally excluded **(added)**		A decrease (or stopping) the Health Promotion service (paper leaflets, different language provision, targeted information for specific population group, easy read versions) would negatively impact on digitally excluded populations. Digital exclusion can arise from an interplay of factors including age, socio-economic status, disability, geography, educational attainment, literacy and language, and housing circumstances.[1,2] Around 1.7 million households (6%) had no broadband or mobile internet access at home in 2021. This same report estimated that 1m people cut back or cancelled their internet packages in the past year due to affordability issues.[1] We see challenges around digital exclusion locally.[3] A public consultation in 2023 (lead by Healthwatch Enfield and CQC) reported that a variety of barriers to digital access range from language and sensory challenges to mistrust and past negative experiences. Noting that the barriers are not only technical but also psychological and economic, with notable differences across groups such as those with disabilities, older people, English for Speakers of other Languages (ESOL) participants, and refugees. This report recommended printed material such as leaflets should be made available in multiple

		languages and they should be displayed in community areas including settings such as libraries.[4]
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	According to the 2021 Census, 14.1% of the B&H population is aged 65 or over.[5] Older adults often face barriers to accessing digital information due to issues like digital illiteracy, lack of access to technology, and physical impairments. Paper-based materials, when designed with readability in mind (e.g., using large fonts, clear language, and high contrast visuals), can be effective in communicating public health messages to older populations. Recent research by Age UK highlighted that the older population are still less likely to be digitally included – among those aged 75+, more than 40% do not use the internet. A decrease of our Health Promotion service would disproportionately affect older people, including, those digitally excluded and supported with “easy read” versions.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Office for National Statistics data shows that 14.9% people with a disability have never used the internet, compared with 6.3% of the UK population. According to 2021 Census, 19% of Brighton & Hove residents are disabled, compared to 17% nationally. People with physical and/or sensory disabilities might own digital tools but face barriers associated to their impediment to use them.[4] People with learning disabilities and/or autism might own digital tools but face barriers to use them. Some are likely to not own digital devices or updated versions due to costs.[4] A decrease of our Health Promotion service would disproportionately affect those with disabilities, including: • Those digitally excluded • Those that use and are supported with “easy read” versions.

Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	According to the 2021 Census, for 9.1% of people in Brighton and Hove English is not their main language. Inclusion groups, including, Gypsy, Roma, Traveller communities experience significant digital exclusion.[6] A decrease of our Health Promotion service would disproportionately affect: • those who's preferred language is not English. • digitally excluded groups, including, Gypsy, Roma, Travellers communities
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Yes	In our B&H international migrant needs assessment, stakeholders noted that language barriers resulted in difficulties for migrants in understanding written information (both leaflets and websites) that describe services and how to access them.[7] The 2014 government's Digital Inclusion Strategy reported that digital exclusion is more likely to affect some of those most vulnerable in society, including those with low incomes. This factor (in addition to language difficulties for some migrants) is likely to affect migrants disproportionately as they are more likely to live in conditions of poverty.[7,8] A qualitative study of new migrants in East Sussex found that libraries were used and generally seen as welcoming places.[7] A decrease of our Health Promotion service would disproportionately affect: • Those that access public health messages in libraries and other in-person community settings • those who's preferred language is not English.
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	The 2014 government's Digital Inclusion Strategy reported that digital exclusion is more likely to affect some of those most vulnerable in society, including those with low incomes.[8] A decrease of our Health Promotion service would disproportionately affect those in socio-economic disadvantage.
Homeless and rough sleepers considering for age, veteran, ethnicity,	Yes	B&H has the 8th highest number of rough sleepers of 296 lower tier LAs.[9]

language, and various intersections		A decrease of our Health Promotion service would disproportionately affect those who are digitally excluded and those accessing evidence-based information leaflets via out-reach and community libraries –including these experiencing homelessness and rough sleeper population.
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Gender and Sex including non-binary and intersex people	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Gender Reassignment	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Sexual Orientation	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Marriage and Civil Partnership	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Armed Forces Personnel, their families, and Veterans	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Carers considering for age, language, and various intersections	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Domestic and/or sexual abuse and violence survivors	Yes	See Equalities groups, Inclusion groups, Protective characteristics and Intersectionality below
Human Rights		
Another relevant group (please specify here	Digitally excluded- added above.	

and add additional rows as needed)		
	Equalities groups, Inclusion groups, Protective characteristics and intersectionality	Reduction of the PH Library service would affect our ability to complete complex evidence searches and synthesis required to understand population needs (for example the Trans needs assessment previously undertaken by the team) - negatively impacting on our understanding and evidence base for effective services for equalities groups and inclusion groups, as well as across protective characteristics and intersectionality.

References:

1 The Government has "no credible strategy" to tackle digital exclusion - Committees - UK Parliament

2 What we mean by digital inclusion - NHS England Digital

3 Understanding Digital Exclusion: key findings and full report | Healthwatch Enfield

4 Search | Healthwatch Brightonandhove).

5 Strategic Housing Market Assessment - August 2023 (brighton-hove.gov.uk)

6 New report reveals significant digital exclusion in Gypsy and Traveller communities in the UK - Friends, Families and Travellers

7 International migrants in Brighton and Hove full report 2018.pdf

8 Government Digital Inclusion Strategy - GOV.UK

9 Rough sleeping snapshot in England: autumn 2023 - GOV.UK (www.gov.uk

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The library service is a joint commission with East Sussex. The reduction from Brighton and Hove could destabilise the contract and provision for the remaining library provision to Brighton and Hove City Council and also to East Sussex County Council.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

5. No mitigation actions are available due to: There are no mitigations identified

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.

1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact

3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	5

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Caroline Vass, Director Public Health	28/01/2025
Accountable Manager:		

Budget Proposal

Title of budget saving being assessed:	Community Care Budget
Name and title of officer responsible for this EIA:	Steve Hook, Director of Adult Social Care
Directorate and Service Name:	Health and Adult Social Care, Operations
Budget proposal no.	*19*

Briefly describe the budget saving proposal:

The overall net budget for this service area is **£79.462m** and the proposed saving is **£5.076m**. This is proposed to be implemented by through management of provider costs and ensuring that the council is obtaining good value for money relative to comparable provision in the region and continuing with the agreed direction of travel for Adult Social Care focusing upon reducing demand through several approaches:

- increase the reablement offer to those who require it
- focus on preventative interventions and promoting independence in line with the target operating model, including advice, and signposting and increasing the use of technology enabled care
- reduction of long-term care placements through improved care pathways.
- supporting adults with learning disabilities to move on from high-cost placements into new living arrangements which promote independence

- ensure reviews demonstrate support services are adequate to meet needs and represent efficiency and value for money
- maximising income through improved collection of customer charges and service level agreements with external partners
- managing provider fee uplifts and block contracts considering the current market fee position

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Older people, people with disabilities and carers are groups who are affected when changes are made in Adult Social Care, considering intersectional impacts. However, due to the nature of these changes being focused on prevention of admission into long term residential and nursing care, promoting independence in the community and ensuring value for money, there are no identified negative disproportionate impacts for these groups.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

The results of the NHS Digital Adult Social Care User Survey 2023-24 have been reviewed to understand what is important to people who use adult social care services.
Continued engagement with partners, people with learning disabilities and their families through the Learning Disability Partnership Board.
We regularly engage with care and support providers and will continue our ongoing engagement. We will continue to negotiate with providers throughout the year on fee uplift requests so that services can continue to meet the care and support needs of the individuals within their care.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	NO
Sexual Orientation	YES
Marriage and Civil Partnership	NO
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	NO
Expatriates, Migrants, Asylum Seekers, and Refugees	NO

Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	NO
Socio-economic Disadvantage	NO
Homelessness and associated risk and vulnerability	YES
Human Rights	NO
Another relevant group (please specify here and add additional rows as needed)	NO

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equalities data is gathered in line with statutory guidelines as indicated by DHSC and NHSE. Assessments and reviews of individuals gather further information to fully understand the strengths and needs of each person requiring care and support. Although this is not monitored currently for trends and analysis, each individual's needs are considered throughout their care and support planning. Where we do not have data available, we will seek to improve this and continue to engage with people in the community to understand the impacts further. Further work is underway corporately to adopt new standards on data collection for protected characteristics which we will use as appropriate to our services.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The Director for Health and Adult Social Care retains the responsibility for professional leadership and operational delivery for meeting statutory need and will ensure governance arrangements support social work professional practice to ensure that statutory duties and responsibilities are appropriately met and best practice is followed.
We will continue to review the impacts of this proposal through annual service user surveys and bi-annual carer surveys, as well as monitoring compliments and complaints. We will also gather stakeholder feedback through existing partnership boards and forums. Any impacts to individuals are assessed through reviews and care and support planning.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations

- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups** **For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No	Focus on prevention of admission into long term residential and nursing care and promoting independence in the community.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	No	Focus on prevention of admission into long term residential and nursing care and promoting independence in the community.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	No	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	

Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	No	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Any changes in Health Service provision in the city can impact particularly on those people impacted by this proposal. This will be closely monitored through the integrated health agenda and other joint planning mechanisms.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: no disproportionate impacts identified

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	1

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Steve Hook	02/12/2024
Accountable Manager:	Genette Laws	02/12/2024

Budget Proposal

Title of budget saving being assessed:	**Health and Adult Social Care Provider Services**
Name and title of officer responsible for this EIA:	Andy Witham Director Commissioning and Partnerships
Directorate and Service Name:	Homes and Adult Social Care, Commissioning and Partnerships
Budget proposal no.	*20*

Briefly describe the budget saving proposal:

The budget for this area is **£13.961**m and the proposed saving is **£0.400m**
This is proposed to be achieved through:

- Sourcing new provision through external providers for the services at 15 Preston Drove, 20 Windlesham Road, Burwash Lodge and 19 Leicester Villas for people with learning disabilities and autism (£0.4m in 25/26.) New providers will deliver at existing properties with staff being transferred to the new provider(s).
- Review the care pathways available for Independence at Home reablement home care, requiring a reduction in staffing (£0.2m).

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Preston Drove is a learning disability care home for four residents. Leicester Villas is a learning disability care home for two residents, Burwash Lodge is a supported living service for 6 residents and Windlesham Road is a care home The residents are planned to remain in their current homes with care provision being sought through the independent sector. This may require changes to direct care staff the residents are used to working with though teams may also remain the same through a TUPE arrangement.
Independence at Home is a reablement home care service managed by Brighton and Hove City Council, currently providing reablement support in people's own homes from a range of referral sources including the NHS. The proposal is to review the remit of this service.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation would be planned prior to seeking care providers for Preston Drove and Leicester Villas with residents and their families to ensure the best outcomes for their future care. We have reviewed the capacity of the private market to ensure there is enough provision available. Discussions are planned, prior to reducing the provision of the Independence at Home reablement service, with NHS partners to plan mitigation of impacts on some NHS discharge arrangements.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	YES
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	NO
Sexual Orientation	YES
Marriage and Civil Partnership	NO
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Not applicable
Armed Forces Personnel, their families, and Veterans	NO
Expatriates, Migrants, Asylum Seekers, and Refugees	NO
Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	NO
Socio-economic Disadvantage	NO

Homelessness and associated risk and vulnerability	YES
Human Rights	NO
Another relevant group (please specify here and add additional rows as needed)	NO

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equalities data is gathered in line with statutory guidelines as indicated by DHSC and NHSE. Assessments and reviews of individuals gather further information to fully understand the strengths and needs of each person requiring care and support. Although this is not monitored currently for trends and analysis, each individual's needs are considered throughout their care and support planning and this includes consideration of needs/barriers experienced in relation to their multiple protected characteristics. Where we do not have data available, we will seek to improve this and continue to engage with people in the community to understand the impacts further. Further work is underway corporately to adopt new standards on data collection for protected characteristics.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The Director for Health and Adult Social Care retains the responsibility for professional leadership and operational delivery for meeting statutory need and will ensure governance arrangements support social work professional practice to ensure that statutory duties and responsibilities are appropriately met and best practice is followed.
Through the commissioning strategy and cycle, we will continue to engage with providers, partners, service users and their families/carers to monitor the impact of this proposal. We will use data from our brokerage team to monitor demand and supply. Reviews will consider the impact to individuals and carers. The annual service user survey and biannual carers surveys, as well as customer feedback through compliments and complaints, will also feed into our monitoring and review of this proposal.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data

- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No – LD care homes Yes? - reablement	Approximately 20% of people in the two care homes are over 65. Referrals for people with reablement needs will be reduced by 20%, thus impacting this cohort
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes – LD care homes Yes – reablement	Care homes only support people with learning disabilities, so will be impacted by ceasing provision People with physical disability and frailty impacted by reducing reablement provision
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes – LD care home Yes - reablement	The service users impacted by the ceasing of provision at Preston Drove and Leicester Villas are predominantly White British (over 90%). Service users impacted by reducing Independent at Home services are predominantly White British (over 90%)
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	No – LD care home ? - reablement	No disproportionate impact as the service user gender balance is split 55/45 male and female.
Gender Reassignment	Unknow	Data not collected
Sexual Orientation	No	
Marriage and Civil Partnership	Unknow	Data not collected
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Unknown	Data not collected as deem not applicable

Armed Forces Personnel, their families, and Veterans	Unknown	Data not collected
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Unknown	Data not collected
Carers considering for age, language, and various intersections	Yes	Changes in care arrangements for those accessing reablement services may impact carers.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	Data not collected as not applicable
Domestic and/or sexual abuse and violence survivors	Unknow	Data not collected
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes – LC care homes ? – reablement service	Preston Drove and Leicester Villas service provide support to people whose only source of income is welfare benefits.
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	
Human Rights	No	Data not collected
Another relevant group (please specify here and add additional rows as needed)	No	No other data collected

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Any changes in Health Service provision in the city can impact particularly on the groups of people impacted by the two changes in this proposal. This will be closely monitored through the integrated health agenda and other joint planning mechanisms.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Engagement with those impacted by the changes to care home providers will happen through the reviews with the individual residents.
SMART action 2: Equality obligations will be embedded into the procurement of new provision for people with learning disabilities and autism
SMART action 3: Full EIA for Learning Disability services due to cease and wider engagement with the Learning Disability community via the Learning Disability Partnership Board

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	2

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Andy Witham	
Accountable Manager:	Genette Laws	

Notes and recommendations (if any) from Head of CETS Service reviewing this assessment:

Further exploration is given to mitigating actions for the reduction in the reablement service this should include consultation with current users to hear their views on what impact changes to the service will have.

Budget Proposal

Title of budget saving being assessed:	Operations
Name and title of officer responsible for this EIA:	Steve Hook Director Adult Social Services
Directorate and Service Name:	Homes and Adult Social Care, Operations
Budget proposal no.	*21*

Briefly describe the budget saving proposal:

The overall net budget for this service area is **£19.334m** and the proposed saving is **£0.140m**. This proposal seeks to reduce the staffing resource in Adult Social Care Operations Services (Assessment and Social Work). This is estimated to impact the equivalent of 2.1 Full Time Social Work posts distributed across all adult services areas including learning disability and mental health teams, older people, physical disability.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation or engagement has been carried out to inform this assessment.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	NO
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	NO
Sexual Orientation	YES
Marriage and Civil Partnership	NO
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	NO
Armed Forces Personnel, their families, and Veterans	YES
Expatriates, Migrants, Asylum Seekers, and Refugees	YES
Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	YES
Socio-economic Disadvantage	
Homelessness and associated risk and vulnerability	YES
Human Rights	
Another relevant group (please specify here and add additional rows as needed)	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple	Yes	

ethnicities, those with various intersections.		
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers		
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	Yes	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	
Armed Forces Personnel, their families, and Veterans		
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections		
Carers considering for age, language, and various intersections	Yes	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections		
Domestic and/or sexual abuse and violence survivors		
Socio-economic disadvantage considering for age,	Unknown	

disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections		
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Budget savings across the council that impact disproportionately on disabled people are likely to worsen the impact of this proposal.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	2

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**

Responsible Lead Officer:	Steve Hook	
Accountable Manager:	Genette Laws	

Budget Proposal

Title of budget saving being assessed:	Implement new Housing Allocations Policy
Name and title of officer responsible for this EIA:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options
Directorate and Service Name:	Homes & Adult Social Care – Housing People Services
Budget proposal no.	*22a*

Briefly describe the budget saving proposal:

Implement the new Housing Allocations Policy to allow households living in Temporary Accommodation to choose between remaining in Temporary Accommodation or moving into private rented accommodation without impacting their ability to 'bid' on social housing.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Whilst the changes to the Housing Allocations Policy impact all households on the council's housing register, there are some groups who are disproportionately more likely to experience homelessness and therefore more likely to be impacted by this policy. This includes:

- People aged between 25 and 44
- Disabled people
- Single parent households
- Black, Caribbean, African residents and residents of 'other ethnic groups'
- Women

A full Equality Impact Assessment on proposed change to the council's Housing Allocations Policy was carried out in 2024.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

A 14-week public consultation on proposed change to the council's Housing Allocations Policy was carried out in 2024. A copy of the consultation report is provided below:

Consultation Report - Housing Al

What other budget or service EIAs can assist/have been used to inform this assessment?

A full Equality Impact Assessment on proposed change to the council's Housing Allocations Policy was carried out in 2024. A copy of the EIA is provided below:

APX. n 2 Main Equality Impact Asse

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

The impact of this proposal will be monitored through the wider-Housing Allocations Policy Equality Impact Assessment.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	In Brighton & Hove, people aged 25 – 44 disproportionately experience homelessness and are therefore more likely to be impacted by this policy. Children are most likely to be part of households where the main applicant is aged 25 – 44. Children Children will be negatively affected if a private rented sector offer means that they need to move schools. Moving schools will always be disruptive. The most disruption will likely occur for children subject to welfare or safeguarding

		concerns, or with special educational needs, or are about to take GCSEs or A level exams. The impact has been identified and outlined within the main Equality Impact Assessment provided in Section 2 of this report. The assessment takes into consideration cumulative, intersectional and complex impacts.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	In Brighton & Hove, people impacted by disability disproportionately experience homelessness and are therefore more likely to be impacted by this policy. The impact has been identified and outlined within the main Equality Impact Assessment provided in Section 2 of this report. The assessment takes into consideration cumulative, intersectional and complex impacts.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	In Brighton & Hove, Black, Caribbean, African residents and residents of 'Other ethnic group' disproportionately experience homelessness and are therefore more likely to be impacted by this policy. The impact has been identified and outlined within the main Equality Impact Assessment provided in Section 2 of this report. The assessment takes into consideration cumulative, intersectional and complex impacts.
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	Potential impact has been identified and outlined within the main Equality Impact Assessment provided in Section 2 of this report. The assessment takes into consideration cumulative, intersectional and complex impacts.
Gender and Sex including non-binary and intersex people	Yes	Women are disproportionately represented among lead homeless applicants and are therefore more likely to be impacted by this policy. The impact has been identified and outlined within the main Equality Impact Assessment provided in Section 2 of this report. The assessment takes into consideration cumulative, intersectional and complex impacts.
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	In Brighton & Hove, single parent households disproportionately experience homelessness and are therefore more likely to be impacted by this policy. The impact has been identified and outlined within the main Equality Impact Assessment provided in Section 2 of this report.

		The assessment takes into consideration cumulative, intersectional and complex impacts.
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	No	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The budget proposals include an option to increase the number of households placed into temporary accommodation out of area. This policy provides people with an alternative option to accepting temporary accommodation out of area by allowing them to remain on the housing register after accepting an offer of private rented accommodation to resolve their homelessness.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to:
SMART action 1: Monitor whether the policy of awarding additional priority where households in certain circumstances work with us to prevent their homelessness achieves the aim of incentivise applicants to whom the Council is likely to owe an accommodation duty to secure their own accommodation

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	2

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options	17/01/2025
Accountable Manager:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options	17/01/2025

Budget Proposal

Title of budget saving being assessed:	Give households more choice by offering and promotion of Out of Area options, where appropriate.
Name and title of officer responsible for this EIA:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options
Directorate and Service Name:	Homes & Adult Social Care – Housing People Services
Budget proposal no.	*22b*

Briefly describe the budget saving proposal:

Give more choice by offering and promotion of Out of Area options, where appropriate: E.g. Homefinder UK (social housing in other parts of the country where demand is lower).

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Instead of the council making a direct offer of private rented accommodation (either inside or outside of the city) this initiative aims to give homeless households more choice by offering and promotion of Out of Area options, where appropriate.
This could include an option to move to other parts of England, such as the North of England where rents are lower and social housing is more available, using schemes such as Homefinder UK.
All households accessing help with housing and homelessness from the council could access and therefore be impacted by this policy. However, the data shows that there are a number of groups most likely to experience homelessness and would more likely take up this offer and be impacted by the policy. These groups are:

- People aged between 25 and 44
- Disabled people
- Single parent households
- Black, Caribbean, African residents and residents of 'other ethnic groups'
- Women
- Other groups including survivors of Domestic Violence and Abuse; care leavers and people with substance misuse issues.

The initiative works on a consent basis and households have the choice to refuse or not proceed the offer.
Therefore, the ultimate safeguard is in place of the household choosing to refuse this initiative and not having a consequence or impact on their homelessness application – in other circumstances the council may consider 'discharging' its duties to a household if it refuses and offer of suitable accommodation.
Further, the new Housing Allocations Policy will allow households to remain on the council's housing register and access social housing after an offer of private rented accommodation is accepted. Changes to the Local Connection criteria will allow households who accept an offer of accommodation outside of the city remain on the register for 2-years (households who accept an offer of accommodation in Brighton & Hove will remain on the register until there is a further change in their circumstances).

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation has been completed or planned. However households experiencing homelessness will be invited to attend regular workshops with providers to talk about 'out of area options' to better understand the schemes and make informed choices.

What other budget or service EIAs can assist/have been used to inform this assessment?

Two other budget EIAs (which themselves include more detailed EIAs) have been used to help develop this EIA. They are:

- Implement new Housing Allocations Policy; and
- Utilise the PRSO to discharge duty duties to households in Temporary Accommodation

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Not applicable

What are the arrangements for monitoring, and reviewing the impact of this proposal?

A record will be kept of the households who chose to accept offers of accommodation in areas outside of Brighton & Hove to identify if any protected groups are being disproportionately (e.g., a higher % of groups accepted offers) impacted by the policy and that appropriate support is in place.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal ‘staff as residents’ consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on ‘who’ the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No	*In Brighton & Hove, people aged 25 – 44 disproportionately experience homelessness and are therefore more likely to be impacted by this policy. Children are most likely to be part of households where the main applicant is aged 25 – 44.* *Children* *Children would be affected if the household chose to relocate outside of Brighton & Hove area as they may have to move schools.*

		Moving schools will always be disruptive. The most disruption will likely occur for children subject to welfare or safeguarding concerns, or with special educational needs, or are about to take GCSEs or A level exams.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	*In Brighton & Hove, people impacted by disability disproportionately experience homelessness and are therefore more likely to be impacted by this policy.* *Disabled applicants are more likely to be receiving treatment, care and support. Disabled applicants receiving treatment, care and support are likely to be affected if the household chose to relocate outside of Brighton & Hove area and this disrupts care, and/or results in them having to move to an area where equivalent essential care or support is unavailable.* *Disabled applicants are more likely to incur higher costs to meet their essential needs, including, but not limited to, travel.*
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	*In Brighton & Hove, Black, Caribbean, African residents and residents of 'Other ethnic group' disproportionately experience homelessness and are therefore more likely to be impacted by this policy.*
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	Yes	*Women are disproportionately represented among lead homeless applicants and are therefore more likely to be impacted by this policy.* *Women are more likely to be lone parents, so choosing to relocate outside of Brighton & Hove area may impact family life and the welfare of children.* *Women are more likely to be carers who may be adversely impacted by a move which takes them further away from those they have caring responsibilities for.* *Women are more likely to victims of domestic abuse. Having more choice increasing the chances of the household's homelessness being resolved and therefore move into settled accommodation more quickly than if they were restricted to searching for accommodation in the Brighton & Hove area only.*
Gender Reassignment	Yes	*The number of people indicating that their gender identity is different from their sex registered at birth in Brighton & Hove is more*

		than three times greater than the average across of England. *Brighton & Hove is home to health services, charities and peer support services for LGBTQ+ residents.* *LGBTQ+ applicants who rely on LGBTQ+ services in the city are likely to be affected if a household chose to relocate outside of Brighton & Hove area it may disrupt care, and/or result in them having to move to an area where equivalent essential care or support is unavailable.* *Such services are less likely to be available outside the city, so any offers made outside the city would likely result in applicants from this group having to travel into the city to access these services.*
Sexual Orientation	Yes	*Brighton & Hove is home to health services, charities and peer support services for LGBTQ+ residents.* *LGBTQ+ applicants who rely on LGBTQ+ services in the city are likely to be affected if a household chose to relocate outside of Brighton & Hove area it may disrupt care, and/or result in them having to move to an area where equivalent essential care or support is unavailable.* *Such services are less likely to be available outside the city, so any offers made outside the city would likely result in applicants from this group having to travel into the city to access these services.*
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	*In Brighton & Hove, single parent households disproportionately experience homelessness and are therefore more likely to be impacted by this policy.* *Applicants who are pregnant will likely have links to local services and these links could be disrupted if they need to move out of the city to resolve their homelessness.* *An applicant who is on maternity leave may be unable to return to work if they must move out of the city whilst they are on maternity leave.*
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for	Yes	*Choosing to accept an offer of accommodation outside of the Brighton & Hove area may result in applicants from some ethnically minoritised groups being less able to access community*

age, language, and various intersections		*and cultural groups, services, and support. This includes local refugee and migrant support services which may not be available elsewhere. Difficulties understanding English could result in some applicants from ethnically minoritised groups not understanding the offer and that the offer is a choice.*
Carers considering for age, language, and various intersections	Yes	*<u>People with caring responsibilities for those outside their household (typically aged 25 – 60)</u>* *People with caring responsibilities will be negatively affected if they chose to accept an offer of accommodation outside of the Brighton & Hove area as it may mean they have to travel further to fulfil their caring responsibilities, such as to an elderly relative.* *<u>People receiving care due to frailty or infirmity (typically aged 60+)</u>* *People who rely on care from relatives or friends they do not live with will be negatively affected if they chose to accept an offer of accommodation outside of the Brighton & Hove area.*
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	Yes	*9% of applicants to Brighton & Hove City Council between April and December 2024 – were found to have a priority need for accommodation as a result of being homeless due to that person being a victim of domestic abuse.* *Having more choice increasing the chances of the household's homelessness being resolved and therefore move into settled accommodation more quickly than if they were restricted to searching for accommodation in the Brighton & Hove area only.*
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Yes	Implications outlined above.

Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The budget proposals include an option to allow households living in Temporary Accommodation to choose between remaining in Temporary Accommodation or moving into private rented accommodation without impacting their ability to 'bid' on social housing.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: households retaining the option to choose whether or not they accept an offer of accommodation outside of the Brighton & Hove area within this scheme.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	2

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options	24/01/2025
Accountable Manager:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options	24/01/2025

Budget Proposal

Title of budget saving being assessed:	Utilise the PRSO to discharge duty duties to households in Temporary Accommodation
Name and title of officer responsible for this EIA:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options
Directorate and Service Name:	Homes & Adult Social Care – Housing People Services
Budget proposal no.	*22c*

Briefly describe the budget saving proposal:

Make offers of private rented accommodation (inside and outside of the city) to households in Temporary Accommodation.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The council's Private Rented Sector Offer policy allows the council to make an offer of private rented accommodation to a homeless household to resolve their homelessness and discharge the legal duties it owes the household.
The policy is already in place but not yet used broadly by the service due to an intention to await the introduction of the new Housing Allocations Policy which will allow households to remain on the housing register after being made an offer of accommodation under this policy.
This proposal aims to make better use of the policy in order to resolve homelessness. Following the assessment, the groups most impacted by this are:

- People aged between 25 and 44
- Disabled people
- Single parent households
- Black, Caribbean, African residents and residents of 'other ethnic groups'
- Women
- Other groups including survivors of Domestic Violence and Abuse; care leavers and people with substance misuse issues.

These groups are disproportionately more likely to experience homelessness and therefore more likely to be impacted by this policy.
Whilst this policy has a positive impact on these groups, in that the policy allows the council to make an offer of private rented accommodation (instead of a social home) to resolve their homelessness the policy has the option for the council to discharge its homelessness duties to the household if the property is refused.
Safeguards are in place within the existing policy, including assessments to ensure the offer of accommodation is suitable for the household as well as the legally defined 'application' duty which ensures the council has an on-going duty to the household for a period of 2-years after the duty is discharged.
Further, the new Housing Allocations Policy will allow households to remain on the council's housing register and access social housing after an offer is accepted.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No consultation has been completed or planned. However the council's Private Rented Sector Offer Policy was subject to committee (Housing & New Homes Committee at the time) approval in November 2023.

What other budget or service EIAs can assist/have been used to inform this assessment?

A full Equality Impact Assessment on the Private Sector Offer Policy was carried out in 2023. A copy of the EIA is provided below:

Equality Impact Assessment Private F

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	Yes
Disability and inclusive adjustments, coverage under equality act and not	Yes
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Yes
Religion, Belief, Spirituality, Faith, or Atheism	Yes
Gender Identity and Sex (including non-binary and Intersex people)	Yes
Gender Reassignment	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	Yes
Armed Forces Personnel, their families, and Veterans	Yes
Expatriates, Migrants, Asylum Seekers, and Refugees	Yes
Carers	Yes
Looked after children, Care Leavers, Care and fostering experienced people	Yes
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Yes
Socio-economic Disadvantage	Yes
Homelessness and associated risk and vulnerability	Yes
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Yes

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances

- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

A record will be kept of the households offered a property via a Private Rented Sector Offer to identify if any protected groups are being disproportionately impacted by the policy and that appropriate support is in place.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.

Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR**

		If no impact is identified, briefly state why.
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	*In Brighton & Hove, people aged 25 – 44 disproportionately experience homelessness and are therefore more likely to be impacted by this policy. Children are most likely to be part of households where the main applicant is aged 25 – 44.* *<u>Children</u>* *Children will be negatively affected if a private rented sector offer means that they need to move schools. Moving schools will always be disruptive. The most disruption will likely occur for children subject to welfare or safeguarding concerns, or with special educational needs, or are about to take* GCSEs or A level exams.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	*In Brighton & Hove, people impacted by disability disproportionately experience homelessness and are therefore more likely to be impacted by this policy.* *Tenants who require adaptations to their home to meet the accessibility needs of a physical disability may be at a disadvantage when in private rented sector accommodation when compared with accommodation in the social rented sector. For example, a landlord can refuse adaptations to be made where the mortgage lender, or freeholder, or other owners in the building object. Private rented sector landlords are generally more likely to have mortgages and are generally less likely to own the freeholds of their properties, which makes refusal of adaptations more likely in the private rented sector.* *Some disabled applicants are less likely to be able to sustain a private rented tenancy when compared with a social rented tenancy, for example due to a disability caused by a mental impairment.* *Disabled applicants are more likely to be receiving treatment, care and support. Disabled applicants receiving treatment, care and support are likely to be adversely affected if a private rented sector offer disrupts care, and/or results in them having to move to an area where equivalent essential care or support is unavailable.* *Disabled applicants are more likely to incur higher costs to meet their essential needs, including, but not limited to, travel.*

Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Yes	*In Brighton & Hove, Black, Caribbean, African residents and residents of 'Other ethnic group' disproportionately experience homelessness and are therefore more likely to be impacted by this policy.* *A private rented sector offer may result in applicants from some ethnically minoritised groups being less able to access community and cultural groups, services, and support. This includes local refugee and migrant support services which may not be available elsewhere.* *Difficulties understanding English could result in some applicants from ethnically minoritised groups not understanding the consequences of a private rented sector offer.*
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	*Brighton & Hove is home to one of only 27 Coptic Orthodox churches in the British Isles. There is a potential impact that a private rented sector offer could result in an applicant being offered a property in a location which could make it more difficult for them to access their faith groups and place of worship – particularly if equivalent faith groups do not exist in the area offered. Judging the by data, the numbers of people who may be potentially adversely impacted by this will likely be very small, but the impact on those individuals could be significant.*
Gender and Sex including non-binary and intersex people	Yes	*Women are disproportionately represented among lead homeless applicants and are therefore more likely to be impacted by this policy.* *Women are more likely to be lone parents, so the location of a private rented sector offer may impact family life and the welfare of children. Women are more likely to be carers who may be adversely impacted by a move which takes them further away from those they have caring responsibilities for.* *Women are more likely to victims of domestic abuse. A private rented sector offer may enable a victim of domestic abuse to have the opportunity to move into settled accommodation more quickly than if they were restricted to bidding for a socially rented home.*
Gender Reassignment	Yes	*The number of people indicating that their gender identity is different from their sex registered at birth in Brighton & Hove is more*

		than three times greater than the average across of England. *Brighton & Hove is home to health services, charities and peer support services for LGBTQ+ residents.* *LGBTQ+ applicants who rely on LGBTQ+ services in the city are likely to be adversely affected if a private rented sector offer disrupts care, and/or results in them having to move to an area where equivalent essential care or support is unavailable. Such services are less likely to be available outside the city, so any offers made outside the city would likely result in applicants from this group having to travel into the city to access these services.*
Sexual Orientation	Yes	*Brighton & Hove is home to health services, charities and peer support services for LGBTQ+ residents.* *LGBTQ+ applicants who rely on LGBTQ+ services in the city are likely to be adversely affected if a private rented sector offer disrupts care, and/or results in them having to move to an area where equivalent essential care or support is unavailable. Such services are less likely to be available outside the city, so any offers made outside the city would likely result in applicants from this group having to travel into the city to access these services.*
Marriage and Civil Partnership	Yes	*Households with adults who are married or in a civil partnership are likely to have a higher income, so will be more likely to be able to afford a private rented sector offer. Therefore, these groups may be more likely to be affected by this policy.*
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	*In Brighton & Hove, single parent households disproportionately experience homelessness and are therefore more likely to be impacted by this policy.* *Applicants who are pregnant will likely have links to local services and these links could be disrupted if they need to move out of the city to take up a private rented sector offer. An applicant who is on maternity leave may be unable to return to work if they must move out of the city whilst they are on maternity leave.*
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for	Yes	*A private rented sector offer may result in applicants from some ethnically minoritised groups being less able to access community and cultural groups, services, and support. This*

age, language, and various intersections		*includes local refugee and migrant support services which may not be available elsewhere. Difficulties understanding English could result in some applicants from ethnically minoritised groups not understanding the consequences of a private rented sector offer.*
Carers considering for age, language, and various intersections	Yes	*<u>People with caring responsibilities for those outside their household (typically aged 25 – 60)</u>* *People with caring responsibilities will be negatively affected if a private rented sector offer means they have to travel further to fulfil their caring responsibilities, such as to an elderly relative.* *<u>People receiving care due to frailty or infirmity (typically aged 60+)</u>* *People who rely on care from relatives or friends they do not live with will be negatively affected if a private rented sector offer means they cannot continue to receive care.*
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Yes	*3% of applicants to Brighton & Hove City Council in April 2024 to December 2024 were found to be care leavers.* *Applicants with a history of being looked after, accommodated or fostered by the local authority may be less able to maintain private rented sector accommodation as a result of having less experience and support networks to rely on in setting up and maintaining a home.*
Domestic and/or sexual abuse and violence survivors	Yes	*9% of applicants to Brighton & Hove City Council between April and December 2024 – were found to have a priority need for accommodation as a result of being homeless due to that person being a victim of domestic abuse.* *A private rented sector offer may enable a victim of domestic abuse to have the opportunity to move into settled accommodation more quickly than if they were restricted to bidding for a socially rented home.*
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for age, veteran, ethnicity,	Yes	Implications outlined above.

language, and various intersections		
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

The budget proposals include an option to allow households living in Temporary Accommodation to choose between remaining in Temporary Accommodation or moving into private rented accommodation without impacting their ability to 'bid' on social housing.

This policy provides safeguards to people offered accommodation via the council's Private Sector Offer Policy as they will still be able to access social housing after an accepting an offer.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available due to: Mitigating actions have been identified and proposed within the original Equality Impact Assessment for the adoption of the PRSO.

Further mitigations are included within the policy itself, including:

- Offers of accommodation must be suitable for the household and subjected to the enhanced suitability requirements
- The reapplication duty

The option of households remaining on the housing register will also be in place from April 2025, the start of the financial year this budget saving will take effect, which is a further mitigation.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options	22/01/2025
Accountable Manager:	Harry Williams, Director of Housing People Services – Homelessness & Housing Options	22/01/2025

Budget Proposal

Title of budget saving being assessed:	Increase income from introducing paid parking into light touch parking schemes across the city.
Name and title of officer responsible for this EIA:	Charles Field, Head of Parking
Directorate and Service Name:	City Operations, City Infrastructure
Budget proposal no.	*23*

Briefly describe the budget saving proposal:

Increase income from introducing paid parking into light touch parking schemes (light touch parking schemes consist of permit only parking that is enforced for 2 hours a day e.g. 10-11am and 6-7pm) across the city. This is focused on underutilised areas where there are no waiting lists for resident permits and there is capacity to allow more opportunities for visitors to park. The areas are currently underutilised with many parking bays remaining free from use all day. Paid parking only will replace permit holder parking (it can't be shared as the permit restriction is one hour in the morning and one hour in the evening). As demand is lower than supply local residents should still have adequate parking.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

The introduction of paid parking will be prioritised in parking zones where demand is lower than high demand central areas. This will be an inclusive change as more people will be able to park in areas that are restricted to permit holders. The light touch parking zones that may change are predominantly in/spread throughout the city and initially include areas such as Hove Park and Westbourne. There will be no proposed time changes to permit bays. Meaning those who currently park for free during unrestricted hours will be able to continue to do so.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation with residents on the changes to light touch parking schemes will formally take place via the advertisement of the Traffic Regulation Order required to implement the change. The service receives valuable feedback and intelligence about the experience of disabled car users and their carers via the Disabled Car Users Group, which is informing Parking proposals.

What other budget or service EIAs can assist/have been used to inform this assessment?

N/A

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?

Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	Yes, but for the purpose of issuing blue badges.
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	Not applicable
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	Not applicable
Gender Reassignment	Not applicable
Sexual Orientation	Not applicable
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	Not applicable
Expatriates, Migrants, Asylum Seekers, and Refugees	Not applicable
Carers	Yes through carers and professional carers parking permit issuance.
Looked after children, Care Leavers, Care and fostering experienced people	Not applicable
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	Not applicable
Socio-economic Disadvantage	Not applicable
Homelessness and associated risk and vulnerability	Not applicable.
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	Not applicable

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness

- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Regular review meetings are held to review on-street and off-street parking usage and there are also regular meetings with the Disabled Car Users group to identify issues and areas of concern. We will also review the waiting list of resident permits and analyse blue badge and concessionary travel pass demand. Parking Services produce a Parking Annual Report providing transparency and meaningful insight into the overall service including how and where funding is raised and distributed.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**

Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	Age UK tell us that many older people face a difficult existence in retirement as a result of having a limited income combined with the extra costs of ageing. Introducing more paid parking in the city may add to older people's financial pressures. Paid parking will allow visitors to purchase 1hr parking for as a cheaper alternative to using a residents visitor parking permit. The introduction of paid parking in light touch spaces will increase accessibility for older people who may not qualify for a blue badge but find public transport challenging and travelling by car increases access to goods and services. It increases parking options for those wanting to visit older people reducing risk parking on of social isolation. Age UK tell us that older people find it difficult to travel to hospital and other appointments. Inability to park may lead to older people relying on more expensive alternatives such as taxi's which will impact their limited income. This could mean they choose to not make the journey leading to isolation and poor access to services and goods.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	The introduction of paid parking in light touch zones will increase accessibility for people who may not qualify for a blue badge but find public transport challenging and travelling by car increases their ability to access goods and services whilst supporting independence. It increases parking options for those wanting to visit disabled people reducing risk parking on of social isolation and impacts health and wellbeing
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	Yes	Increasing parking options in areas of the city allows for the opportunity for increased community engagement and access to good and services including pray and worship
Gender and Sex including non-binary and intersex people	No	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	

Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Yes	The introduction of paid parking in light touch zones will increase accessibility for people who may not qualify for a blue badge but find public transport challenging and travelling by car increases their ability to access goods and services. It increases parking options for those wanting to visit the resident, reducing risk parking on of social isolation
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	Yes	Research carried out by Carers UK found that many unpaid carers experience financial hardship because of their caring role. Increases in parking charges will add to the financial pressures. Unpaid carers are entitled to apply for an annual parking permit of £11.60. This proposal does not impact these permits or reduce permit bays near capacity. The introduction of paid parking will allow for those standing in for carers on an ad-hoc basis to be able to use paid parking. This option is not currently available. There will still be free parking available in permit bays outside the enforceable 2 hours.
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	

Human Rights	Yes	Increasing availability of parking options in areas of the city supports independence and accessibility to goods and services.
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Potentially other proposals that impact on older people and disabled people.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

No mitigation actions are available as the proposal should have positive impact for some equality groups and no negative impact for others.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	1

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Charles Field, Head of Parking	15/01/2025
Accountable Manager:	Max Woodford, Director of Place	15/01/2025

Budget Proposal

Title of budget saving being assessed:	Restructure Highway Operations to make efficiencies

	Increase Highway licensing fees by 3% + 2%
Name and title of officer responsible for this EIA:	Jay Judge, Head of Network Management
Directorate and Service Name:	City Operations, City Infrastructure
Budget proposal no.	*24*

Briefly describe the budget saving proposal:

Highway Operations will be restructured to ensure resources are used in the most efficient way to manage the condition and use of the Highway asset.
Highway licensing fees, covering on the highway, A-boards, skips, scaffolding and hoarding, will increase to ensure the costs of administrating the licences continues to be met by the income received.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Restructuring Highway Operations will reduce technical capacity and resources focused on key programmes of work to protect and maintain the city's highway infrastructure. The team work to ensure the public road and footway infrastructure is maintained to a high standard so that it is safe to use and enhances accessibility. Any reduction in resources will mean programmes of work will need to be reprioritised, affecting the highway condition and accessibility of the transport network which may impact older and disabled people more.
As businesses are largely impacted by the increase in highway license fees, equality data is not collected. Increased fees may result in less compliance by businesses, this will lead to items being placed on the highway without being in agreed positions. This could negatively affect disabled and older people and parents/carers with pushchairs.
The combined effect of the proposals may exacerbate accessibility challenges for disabled and older residents, especially in areas with high footfall or existing infrastructure issues.

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

No public consultation on these proposals is planned.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No

Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	No

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Equality data is gathered as part of the council’s customer satisfaction survey and through the annual National Highways and Transportation Public Satisfaction Survey.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Customer contact and complaints will continue to be monitored to understand if these changes are impacting on particular groups especially those identified by this EIA. Annual results from the National Highways and Transportation Public Satisfaction Survey will be monitored. Number of licences issued and enforcement taken will be monitored to ensure compliance.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Census and local intelligence data
  - Service specific data
  - Community consultations

- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact?** **State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith** **OR** **If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	A reduction in resources focused on programmes of highway maintenance and improvement will have an impact on the condition of roads and contribute to the gradual deterioration in footway and road surface condition, potentially increasing the risk of worn surfaces, potholes, loose slabs, damaged kerbs. This is likely to have a greater impact on older people because of reduced accessibility and risk of trips and falls.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Many disabled people rely on mobility aids and cars/public transport to move around the city. A reduction in resources focused on programmes of highway maintenance and improvement will have an impact on the condition of roads and contribute to the gradual deterioration in footway and road surface condition, potentially increasing the risk of worn surfaces, potholes, loose slabs, damaged kerbs. This reduces accessibility and likelihood of trips and falls as a result means this group is impacted to a greater extent. Non-compliance of licences may result in items being placed in incorrect positions causing obstructions.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	

Gender and Sex including non-binary and intersex people	No	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	No	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	No	
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	No	
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Potentially other proposals from across the council that affect older and disabled people.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

6. SMART action 1: Ensure communication about changes to license fees and programmes of work are accessible, inclusive, and targeted at groups who are more likely to be affected to a greater extent including how to raise concerns about highways and non-compliance by businesses.
7. SMART action 2: Ensure affective enforcement of non-licenced items.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	2

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Jay Judge, Head of Network Management	15/01/2025
Accountable Manager:	Max Woodford, Director of Place	15/01/2025

Budget Proposal

Title of budget saving being assessed:	Stop providing civil fair-trading advice to local businesses and consumers
Name and title of officer responsible for this EIA:	David Currie, Head of Regulatory Services
Directorate and Service Name:	Regulatory Services
Budget proposal no.	*25*

Briefly describe the budget saving proposal:

Stopping the provision of civil fair-trading advice to local businesses and consumers will result in a reduction of 0.5fte senior resources in the team. The civil advice to local businesses and vulnerable consumers provided by the team has a significant impact in reducing financial loss for residents. However, it is not part of the council's statutory trading standard requirements. The role focuses on vulnerable consumers. Citizens Advice Bureau would be able to provide basic advice and direct consumers to a solicitor for the more expert work currently covered by the postholder.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

Below is the number of cases taken up each year and the total financial loss saved for residents.

- 2020/21 - £52,000 (22 cases – mostly Covid related holiday refunds)
- 2021/22 - £198,000 (17 cases)
- 2022/23 - £185,804.92 (22 cases)
- 2023/24 - £19,997 (9 cases)
- 2024/25 so far - £3,474 (5 cases)

Overall civil advice service requests received:

- 2022/23 – 179 service requests
- 2023/24 – 186 service requests
- 2024/25 – 137 service requests

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

None

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No
Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No

Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	Relevance unknown at this time.

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

We need to review our current approach to equalities data monitoring, use and collection. We need to assess relevance and lack of collection, it’s impact and need to learn more nuanced information in the context of our services. The Head of Service will undertake a consultation with the Equality, Diversity, and Inclusion team to begin scoping for assessing gathering use, and monitoring of data where required.

What are the arrangements for monitoring, and reviewing the impact of this proposal?

Enquiries would be directed to Citizens Advice so unlikely to be monitored.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data

- Community consultations
- Insights from customer feedback including complaints and survey results
- Lived experiences and qualitative data
- Joint Strategic Needs Assessment (JSNA) data
- Health Inequalities data
- Good practice research
- National data and reports relevant to the service
- Workforce, leaver, and recruitment data, surveys, insights
- Feedback from internal 'staff as residents' consultations
- Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
- Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	Yes	i. **13%** had a cognitive impairment such as dementia which predominantly, although not exclusively, occurs in older people. ii. **38%** of victims have falls, with **23%** of those being unable to get themselves up after having a fall. Indicating age-related frailty. iii. **65%** of victims were aged 75 and over, with the largest group (**over 20%**) being aged 80-84. ACTSO Doorstep Crime Project Report 2014/15 https://www.tradingstandards.uk/media/documents/news--policy/research/doorstep-crime-report-march-2015.docxBHCC recognise the data is considerably old however it is felt by officers in the field that the victim profile is unlikely to have changed much.
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	i. **63%** had a physical impairment, for example mobility issues. ii. **43.5%** had a long-standing illness such as cancer, diabetes or heart disease. iii. **39%** had sensory impairment. iv. **13%** had a mental health condition such as depression. v. **13%** had a cognitive impairment such as dementia.

		vi. **38%** of victims have falls, with **23%** of those being unable to get themselves up after having a fall. vii. **34%** of victims had experienced bereavement in the past two years. ACTSO Doorstep Crime Project Report 2014/15 https://www.tradingstandards.uk/media/documents/news--policy/research/doorstep-crime-report-march-2015.docx BHCC recognise the data is considerably old however it is felt by officers in the field that the victim profile is unlikely to have changed much.
Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	Unknown	Data not collected
Religion, Spirituality, Faith, Atheism, and philosophical belief	Unknown	Data not collected
Gender and Sex including non-binary and intersex people	Unknown	Data not collected
Gender Reassignment	Unknown	Data not collected
Sexual Orientation	Unknown	Data not collected
Marriage and Civil Partnership	Unknown	Data not collected
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	Unknown	Data not collected
Armed Forces Personnel, their families, and Veterans	Unknown	Data not collected
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	Unknown	Data not collected
Carers considering for age, language, and various intersections	Unknown	Data not collected
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	Unknown	Data not collected

Domestic and/or sexual abuse and violence survivors	Unknown	Data not collected
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Unknown	Data not collected
Homeless and rough sleepers considering for age, veteran, ethnicity, language, and various intersections	Unknown	Data not collected
Human Rights		
Another relevant group (please specify here and add additional rows as needed)		

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Potentially other budget proposals that disproportionately impact on diverse older and disabled people.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

Review and assess equality data collection, use and monitoring alongside equality impact of service delivery/ officer decision-making to establish relevance of where to collect data, when and what to use and how to monitor for reporting on outcomes/ improvements etc.
Refer enquiries to citizen advice

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.

5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	4

Directorate and Service Approval

Signatory:	Name and Job Title:	Date:
Responsible Lead Officer:	David Currie, Head of Regulatory Services	7 January 2025
Accountable Manager:	Rachael Joy, Interim Head of Environmental Services	9 January 2025

Budget Proposal

Title of budget saving being assessed:	Increase trade waste and extend garden waste collections and increase fees
Name and title of officer responsible for this EIA:	Lynsay Cook, Head of Strategy & Service Improvement
Directorate and Service Name:	City Operations, Environmental Services
Budget proposal no.	*26*

Briefly describe the budget saving proposal:

The council currently provides a chargeable fortnightly garden waste collection to residents that sign up to the service, and a chargeable waste collection service to businesses across the city with a trade waste agreement.
The proposal is to increase the cost and market both services more widely to generate a surplus to reinvest in services.

Summarise the most significant impacts identified by this assessment including which groups will be disproportionally negatively affected drawing out intersectional impacts as applicable:

It is difficult to determine the level of impact as the service is demand led, and customer equality data is not collected. There are other companies that provide garden and trade waste collections in the city. Residents can also dispose of their garden waste for free at one of the Household Waste & Recycling Sites (HWRS).

Consultation, engagement and supporting EIAs

What consultations or engagement activities are being used to inform this assessment?
If consultation is planned or in process – state this and state when it will done/completed even if indicative. If no consultation completed or planned, state this, giving an explanation.

Consultation will take place through the budget setting process through feedback on the council's on-line consultation platform Your Voice and the budget simulator on there.

What other budget or service EIAs can assist/have been used to inform this assessment?

None

Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this proposal?
Consider all possible intersections (Delete and State Yes, No, Not Applicable)

Age	No

Disability and inclusive adjustments, coverage under equality act and not	No
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	No
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	No
Gender Reassignment	No
Sexual Orientation	No
Marriage and Civil Partnership	No
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	No
Armed Forces Personnel, their families, and Veterans	No
Expatriates, Migrants, Asylum Seekers, and Refugees	No
Carers	No
Looked after children, Care Leavers, Care and fostering experienced people	No
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	No
Socio-economic Disadvantage	No
Homelessness and associated risk and vulnerability	No
Human Rights	No
Another relevant group (please specify here and add additional rows as needed)	No

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- People being housebound due to disabilities or disabling circumstances
- Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this proposal?

Through the digital improvements being made to the garden waste service, opportunities for collecting this data can be explored.

1. What are the arrangements for monitoring, and reviewing the impact of this proposal?

Budgets will be monitored. Equality data will be collected through customer feedback / Stage 1 complaints.

Impacts

Briefly state source of data or data analysis being used to describe the disproportionate negative impacts. Preferably provide link to data/ analysis if open data source.
Data and analysis sources may include (not an exhaustive list):

- **Consider a wide range (including but not limited to):**
  - Population and population groups
    - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
  - Census and local intelligence data
  - Service specific data
  - Community consultations
  - Insights from customer feedback including complaints and survey results
  - Lived experiences and qualitative data
  - Joint Strategic Needs Assessment (JSNA) data
  - Health Inequalities data
  - Good practice research
  - National data and reports relevant to the service
  - Workforce, leaver, and recruitment data, surveys, insights
  - Feedback from internal 'staff as residents' consultations
  - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
  - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.

Assess impact for different population groups	**Is there a possible disproportionate negative impact? State Yes or No**	**Describe the potential negative impact, considering for differences within groups For example, different ethnic groups, and peoples intersecting identities e.g. disabled women of faith OR If no impact is identified, briefly state why.**
Age including those under 16, young adults, multiple ethnicities, those with various intersections.	No	
Disability includes physical and sensory disabled, D/deaf, deafened, hard of hearing, blind, neurodiverse people, people with non-visible disabilities.	Yes	Disabled people may have lower incomes than other working age adults and so be disadvantaged in terms of the charges for waste. Disabled people are more likely to be unemployed or in low-waged work than non-disabled people.

Ethnicity, 'Race', ethnic heritage including Gypsy, Roma, Travellers	No	
Religion, Spirituality, Faith, Atheism, and philosophical belief	No	
Gender and Sex including non-binary and intersex people	No	
Gender Reassignment	No	
Sexual Orientation	No	
Marriage and Civil Partnership	No	
Pregnancy, Maternity, Paternity, Adoption, Menopause, (In)fertility (across intersections and non-binary gender spectrum)	No	
Armed Forces Personnel, their families, and Veterans	No	
Expatriates, Migrants, Asylum Seekers, and Refugees considering for age, language, and various intersections	No	
Carers considering for age, language, and various intersections	No	
Looked after children, Care Leavers, Care and fostering experienced people considering for age, language, and various intersections	No	
Domestic and/or sexual abuse and violence survivors	No	
Socio-economic disadvantage considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections	Yes	People on low incomes may be disproportionately impacted by the proposals. They may not be able to afford to pay for the service. People without access to a car may be disproportionately impacted by the proposals. They may not be able to access the HWRS to dispose of the items for free.
Homeless and rough sleepers considering for age, veteran, ethnicity,	No	

language, and various intersections		
Human Rights	No	
Another relevant group (please specify here and add additional rows as needed)	No	

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy and numeracy barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

Cumulative impacts

Are there other budget proposals from other service areas that might worsen or mitigate the impacts from your proposal? Please give a brief description including name of other service(s).

Other budget savings that impact on disabled people and people on low incomes.

Action planning

What SMART actions will be taken to mitigate the disproportionate impacts identified in section 3? If no mitigating action is possible, please state and explain why. Add additional rows as required.

SMART action 1: Continue to promote other means of disposing of garden waste, such as taking to the HWRS, home composting or using another service.
SMART action 2: Analyse Stage 1 complaints and feedback to identify trends related to accessibility or affordability.

Outcome of your assessment

Based on the information above give the proposal an impact score between 1 – 5.
1= proposal has minimal impact and/or mitigating actions will significantly minimise the impact
3= proposal will have a significant negative impact; however, mitigation actions will reduce the impact considerably.
5= proposal has significant impact and mitigating actions will have limited effect on reducing impact.

Proposal's impact score:	3

Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:**
Responsible Lead Officer:	Lynsay Cook, Head of Strategy & Service Improvement	13/01/2025
Accountable Manager:	Rachael Joy, Interim Director Environmental Services	15/01/2025

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;
- 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.