

Budget Proposals 2014/15 and 2015/16: Equality Impact Assessment (EIA):

Business Unit:	Supporting People	Directorate:	Adults & Resources
Date Started :	30th July 2013	Date of current version:	6th February 2014

The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of their proposals on the community. As a council we need to ensure that we are able to deliver the savings that we need to make while mitigating against any negative or adverse impacts on particular groups across our communities.

This EIA will evidence that the Council have fully considered the impact of the proposed changes and has carried out appropriate consultation on those changes with the key stakeholders. This EIA and the evidence provided within it will allow Councillors to make informed decisions as part of the decision-making process regarding the council's budget.

Executive Lead / Head Sign off:

Executive Lead(s)	Cllr Christine Scouler	Executive Head:	Fran Mason
Date:	6th February 2014	Date:	6th February 2014

Summary from Overall Budget Proposals:

Proposals – Outline	Savings for 2014/15 and 2015/16		Implementation Cost <i>Include brief outline + year incurred</i>	Delivery <i>When will this proposal realise income / savings</i>	Risks / impact of proposals <ul style="list-style-type: none"> <i>Potential risks</i> <i>Impact on community</i> <i>Knock on impact to other agencies</i> <i>If statutory service please state relevant legislation section and Act together with any statutory guidance issued.</i> 	Type of decision		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<p>Reaching Out South West: Provided by a partnership of 7 providers. Comprising pre-engagement and resettlement support mostly working with people with mental health issues at present. Reduce by 100%</p>		£450,000 in year 2 (from March 2015)		March 2015 (notice would need to be issued on this contract 3 months in advance of this)	<ul style="list-style-type: none"> Current contract due to expire March 2015 Potential impact on other public services such as Devon Partnership Trust (DPT) and adult social care services Consultation and Equality Impact Assessment undertaken to assess the impact of the proposal. 			X

Section 1: Purpose of the proposal/strategy/decision

No	Question	Details
1.	<p>Clearly set out the proposal and what is the intended outcome.</p>	<p>The proposal is to end the contract end date of 12th March 2015.</p> <p>The Accommodation for Recovery and Independence service is a supported accommodation and outreach service. The service is currently provided by a partnership 'Reaching Out South West' which consists of Chapter 1 (lead provider), Jatis, Supported Independent Living Schemes (SILS) and Folks at Home. The aim of the service is to offer accommodation and support to enable people to learn the skills needed to be independent, maintain a tenancy, and make a positive contribution to the community.</p> <p>The service provides short term supported accommodation for 70 people at any one time, and 100 hours a week of outreach support to people who are either coming into the service, or moving into their own accommodation at the end of the service. The service offers 4 – 8 weeks in the pre-engagement phase, an expected stay in accommodation of up to 9 months, and up to 4 months resettlement support, meaning a maximum overall stay in the service of 15 months.</p> <p>The service works with vulnerable people (for example those with mental health issues, learning disabilities, physical health issues, people who are homeless, have an offending history, or drug and alcohol issues) from the age of 18 to 65.</p> <p>The service is currently working predominately with people with mental health issues. This is due to the fact that it is a relatively new service which replaced mental health specific services.</p> <p>People are referred to the service by other professionals working with them, for example care co-ordinators from the Community Mental Health Teams, Care managers from the Community Learning Disability teams, Offender managers from probation etc. People can also refer themselves into the service. The service also has a lot of referrals from the Leonard Stocks centre, which works with people who are homeless.</p> <p>The proposal is to end the contract at the current end date of 12th March 2015.</p>

No	Question	Details
2.	Who is intended to benefit / who will be affected?	<p>The service works predominately with people with mental health issues and those referred on from the Leonard Stocks centre which works with people who are homeless.</p> <p>The proposal to end the service would impact on the ability of people with mental health issues and other vulnerable people to live independently, as the service works with people to enable them to manage their own tenancy and integrate into the community. This has the potential to impact on individuals' lives, as living without support could be distressing and could impact on their mental health.</p> <p>On a wider level, the key stakeholders in this service are the Community Mental Health teams, who are the major referral agents into this service. Devon Partnership NHS Trust (DPT) has very little of its 'own' supported accommodation to refer people into and this service plays a key role in the pathway for people with mental health issues.</p> <p>For example, people move from hospital after a period of poor mental health into this service. In addition, it is used as move on from people from residential care. Specific examples of cases where this has happened can be cited. Potentially without this service, people could have to stay longer in residential care. and is not conducive to promoting full independence. From hospital, there is the potential that more people would present as homeless to the local authority .</p> <p>There are no alternative accommodation services for people to access.</p> <p>The service also works with people who are referred on from Leonard Stocks centre. There would be no alternative supported accommodation service for people, therefore these people would have to access private sector accommodation (which may be difficult due to deposits and rent in advance) If they could not do this, they would present to the Council as homeless.</p>

Section 2: Equalities, Consultation and Engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **Equalities, Consultation and Engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions/proposals on the Torbay community.

Evidence, Consultation and Engagement

No	Question	Details																
3.	Have you considered the available evidence?	<p>The service started on 19 March 2013. 40 clients transferred over from other Supporting People services which had been decommissioned.</p> <p>In the first 2 quarters of 2013/14 (up until 6 October 2013) 42 people were recorded as entering the service. Their age ranges are below:</p> <table border="1"><thead><tr><th>Age range</th><th>Number of clients</th></tr></thead><tbody><tr><td>18-24</td><td>9</td></tr><tr><td>25-34</td><td>12</td></tr><tr><td>35-44</td><td>9</td></tr><tr><td>45-54</td><td>10</td></tr><tr><td>55-64</td><td>1</td></tr><tr><td>65+</td><td>1</td></tr><tr><td>Total</td><td>42</td></tr></tbody></table> <p>13 (31%) of these clients were female and 29 (69%) were male Out of the 42 clients who entered the service, 5 were identified with a physical disability.</p> <p>Between service start and 6 October 2013, 16 people left the service. When entering the service 8 of these needed support to better manage their physical health and all of these achieved this outcome. 11 of the 16 (69%) needed support to better manage mental health and all of them achieved this. 11 needed support to obtain settled accommodation and all achieved this.</p>	Age range	Number of clients	18-24	9	25-34	12	35-44	9	45-54	10	55-64	1	65+	1	Total	42
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		<p data-bbox="562 150 1742 181">People aged 18-64 predicted to have a mental health problem in Torbay, projected to 2020¹</p> <table border="1" data-bbox="562 220 1554 469"> <thead> <tr> <th></th> <th>2014</th> <th>2016</th> <th>2018</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Common mental disorder</td> <td>11,984</td> <td>11,952</td> <td>11,977</td> <td>11,886</td> </tr> <tr> <td>Borderline personality disorder</td> <td>336</td> <td>335</td> <td>335</td> <td>333</td> </tr> <tr> <td>Antisocial personality disorder</td> <td>256</td> <td>255</td> <td>256</td> <td>255</td> </tr> <tr> <td>Psychotic disorder</td> <td>298</td> <td>297</td> <td>298</td> <td>295</td> </tr> <tr> <td>Two or more psychiatric disorders</td> <td>5,340</td> <td>5,325</td> <td>5,339</td> <td>5,302</td> </tr> </tbody> </table> <p data-bbox="562 512 2114 608">This table is based on the report Adult psychiatric morbidity in England, 2007: Results of a household survey, published by the Health and Social Care Information Centre in 2009. The report found the following percentages of people with the above mental health problems:</p> <table border="1" data-bbox="562 647 1397 896"> <thead> <tr> <th></th> <th>% males</th> <th>% females</th> </tr> </thead> <tbody> <tr> <td>Common mental disorder</td> <td>12.5</td> <td>19.7</td> </tr> <tr> <td>Borderline personality disorder</td> <td>0.3</td> <td>0.6</td> </tr> <tr> <td>Antisocial personality disorder</td> <td>0.6</td> <td>0.1</td> </tr> <tr> <td>Psychotic disorder</td> <td>0.3</td> <td>0.5</td> </tr> <tr> <td>Two or more psychiatric disorders</td> <td>6.9</td> <td>7.5</td> </tr> </tbody> </table> <p data-bbox="562 938 2107 1034">'Estimates suggest that there are higher rates of learning disability in Torbay than the national average. Torbay is within the top quintile with a rate of 5.8 per 1,000 reported to have a learning disability. However, within Torbay there are estimated to be some 2,000 persons with a learning disability who are not known to services.'²</p>		2014	2016	2018	2020	Common mental disorder	11,984	11,952	11,977	11,886	Borderline personality disorder	336	335	335	333	Antisocial personality disorder	256	255	256	255	Psychotic disorder	298	297	298	295	Two or more psychiatric disorders	5,340	5,325	5,339	5,302		% males	% females	Common mental disorder	12.5	19.7	Borderline personality disorder	0.3	0.6	Antisocial personality disorder	0.6	0.1	Psychotic disorder	0.3	0.5	Two or more psychiatric disorders	6.9	7.5
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4.	How have you consulted on the proposal?	Providers of Supporting People funded services																																																

¹ Projecting Adults Needs and Service Information, www.pansi.org.uk. The prevalence rates have been applied to Office of National Statistics population projections for the 18-64 population to give estimated numbers

² 2012/13 Joint Strategic Needs Assessment for Torbay, Torbay and Southern Devon Health and Care NHS Trust, Torbay Council and other agencies, www.torbay.gov.uk/jsna page 32

No	Question	Details
		<p>The consultation period ran from Thursday 21 November 2013 to 16 January 2014</p> <p>On 21st November Providers were sent written details outlining the proposal(s) for their service(s) and given the Consultation Summary document detailing the overall proposals for the Supporting People (SP) programme, Equality Impact Assessments (EIAs) for their services and access to view the EIAs of other services online.</p> <p>Initial provider meetings/conversations were set up with SP Contract Managers in the week prior to the formal draft budget announcement. This was to explain the proposals and consultation process to providers and to allow the providers time to arrange meetings with their staff to take place on the day of the budget announcement (as for many services the proposals will affect staff)</p> <p>A client profile template was developed and sent to Providers to complete to identify clients in support services who were also in receipt of a statutory service. This information was used to inform the service EIAs and evidence where there might be an impact on the expenditure in other parts of the Authority.</p> <p>The Consultation Summary document and questionnaire were available on the Supporting People page of the Council's website.</p> <p>A follow up email was sent to Providers on 8th January asking if they were responding collectively, individually or both; and asking them to encourage referral agencies to respond to the consultation.</p> <p>Current and previous users of Supporting People funded services, and their carers, relatives and advocates.</p> <p>A standard letter outlining the specific proposals for each service was sent to the service provider to distribute to their service users. The letter outlined where service users could access and complete the client consultation questionnaire and explained the consultation process including the opportunity to attend focus groups or face to face interviews.</p> <p>Posters were sent to Providers to insert the details of the consultation events and promote these to service users.</p> <p>A number of focus groups proportionate to size of service were held for each of the affected services. Where services had more than 20 clients then 2 focus groups were offered, with the option for more if required, subject to the availability of resources to facilitate them. Focus groups used the same questions as the client questionnaire. However 1 focus group for clients in the supported employment service used different questions, chosen by by the external agency that facilitated this particular group.</p> <p>Focus groups were facilitated by representatives from Torbay Voice with a member of the SP team present to record comments. Where a focus group was organised but there were no attendees, the focus group has not been counted.</p> <p>Face to face interviews (with Torbay Voice representatives) or telephone interviews were offered to those choosing not to or unable to attend focus groups using the same questions.</p> <p>There may be a small duplication of respondents as some may have completed a questionnaire as well as attended a focus group</p>

No	Question	Details
		<p>Providers were encouraged to undertake their own consultations using the same questions, and some providers issued the questionnaires to their clients.</p> <p>The client questionnaire was available on the SP page of the Council's website and providers advised of this so that they could direct service users to it, or support service users to complete it themselves.</p> <p>Individual written submissions (email and letter) were received from service users, relatives, and family members.</p> <p>Stakeholders including statutory partners, referral agencies, local and national partner organisations An email was sent to all stakeholders attaching the SP Consultation Summary document and stakeholder questionnaire, a summary of SP services and a link to the EIAs for each service. Stakeholders were also encouraged to respond to the overall Council budget proposals and a link to the wider Council budget consultation was included in the email.</p> <p>Stakeholders included:</p> <ul style="list-style-type: none"> • Torbay and Southern Devon Health and Care NHS Trust • Devon Partnership Trust • Devon and Cornwall Probation Trust • South Devon Clinical Commissioning Group • Torbay Council Housing Services • Torbay Council Children's Services • Police • Referral agencies such as: Community Mental Health Teams, Disability Information Service, Housing Options team, Torbay Hospital <p>Other local and national partners such as: British Association of Supported Employment, Shelter, The Alzheimers Society, MIND and Mencap.</p> <p>See Appendix 1 for consultation results.</p> <p>Other including members of the public/non service users A general questionnaire was placed on the Council's website by the Council's Policy and Performance Team asking about all of the Council budget proposals including a section on Supporting People. The SP section contained a link to the SP consultation documentation on the specific budget proposals for SP services.</p>

No	Question	Details
		<p>Further representations were made in writing (via letter, email and petition) by organisations and members of the public.</p> <p>A total of 285 representations were received, as well as 21 focus groups that were facilitated for clients and carers, where 160 people attended.</p>
5.	Outline the key findings	<p>There were 2 responses received which referred to this proposal. There was also 1 focus group held for clients where 5 people attended.</p> <p>Impact on the Health, Wellbeing and Quality of Life of Existing and Potential Clients The focus group talked about the sense of self worth and self esteem the service gives them – provides encouragement and motivation and builds confidence. Some mentioned that the service supports them in making good choices.</p> <p>Impact on individual and ability to live independently Without the service, the focus group mentioned they would be back on drugs, committing crime, in prison, homeless or dead.</p> <p>Quality of Service Focus groups talked about the quality of the staff in the service</p> <p>Impact on Statutory Services and National Priorities Focus groups spoke of impacts on prison service, health, homelessness and wider Torquay community.</p>
6.	What amendments may be required as a result of the consultation?	Provider organisation and Police, probation and health services request a delay in implementation of the proposals so that alternative sources of funding can be investigated.

Positive and Negative Equality Impacts

No	Question	Details		
7.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact	Neutral Impact
	Older or younger people			All but 2 of the 42 clients entering the service are under the age of 55.

No	Question	Details	
	People with caring responsibilities		None of the 42 clients entering the service are recorded as having dependents
	People with a disability		17% of people who entered the service in the first 2 quarters of 2012/13 had a learning disability.
	Women or men		No differential impact has been identified
	People who are black or from a minority ethnic background (BME)		No differential impact has been identified with regard to a person's minority ethnic background
	Religion or belief (including lack of belief)		No differential impact has been identified with regard to religion or belief
	People who are lesbian, gay or bisexual		No differential impact has been identified with regard to people who are lesbian, gay or bisexual
	People who are transgendered		No differential impact has been identified with regard to people who are transgendered
	People who are in a marriage or civil partnership		No differential impact has been identified with regard to people who are in a marriage or civil partnership
	Women who are pregnant / on maternity leave		No differential impact has been identified with regard to women who are pregnant/on maternity leave
	Socio-economic impacts (Including impact on child poverty issues and deprivation)		Out of the 42 people who entered the service in the first half of 2013/14, 69% had a status that meant they were eligible for welfare benefits. There is a potential impact in terms of general deprivation to people with mental health issues and other vulnerable adults as they may need support to live successfully in the community

No	Question	Details	
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)		The service promotes healthy and safe life choices to clients who often have chaotic lifestyles, and there is therefore the potential for a deterioration in this.
8a.	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	The cumulative impact of the ending of other Supporting People services will result in their being no other services for people with mental health issues to access. Generic floating support services which may have been able to provide non specialist support, such as SIFs and COSS, are proposed to be reduced by 100% (see separate EIA for floating support services).	
8b.	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	Supporting People are not aware of any other public service changes at this time.	

Section 3: Mitigating action

No	Action	Details
9.	Summarise any negative impacts and how these will be managed?	<p>Negative impacts identified in Section 7:</p> <ol style="list-style-type: none"> 1. 17% of people who entered the service in the first 2 quarters of 2012/13 had a learning disability. 2. Out of the 42 people who entered the service in the first half of 2013/14, 69% had a status that meant they were eligible for welfare benefits. 3. The service promotes healthy and safe life choices to clients who often have chaotic lifestyles, and there is therefore the potential for a deterioration in this. <p>It will be difficult to minimise negative impacts due to the cumulative effect of the overall reduction in Supporting People services, meaning that there are no alternative services to refer people to.</p> <p>We will monitor potential:</p>

		<ul style="list-style-type: none"> • Increase in numbers of homelessness assessments for those with mental health issues • Increase in numbers of people with mental health issues accepted as statutorily homeless requiring emergency accommodation • Potential increase in temporary accommodation budget • Increase in referrals to Community Learning Disability team • Increase in referrals to Community Mental Health services • Increase in need of Community Mental Health services enabling services • Delays on hospital discharge for people with mental health issues • Increase in numbers of people with mental health issues entering residential care
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Section 4: Monitoring

No	Action	Details
10.	Outline plans to monitor the actual impact of your proposals	<ul style="list-style-type: none"> • Numbers of people with mental health issues requiring homeless assessments – this information can be obtained from colleagues in Housing Options and reported quarterly • Monitor numbers of people with mental health issues accepted as statutorily homeless by Housing Options requiring emergency accommodation – this information can be obtained from colleagues in Housing Options and can be reported quarterly • Monitoring temporary accommodation costs – this information can be obtained from colleagues in Housing Options and reported quarterly • Numbers of people referred to Community Learning Disability team – this information can be obtained from colleagues in the Community Learning Disability team and reported quarterly • Numbers of people referred to Community Mental Health Services (CMHS) – these figures can be obtained from colleagues in CMHs and reported quarterly • Numbers of people in need of Community Mental Health services enabling services – these figures can be obtained from colleagues in CMHS or Devon Partnership Trust and reported quarterly • Delays in hospital discharge for people with mental health issues • Numbers of people with mental health issues entering residential care – this information could be obtained from colleagues in CMHT or Devon Partnership Trust and reported quarterly

The following impacts will be monitored and reported to the Commissioning for Independence Board chaired by the Director of Adult Services.

Section 5: Recommended course of action –

No	Action	Outcome	Tick ✓	Reasons/justification for recommended action
11.	State a recommended course of action	Outcome 1: No major change required - EIA <i>has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</i>		
		Outcome 2: Adjustments to remove barriers – <i>Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</i>		
		Outcome 3: Continue with proposal - Despite <i>having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have ‘due regard’.</i>	X	The purpose of this proposal is not to discriminate directly or indirectly, and does not amount to unlawful discrimination. The Council has to deliver significant savings, and in doing so has to prioritise its statutory responsibilities. Whilst the consultation has highlighted the benefits derived from the service together with the impact upon those who currently receive the service, this service is not statutory. The Council will endeavour, with its partners and the community, to mitigate against any adverse impacts. If any individual affected by the decision meets the FACS criteria, they will receive a service to meet their needs from Torbay & Southern Devon Health & Care Trust.

		Outcome 4: Stop and rethink – EIA has identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified		
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Appendix 1

Consultation Results: Reaching Out South West - Reduce by 100%

There were 2 responses received which referred to this proposal. There was also 1 focus group held for clients where 5 people attended.

Category	Examples of comments
Impact on the Health, Wellbeing and Quality of Life of Existing and Potential Clients	The focus group talked about the sense of self worth and self esteem the service gives them – provides encouragement and motivation and builds confidence. Some mentioned that the service supports them in making good choices.
Impact on individual and ability to live independently	Without the service, the focus group mentioned they would be back on drugs, committing crime, in prison, homeless or dead.
Quality of Service	Focus groups talked about the quality of the staff in the service
Impact on Statutory Services and National Priorities	Focus groups spoke of impacts on prison service, health, homelessness and wider Torquay community.