

## Equality impact, needs and requirements assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

### About the policy, practice, service or function you are assessing

Name of policy, practice, service or function: **Fair Access to Care Services (FACS) Cabinet Proposals 23 November 2010**

Assessment team leader name: **Simon Fogel**

Department responsible: **Adults, Health and Housing**

Service Area: **Adult Social Services**

Other members of assessment team:

Name	Position	Area of expertise	Comments
Sarah Swindell	Voluntary and Community Sector team	Health and Social care	
Edith Storer	Diversity forum member	Disability equality	
Jo Moody	Collections Team Manager	Charging	
Nasreen Iqbal	Derby Race Equality Council	Race	
Jennifer Holmes	Action Deafness	Sensory – Hearing	The need for DCC to discontinue services for those people that meet the low to moderate criteria is fully understood, however as an organisation we feel that people that meet the moderate criteria are in danger of moving up to substantial criteria unless there is a an early intervention/prevention programme in place. The present enablement programme is only offered following hospital care.
Ian Chennery	VCS Team Manager	Council wide grant funding	

Equality impact, needs and requirements assessment – Fair Access to Care Services (FACS) Cabinet Proposals 23 November 2010

This assessment was completed in February of the financial year 2010 to 2011

Question	Response/ findings
<b>1- What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?</b>	<p>Main aims of the Fair Access to Care Services Proposals are to:</p> <ul style="list-style-type: none"> <li>• to make sure the Council can provide or commission services to meet eligible needs, subject to their resources of those with the greatest risks of losing their independence</li> <li>• comply with Department of Health guidance on eligibility criteria for adult social care services</li> </ul>
<b>2- Who implements, carries out or delivers the policy, practice, service or function?</b> Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements	<p>Derby City Council Adults, Health and Housing Directorate</p>
<b>3- Who is affected by the policy, practice, service or function, or by how it is delivered?</b> Such as, who are the external and internal customers, groups, or communities?	<p>Adults aged 18 or over living in Derby City especially those currently receiving services from Derby City Council</p>
<b>4- What outcomes do we want to achieve, why and for whom?</b> For example, what do you want to be providing, how well, what changes or improvements,	<ul style="list-style-type: none"> <li>• Derby City Council Adults, Health and Housing Directorate needs to make sure it can provide or commission services to meet eligible needs, subject to their resources, of those with the greatest risks of losing their independence</li> <li>• Department of Health guidance on eligibility criteria for adult social care services (Fair Access to Care Services - FACS) states that councils with adult social services responsibilities should ensure that they can provide or commission services to meet eligible needs, subject to their resources.</li> </ul>

Question	Response/ findings
and what should the benefits be for customers, groups or communities?	<ul style="list-style-type: none"> <li>Councils are required to set an eligibility band</li> </ul>
<p><b>5- What existing or previous inspections of the policy, practice, service or function are there?</b> For example, Best Value Inspections, policy reviews, research into the effects of a policy or practice.</p> <p>What did they tell you?</p>	<p>An Equality impact, needs and requirements assessment undertaken on a new Fair Access to Care Services policy in June 2007. It told us that there was no evidence to suggest that a particular group was negatively affected by this policy or that there was higher or lower take up of services.</p> <p>New Department of Health publication – ‘Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care. Guidance on Eligibility Criteria for Adult Social Care, England 2010’. Some key extracts from the executive summary:</p> <p>14. The aim of this guidance is to assist councils with adult social services responsibilities to determine eligibility for adult social care, in a way that is fair, transparent and consistent, accounting for the needs of their local community as a whole as well as individuals’ need for support.</p> <p>17. It is recognised that future decisions on the longer term care and support system may have potential implications for how social care eligibility is determined in the future, including reconsideration of the balance between national and local responsibilities for assessment. However, this guidance reflects the current responsibility held by local authorities for identifying local priorities and allocating their own resources accordingly.</p> <p>18. Councils should ensure that in applying eligibility criteria to prioritise individual need, they are not neglecting the needs of their wider population. Eligibility criteria should be explicitly placed within a much broader context whereby public services in general are well placed to offer all individuals some level of support. For example, people who do not meet the eligibility threshold should still be able to expect adequate signposting to alternative sources of support (as explained in <i>Place-shaping and promotion of well-being through universal services</i> section, at paragraph 36 of this guidance). Such arrangements will improve outcomes for the wider population and could help some individuals avoid or delay having to rely on health or social care services for support.</p>

Question	Response/ findings

**Identifying potential equality issues and factors**

<p><b>6- What do you already know about the equality impact or need?</b> For example, from research, feedback, consultation or any performance monitoring</p>	<p>An Equality impact, needs and requirements assessment undertaken on a new Fair Access to Care Services policy in June 2007 told us that there was no evidence to suggest that a particular group was negatively affected by this policy or that there was higher or lower take up of services. Therefore, the application of these proposals should cause no particular equality issue.</p> <p>The fact that this impacts on disabled people or people with life limiting illnesses and does not impact on non disabled people or people without life limiting illnesses is simply because disabled people or people with life limiting illnesses are the customer base of adult social services and non disabled people or people without life limiting illnesses are not.</p> <p>The same stands for older disabled people, or frail older people or older people with life limiting illnesses. Also the higher the age band the more women there are than men that receive services. This is because women have a greater life span on average than men.</p> <p>The proposals contained in the Cabinet report dated 23 November 2010 if approved by Cabinet would have an obvious negative impact on those who may no longer receive a service. The test is to see if those within the moderate group are made up of higher proportion of people from one of the equality strands or whether there is a comparable demographic breakdown between those in the moderate criteria and those in the substantial and critical bands.</p> <p>A further test if it is evident that there is a higher proportion of people from one particular equality strand is to look at the demographic breakdown of those in the critical and substantial bands to see if there are any particular equality strands that have a higher proportion than any of the others and seek to understand the impact to those if services weren't available so as to analyse the affect on all three bands.</p>
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Question	Response/ findings
	<p>These tests were scrutinised at a meeting held on 10 February 2011. Anonymous data was supplied about current service users. There were no apparent concentrations. Naturally the older the age group we looked at the more females there were than males – as expected. One thing was evident that there are fewer people from minority communities in the moderate bands than expected. This may well be because families often try to support for longer until crisis or they feel that the type of care the Council may be able to provide would not be seen as culturally appropriate for them.</p>
<p><b>7- Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups?</b> For example, who uses the service, who doesn't and why not?</p>	<p>An Equality impact, needs and requirements assessment undertaken on a new Fair Access to Care Services policy in June 2007 told us that there was no evidence to suggest that a particular group was negatively affected by this policy or that there was higher or lower take up of services. Therefore, the application of the policy should cause no particular equality issue in terms of take up.</p> <p>The proposals contained in the Cabinet report dated 23 November 2010 if approved by Cabinet would have an obvious negative impact on those who may longer receive a service. The test would be to look at the data from the last two paragraphs in the response to question six to see if this would cause people to choose not to seek a service.</p>
<p><b>8- Have there been any important demographic changes or trends locally?</b> For example is the population changing, and if so, how and what might that mean for the service or function?</p>	<ul style="list-style-type: none"> <li>• Over the next five years the forecasts suggest the over-65's population in Derby will increase by 7%.</li> <li>• In addition, those aged over 85, who require the most intensive support services from social care, will increase by 12.5% over the next five years.</li> <li>• This represents a very significant rise given that 56% of the adult social care gross budget is spent on older people's services.</li> <li>• Advances in medical procedures and health care mean that younger adults with disabilities are living longer</li> </ul>
<p><b>9- Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for</b></p>	<p>No there is no indication in terms of the application of the Fair Access to Care Services policy.</p> <p>The proposals will have an effect on people who are currently and people who may be assessed in the future as being moderate in terms of service provision. By the nature of adult social care those it may affect will be from all age groups and / or be disabled people or people with life limiting illnesses. The</p>

Question	Response/ findings
any groups of customers or communities?	proposals do not intentionally target any one particular group or community.

10- What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?	3 Fair Access to Care Services questions – final answers from consultation				
		Agree	Neither agree or disagree	Disagree	Don't know
	The Council should plan ahead to make sure it can provide long term care services to people with the highest levels of need.	86.8%	5.7%	5.1%	2.4%
	Older people and people with complex health needs are living longer thanks to advances in medical treatment.	82.0%	11.2%	1.2%	5.6%
	Older people and people with complex health needs living longer puts extra demands on the money the Council has available to provide support for individuals with the highest needs.	67.6%	17.4%	10.0%	4.7%
	The Council should stop providing care services to people with moderate needs in order to be able to maintain care services to people with the highest levels of need.	18.1%	18.5%	59.0%	4.4%
	The Council should plan for more preventative services to help more people to be able to live independently.	78.7%	12.0%	5.2%	4.1%
	The Council should re-assess everyone with moderate needs to make sure their support requirements have not changed significantly.	76.8%	10.3%	8.8%	4.1%



<p><b>11- Does any equality or diversity objectives already exist?</b> If so, what are they and what is current performance like against them?</p>	<p>Derby City Council's Equality and Diversity Policy November 2009. The Equality and Diversity Policy underpins all other policies, service plans, procedures and systems. The Chief Executive has lead responsibility for implementing and monitoring this policy, but all employees have a responsibility to work from it in all areas of their work.</p>
	<p>All Local Authorities need to be aware of the Equality Act 2010 and make sure their services comply with it.</p>
	<p>Equality and diversity are very important to us at the Council because it means we try to do our best to make sure people are treated fairly and given fair opportunities. We value the cultural diversity of all Derby people as this adds richness to our city, which we are very proud of.</p> <p>Everyone has different needs and equality is about meeting these different needs. We also realise that we need a diverse workforce so we can provide the best possible services to all our community.</p> <p>We are very proud to have achieved the Equality Standard for Local Government Level 3 Equality Mark and now we are working to achieve excellent in the new Equality Framework for Local Government, which has now replaced the Standard. This is a main objective in our Corporate Plan. This new framework is based on three levels of achievement – '<b>developing</b>', '<b>achieving</b>' and '<b>excellent</b>', rather than the five levels of the old Standard. There are five areas for us to work on and these are:</p> <ul style="list-style-type: none"> <li>• knowing your communities and equality mapping</li> <li>• place shaping, leadership, partnership and organisational commitment</li> <li>• community engagement and satisfaction</li> <li>• responsive services and customer care</li> <li>• a modern and diverse workforce</li> </ul> <p>Corporate Equality and Diversity Plan 2009 - 2012. It covers the work we plan to do on equality for the next three years. Having an equality and diversity policy is not enough on its own and it is important that we have a plan to make our policy come to life. So, we have a three-year Equality and Diversity Plan, which all council departments have signed up to.</p>
	<p>Staff Code of Conduct and Customer Care Strategy sets out how staff should act when dealing with service users.</p>
	<p>Adult Medication Policy sets out how people should be supported in that service users are all individuals and as such this policy must be applied with regard to the individual's beliefs, wishes, experience and ability. Employees should be aware of the individual's cultural background and other factors that impact on</p>

	<p>their lives and incorporate this into the way in which they work with individuals. This policy helps to protect vulnerable people.</p> <p>All policies are printed and produced in English. There are facilities to provide the policy in any other way, style or language that will help people access it, should they request it.</p>
<b>12- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</b>	<p>The proposals whilst potentially having an effect on people who are currently and people who may be assessed in the future as being moderate would have a negative impact in terms of service provision. This would not be targeted at any one particular group, but of course by the nature of adult social care those it may affect will be from all age groups and have impairments or life limiting illnesses. This will be more evident amongst older people and a higher proportion of those will be women as the age band increases.</p>

### Collecting the information and data about how the policy, practice, service or function, impacts on communities

Please record your information and data in this table and think about:

- § what information or data you will need
- § using both quantitative and qualitative data
- § making sure that where possible there is information that allows all perspectives to be considered
- § identifying any gaps in the information/ data and what it can tell you

<b>Data or information</b>	<b>When and how was it collected?</b>	<b>Where is it from?</b>	<b>What does it tell you? You need to consider all six equality strands where you can</b>	<b>Gaps in information</b>
Customer feedback and complaints				
Consultation and community involvement			To be based on consultation feedback	

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
Performance information including Best Value				
Take up and usage data	From IT systems	SWIFT	The proposals will have an effect on people who are currently and people who may be assessed in the future as being moderate in terms of service provision. By the nature of adult social care those it may affect will be from all age groups and / or impairments or life limiting illnesses. The proposals do not intentionally target any one particular group or community.	
Comparative information or data where no local information				
Census, national or regional statistics	Census 2001	Census 2001 and mid term estimate	Our mid year estimate is that we have a population of 240,100. The Census told us we have nearly 19% disabled people living in Derby and nearly 16% minority ethnic people. Main religions in Derby are 67.4% Christian, 4.5% Muslim, 3.2% Sikh and nearly 16% no religion. The main languages are English, Punjabi,	We have no accurate statistics for the number of lesbians, gay men and bi-sexual people living in Derby, although the National Audit Office suggests

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
			Urdu and Polish, followed by French. Our mid term estimate tells us that our population will increase by 17% by 2030 with the 70 plus population increasing by some 41%.	they represent 6.6% of the population, which is 15,846 people
Access audits or assessments such as DDA assessments				
Workforce profile			The current workforce profile is available from Derby City Councils website <sup>1</sup>	
Where service delivered under procurement arrangements – workforce profile for deliverers				
Monitoring and scrutiny outcomes				

### Analysing the information and data and setting equality objectives and targets

#### Reference:

<sup>1</sup> Working for the Council – employment statistics April 2006 – March 2007. Available from <http://www.derby.gov.uk/NR/rdonlyres/9829CEB7-4FB9-4419-8515-9420DFAA01D5/0/20062007employmentstatistics.pdf>

Please give your detailed findings in this table

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?
Adult Social Services	Eligibility threshold	Low numbers of people from minority communities accessing services. This may be due to insufficient knowledge of the support the Council can offer or that the services are not seen as appropriate alternative for some.	All groups	People who may have eligible social care needs
Adult Social Services	Electronic information systems	Low numbers of deaf people appear to be using services. This is because the system generates the biggest care provision on reports – if someone needs ongoing support with a mobility issue for example this will appear as their primary support need as the equipment needed to support the impairment is supplied as a one off intervention.	Deaf or hearing impaired groups	Deaf or hearing impaired people
Adult Social Services	Eligibility threshold	The proposal to remove the 'moderate' band will have a negative impact on people	All groups	People assessed as having moderate needs

### Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

Objective/Target:	Raise awareness of the support people from minority communities can get from the Council
Specific	Include as an outcome for the Information, Advice and Advocacy project within transforming social care
Measurable	Can be measured against the baseline snapshot of all service users taken in February 2011
Achievable	Reports can be generated to compare against the baseline snapshot.
Relevant	Yes will allow an analytical comparison to be completed.

Timed	12 months from introduction
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<b>Objective/Target:</b>	<b>Work with people from minority communities to develop appropriate social care support for their cultural requirements</b>
Specific	Include as an outcome for the Market Development project within transforming social care
Measurable	Can be measured against the baseline snapshot of all service users taken in February 2011
Achievable	Reports can be generated to compare against the baseline snapshot.
Relevant	Yes will allow an analytical comparison to be completed.
Timed	12 and 24 months from inception

<b>Objective/Target:</b>	<b>Assess the feasibility and affordability of changing the Electronic information systems to produce reports covering peoples current and past interventions</b>
Specific	Include in the review of the Electronic information systems provision
Measurable	Can be measured against the baseline snapshot of all service users taken in February 2011
Achievable	Reports can be generated to compare against the baseline snapshot.
Relevant	Yes will allow an analytical comparison to be completed.
Timed	September 2011

<b>Objective/Target:</b>	<b>Re-assessment of all people currently assessed as having a moderate eligible need</b>
Specific	To make sure peoples needs have not substantially changed
Measurable	Can be measured against a baseline snapshot of all service users on a moderate eligibility if the proposals are accepted
Achievable	Reports can be generated to compare against the baseline snapshot.
Relevant	Yes will allow an analytical comparison to be completed.
Timed	September 2011

<b>Objective/Target:</b>	<b>Signposting of all people currently assessed as having a moderate eligible need who may loose services if the proposals are accepted</b>
Specific	Support all people currently assessed as having a moderate eligible need losing services to find alternative support in the voluntary and independent sectors
Measurable	Records can be made of all people losing Council services and the alternative support they find

Achievable	Reports can be generated on the records made of alternative services
Relevant	Yes will allow a check to be made that all people are supported to find other provision as part of the proposals to alter the eligibility threshold
Timed	December 2011

<b>Objective/Target:</b>	<b>To see if any specific particular groups do experience a negative impact by the Fair Access to Care Services Cabinet Proposals 23 November 2010.</b>
Specific	To make sure no specific particular group experiences a negative impact
Measurable	Can be measured against the baseline snapshot of all service users taken in February 2011
Achievable	Reports can be generated to compare against the baseline snapshot.
Relevant	Yes will allow an analytical comparison to be completed.
Timed	12 months from introduction

Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2011/2012	2012/13	2013/14		
Raise awareness of the support people from minority communities can get from the Council	Include as an outcome for the Information, Advice and Advocacy project within transforming social care. This can be compared against the baseline snapshot of all service users taken in February 2011 to see if the numbers of people from minority communities using services increases.		April 2012	April 2013	Sally Curtis	Annual
Work with people from minority communities to	Include as an outcome for the Market Development project within		April 2012	April 2013	Perveez Sadiq	Annual

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2011/2012	2012/13	2013/14		
develop appropriate social care support for their cultural requirements	transforming social care. This can be compared against the baseline snapshot of all service users taken in February 2011 to see if the numbers of people from minority communities using services or taking personal budgets increases.					
Assess the feasibility and affordability of changing the Electronic information systems to produce reports covering peoples current and past interventions	Include in the review of the Electronic information systems provision to see if the current or future system can produce reports that detail more information.	September 2011			Perveez Sadiq	One off
Re-assessment of all people currently assessed as having a moderate eligible need	To make sure peoples needs have not substantially changed Since their last assessment	September 2011			Sally Curtis / Brian Frisby	One off
Signposting of all people currently assessed as having a moderate eligible need who may loose services if the proposals are accepted	To support all people currently assessed as having a moderate eligible need loosing services to find alternative support in the voluntary and independent sectors as part of the proposals to alter the eligibility threshold	September 2011			Sally Curtis / Brian Frisby	One off
To see if any specific particular groups do	To make sure no specific particular group experiences a negative		April 2012	April 2013	Perveez Sadiq	Annual



Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2011/2012	2012/13	2013/14		
experience a negative impact by the Fair Access to Care Services Cabinet Proposals 23 November 2010.	impact by using the baseline snapshot of all service users taken in February 2011 against those using the service in 12 months time					