

## Adults, Health and Housing Equality Impact Assessment Form Summary

### Policy: Personalisation Programme

The full version document can be found at (insert URL for full version document here).

### Who is affected by the policy?

The key groups that are likely to be affected by this policy are:

Groups	Effects identified from data/information	Positive effect
Older people	<ul style="list-style-type: none"><li>Older people make up a significant proportion of the local population. We are expecting this population to go up to 17% in the next 30 years, with people over 70 increasing by some 41%</li><li>Older people are more likely to have mobility impairments</li></ul>	The majority of people with a personal budget will be older people. The personalisation programme is a response to the older peoples, disabled people and mental health service users lobbies over many decades to shift more choice and control into their hands.
Disabled people	<ul style="list-style-type: none"><li>The 2001 Census identified that nearly 19% of disabled people living in Derby, this is 42,862 which is above the national average</li><li>The city has one of the highest populations of Deaf people in the country</li><li>16,100 residents were providing 1-19 hours of care, 2,746 people providing 20-49 hours of care and 4,884 residents providing 50 or more hours of care a week</li></ul>	Personalisation promotes equality and social inclusion for disabled people.
Younger people	<ul style="list-style-type: none"><li>Although we have an ageing population, like the rest of the UK, we have a slightly younger profile than the national average.</li><li>A significant number of young people care for adults. At the 2001 Census, 865 young people aged 7 to 17 years were caring for disabled adults including adults with mental health</li></ul>	The personalisation programme includes a carers personal budget. This is a more flexible way of responding to the differing support needs and views of carers.

	issues.	
Race	<ul style="list-style-type: none"> <li>According to the 2001 Census, nearly 16% minority ethnic people live in Derby, including 8.4% Asian people, of which 4% are Pakistani and 3.8% Indian, 1.8% Black or Black British people, of which 1.4% are African Caribbean. Irish people make up 1.4% of our community.</li> <li>We know our community profile has changed since the 2001 Census as new communities have settled in the city, for example people from Poland, Bosnia, Africa, Kosovo, Iraq and Turkey. We also have a Roma community.</li> <li>There are approximately 180 nationalities represented in Derby and around 71 languages spoken. The main non English languages being Punjabi, Urdu, Polish followed by French.</li> <li>Minority ethnic communities may have diverse cultural needs that prevent them accessing services in Adult Social Care. This may include language barriers to understanding information.</li> </ul>	<p>There is anecdotal evidence that self directed support and personal budgets significantly improve access to support for people from black and minority ethnic communities, who can be dissatisfied with traditional services that are felt not to be sensitive to their cultural requirements.</p> <p>Information and materials will be produced in easy read versions, audio and alternative formats, with details about how to request information in different languages.</p>
Gender	<ul style="list-style-type: none"> <li>Of the population of 240,100, 121,500 are men and 118,600 are women</li> <li>Women still tend to be primarily responsible for childcare and caring for elderly, sick and disabled relatives. They are also more likely to be in part time work and on lower incomes.</li> </ul>	There is no evidence to suggest the benefits of personalisation will be disproportionate to men, women or transgender customers.
Religion and Belief	<ul style="list-style-type: none"> <li>People's main religion and beliefs in Derby include Christian 67.4%, Muslim 4.5%, Sikh 3.2% and people with no religion at 15.9%</li> </ul>	Personalisation has the potential to be positive for people of different religions, faiths or beliefs by offering greater choice to meet diverse needs in a person centred way.
Sexuality	<ul style="list-style-type: none"> <li>We have a very active LGBT community in Derby. We estimate there are 15,846 lesbians, gay men and bi-sexual people living in Derby,</li> </ul>	There is no reliable information about the impact on lesbian, gay and bisexual people, but it is anticipated they are likely to be better served by a more

	<p>according to the National Audit Office suggestion of 6.6% representation of the population</p> <ul style="list-style-type: none"> <li>• It is not anticipated that the proposals will affect people disproportionately because of their sexual orientation</li> </ul>	<p>personalised service that is focused on empowering individuals to take as much control as they choose over their care and support.</p>
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In addition:

- Council employees in the Adults, Health and Housing Directorate - there are likely to be changes that will affect the workforce as personalisation may have an impact on the numbers and skills mix of staff. It is difficult to determine at the moment what the workforce needs will be but this will be considered as part of the Transformation programme in the future.
- Carers – since the introduction of carers' personal budgets in 2010, many carers have found this to be a more flexible way of responding to the differing support needs and views of carers. The money can be used to pay for the carer to take a break away from the cared for person and provide for the purchase of equipment, transport or help in the home.

### **What outcomes do we want to achieve, why and for whom?**

#### **Self Directed Support**

This forms a major part of modernising adult social care as detailed in the government's 'Putting People First' vision for personalisation of care and support through the transformation of adult social care. Self Directed Support is one of the means of achieving the outcomes and a key element of the personalisation agenda.

Other strategic benefits for customers, carers, the Council and the wider community include:

- Improving outcomes for people with social care needs
- Delivering efficiency savings through an improved business process realised through deploying appropriately skilled resources, reductions in transaction costs and the use of a new resource allocation system to make more equitable, transparent and affordable funding allocations
- Changing the prevailing culture by extending choice and control for individuals so that they are in charge of their support.

### **Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers:**

Self Directed Support has the potential to be advantageous for specific equality groups within the population by offering greater choice and services to meet diverse needs in a person centred way.

There is often concern that personal budgets may not be attractive to older people, yet In Control's national studies show that 53% of people with a personal budget are older people. However, the people surveyed were new customers entering the process. There is the potential for frail elderly people or people with dementia to face difficulties that require an urgent response. The new SDS policy and Customer Journey will need to allow exceptions to the rules and also that many older people may re-enter the system for a number of reasons over a number of years.

RAS assessments will need to allow consideration of variable conditions. The personalisation process brings more flexibility.

**Is the service having a positive or negative effect on particular people in the community?**

Self Directed Support potentially will be advantageous for specific equality groups within the population, by offering greater choice and services to meet diverse needs in a person centred way.

As this is a new service and it evolves, we will evaluate the new service and capture information about our service to serve our customers better.