

Equality Impact Assessment Form **Reference –**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | Adult Social Care | **Version no** | V1.2 |
| **Assessed by** | Imran Rathore | **Date created** | 19.12.2023 |
| **Approved by** | Iain McBeath | **Date approved** | 19.12.2023 |
| **Updated by** |  | **Date updated** |  |
| **Final approval** |  | **Date signed off** |  |

The Equality Act 2010 requires the Council to have due regard to the need to

* eliminate unlawful discrimination, harassment and victimisation;
* advance equality of opportunity between different groups; and
* foster good relations between different groups

# Section 1: What is being assessed?

**1.1 Name of proposal to be assessed.**

Adult Social Care Prevention Strategy for Adults with Disabilities, to reduce spend by £7,500,000 over the next three years.

**1.2 Describe the proposal under assessment and what change it would result in if implemented.**

To implement a three-year programme of work that will ensure all adults with disabilities who are eligible for adult social care have those needs met, and we will work with disabled people to enable them to be full citizens in Bradford including giving back to their community, working, voting and having a say over the services they need.

Key activity will include:

* Implement projects to seek employment for disabled young people who wish to work, are modernising our day service offer to put people who use those services in control.
* Commission more supported living accommodation with integrated technology to support people in place of traditional residential care and will use our strengths and rights-based approach to help people live ordinary lives with social care as one element of their support.
* Create a new Adults with Disabilities social work service – a long-term case management model to support disabled people throughout their lives. This will include people with care needs who have a learning disability and/or physical disability, with mental health problems or with neurodiversity. Every person in receipt of support will receive a individual strengths-based, rights-based care review to ensure we are pursuing these avenues of greater independence with them, that they are receiving the right level of care, funded in the most appropriate way. This service will work closely with Bradford Children & Families Trust to transition young people with disabilities or who have other eligible care needs to adult social care with appropriate care and plans for their future.
* Implement a programme of work with social care commissioners working alongside social workers to review all contracts and accommodation offers to seek to negotiate where better value for money could be achieved without affecting people’s care and support.
* Through seeking more independent alternatives for people than statutory social care, we will reduce the care budget annually in line with our local authority comparators.

# Section 2: What the impact of the proposal is likely to be

* 1. **Will this proposal advance equality of opportunity for people who share a protected characteristic and/or foster good relations between people who share a protected characteristic and those that do not? If yes, please explain further.**

It will promote equality of opportunity, independence, and enablement for people with disabilities through:

* greater aligning of appropriate packages of care for people, families, and carers
* greater emphasis on enabling people to live as independently as possible.
* Enhanced training to support employability.
* greater use of technology for flexible ways of working, care and specialist enablement
* more personalised solutions for people built around their individual strengths.
* greater value for money derived from reducing and maximising contract values.
* restructuring our support offer to establish synergies and maximise the delivery of a prevention (early intervention) focussed delivery approach.
  1. **Will this proposal have a positive impact and help to eliminate discrimination and harassment against, or the victimisation of people who share a protected characteristic? If yes, please explain further.**

See above

* 1. **Will this proposal potentially have a negative or disproportionate impact on people who share a protected characteristic? If yes, please explain further.**

Yes, adults with disabilities will predominantly be affected by this proposal. However, the focus will be on personalised services for people, therefore any impact on protected characteristics will be low and minimised through our support planning process. As the proposal is developed the detail of any impacts will be assessed to ensure any potential implications on protected characteristics are minimised.

**2.4 Please indicate the level of negative impact on each of the protected characteristics?**

(Please indicate high (H), medium (M), low (L), no effect (N) for each)

|  |  |
| --- | --- |
| **Protected Characteristics:** | **Impact**  (H, M, L, N) |
| Age | L |
| Disability | M |
| Gender reassignment | N |
| Race | N |
| Religion/Belief | N |
| Pregnancy and maternity | N |
| Sexual Orientation | N |
| Sex | N |
| Marriage and civil partnership | N |
| **Additional Consideration:** |  |
| Low income/low wage | M |

**2.5 How could the disproportionate negative impacts be mitigated or eliminated?**

(Note: Legislation and best practice require mitigations to be considered, but need only be put in place if it is possible.)

Our approach will seek to focus on people’s strengths, and enabling people to take properly understood, proportionate and positive risks in living their lives.

We will undertake individual assessments and carry out extensive engagement with people, carers and advocates to ensure support solutions and packages of care are appropriate to the person’s needs. This will enable us to meet our duty under the Care Act 2014 [[1]](#footnote-1) and mitigate against any disproportionate negative impact on any person with a protective characteristic.

By offering other options for people in terms of social care support, people will have the opportunity to access appropriate services (that meet their assessed needs) and be able to maintain their independence and to continue to have a positive contribution and be inclusive in their local community. This will ensure where possible people with protected characteristics are not disproportionately affected. We will further review the potential impact on protected characteristics as part of the development of the delivery programme.

# Section 3: Dependencies from other proposals

**3.1 Please consider which other services would need to know about your proposal and the impacts you have identified. Identify below which services you have consulted, and any consequent additional equality impacts that have been identified.**

Stakeholder management – we will need to engage with our partners within the Health and Social Care Partnership (NHS, ICB & VCS) to ensure we can effectively implement our plans.

# Section 4: What evidence you have used?

**4.1 What evidence do you hold to back up this assessment?**

Regular consultation with people is embedded as part of operational delivery, which provides us with the base line information to support the implementation of our strategy.

Our approach builds on our local experience and research undertaken by national bodies which has demonstrated that significant amounts can be saved through effective demand management across the support system. This includes:

* research undertaken by professor [John Bolton at Oxford Brookes University](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/ipc.brookes.ac.uk/files/publications/John_Bolton_What_are_the_opportunities_for_further_savings_in_adult_social_care_Feb_2016.pdf) which highlighted that lower cost care packages could be replaced by better community based options or through the use of technology enabled care solutions.
* Department of Health’s report: [Evidence review for Adult Social Care Reform](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/assets.publishing.service.gov.uk/media/61a7bc688fa8f503780c1c79/evidence-review-for-adult-social-care-reform.pdf) showcases examples where the use of strength based assessment and personalised package of care have led to a reduction in expenditure [[2]](#footnote-2).
* [Building the Right Support Plan](file:///C:/Users/robertsr/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/MWH69HYK/4A1%20EIA%20Demand%20Mngt%20Strategy%20v5.1.doc) - aims to reduce people going into care homes and outlines the intention for a multidisciplinary approach to reviewing people with complex needs that enables them to achieve greater independence.
* Asset-based Service Delivery – this is at the core of this proposal. The re-specification of support will be based on introducing technological solutions, coupled with increased use of universal services to bring about a net reduction in the amount of paid support provided.
* Personalisation Agenda - sets forth an operating model based on people’s abilities and encourages the full participation of people in their community.
* Outcomes from previous consultations/engagements responding to aspirations for service users to be supported at home and in their local community and existing networks.
* Preparation for adulthood, people told us that they want to be afforded with the same opportunities as everyone else. To live the life they want, with their hopes, dreams and ambitions being seen. To be able to find employment and develop meaningful relationships and ultimately live the life they want.
* Adult Social Care commissioning strategy to minimise the effects of people’s disability by support by supporting people to regain skills and manage or reduce need where possible.

We will be working with our partners within the Health and Social Care partnership to deliver shared objectives centred around our “Home First – Our Vision for Wellbeing” which was approved by the Council’s Executive in April 2017 and endorsed by the partnership in 2018. The partnership approach allows all partners to contribute to focus on joined up and individual actions that contribute to preventing ill health and creating opportunities that help people stay healthy, well and independent.

**4.2 Do you need further evidence?**

We will continueto work with the people we support on an ongoing basis, carrying out individual assessments and engagement with people, carers and advocates to ensure support solutions and packages of care are appropriate to the person’s needs. This will enable us to meet our duty under the Care Act 2014 [[3]](#footnote-3) and mitigate against any disproportionate negative impact on any person with a protective characteristic, while also working with them to co-produce support solutions that meet their needs.

# Section 5: Consultation Feedback

**5.1 Results from any previous consultations prior to the proposal development.**

N/A

**5.2 The departmental feedback you provided on the previous consultation (as at 5.1).**

N/A

**5.3 Feedback from current consultation following the proposal development (e.g. following approval by Executive for budget consultation).**

N/A

**5.4 Your departmental response to the feedback on the current consultation (as at 5.3) – include any changes made to the proposal as a result of the feedback.**

N/A

1. The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act also requires the Council to offer an independent advocate to support participation in the assessment. [↑](#footnote-ref-1)
2. *Prevention and early intervention programmes can prevent or delay the onset of long-term conditions and improve over 65s’ wellbeing and independence.* [↑](#footnote-ref-2)
3. The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act also requires the Council to offer an independent advocate to support participation in the assessment. [↑](#footnote-ref-3)