

## Equality Impact Assessment Form      Reference – Home First

<b>Department</b>	Health & Wellbeing	<b>Version no</b>	1.0
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<b>Final approval</b>	Bev Maybury	<b>Date signed off</b>	06.03.2017

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.

Home First – The vision to meet the wellbeing needs of Bradford District.

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

The document sets out our vision and ambitions for wellbeing across the Bradford District, which are structured around the themes of Home, Health and Happiness. We believe that by focussing our activity around these key themes we will be able to improve and enhance the support and care we provide to people and deliver the commitments we set out in the District Plan 2016 -2020

The delivery of our vision will result in an enhanced focus on (where possible) supporting people in Bradford who are in receipt of Health and Adult Social care support to stay in their own home, so that they can continue to enjoy relationships with their family, friends and be active members of their local community while being able to participate in activities across the wider District.

As part of this refreshed approach, we will be investing in good quality information and advice which will enable people to intervene early and delay or prevent the need for long term care. We will also, through investment and alignment across partners, strengthen our self-care and self-directed support offer in local communities, which will enable us to better support people to feel in control and

make choices about how they want their support arranged around them to meet their **personal** outcomes.

The implementation of **this** approach will also include a robust **workforce development** programme across all agencies to ensure that they are fully equipped with the right skills sets to support the delivery of a early intervention and prevention focussed approach. .

The principles set out in the vision will also guide the way we work with our partners in the public sector including Health, Voluntary, Community and Private sectors to join up services that will support individuals to live as independently as possible, recognise their rights and choices about what is right for them, and ensure they are protected when necessary.

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

### **2.1 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 and independence and enablement for Older People, people with Mental Health issues, Learning Disabilities and Physical Disabilities through:

- increased personalisation of packages of care for people, families and carers
- greater emphasis on enabling individuals to live as independently as possible
- greater use of technology to support people's independence and further development of specialist enablement
- more personalised solutions for individual's travel arrangements
- greater value for money derived from reducing and maximising contract values
- restructuring of the Health & Wellbeing Department (structure) to establish synergies and maximise the delivery of a prevent (early intervention) focussed delivery approach.

### **2.2 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

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

Older people, people with Mental Health, Learning Disabilities and Physical Disabilities will predominantly be affected by this proposal but the focus will be on personalised services for people so impact on protected characteristics will be minimised.

Also, as part of our strategy to reduce residential and nursing places it is intended that more extra care schemes are developed, which will help to improve people's lives and reduce expenditure.

As the proposal is developed the detail of impacts will be further 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
Age	H
Disability	H
Gender reassignment	L
Race	L
Religion/Belief	L
Pregnancy and maternity	L
Sexual Orientation	L
Sex	L
Marriage and civil partnership	L
<b>Additional consideration:</b>	
Low income/low wage	L

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

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 with people, which will be implemented in a compassionate manner to ensure safe and high quality care and support is provided to people in line with the duty set out under the Care Act (2014)<sup>1</sup>.

We will also carry out extensive engagement with people, family members, carers and advocates to negotiate any change in support provision arising from the individual assessment process. Where the individual assessment process identifies a change in service provision we will work with the person's, family members, carers and advocates to introduce the change in a phased approach.

We will also work with our partners in Health and other support services to identify alternative funding streams or support provision and will sign post people, family members, carers and advocates to where this support can be accessed.

By offering other options for people in terms of housing and care support, people will have the opportunity to access appropriate services (that meet their individual assessed needs) and to be in a position to maintain their independence, quality of life and continue to have a positive contribution and be inclusive in their local community.

The approach set out above will ensure where possible people with particular 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.**

N/A

## **Section 4: What evidence you have used?**

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

Large proportions of the people who use our Services are older or have a physical disability or learning disability or have mental health related issues.

The latest statistics from Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) projects a 2% yearly

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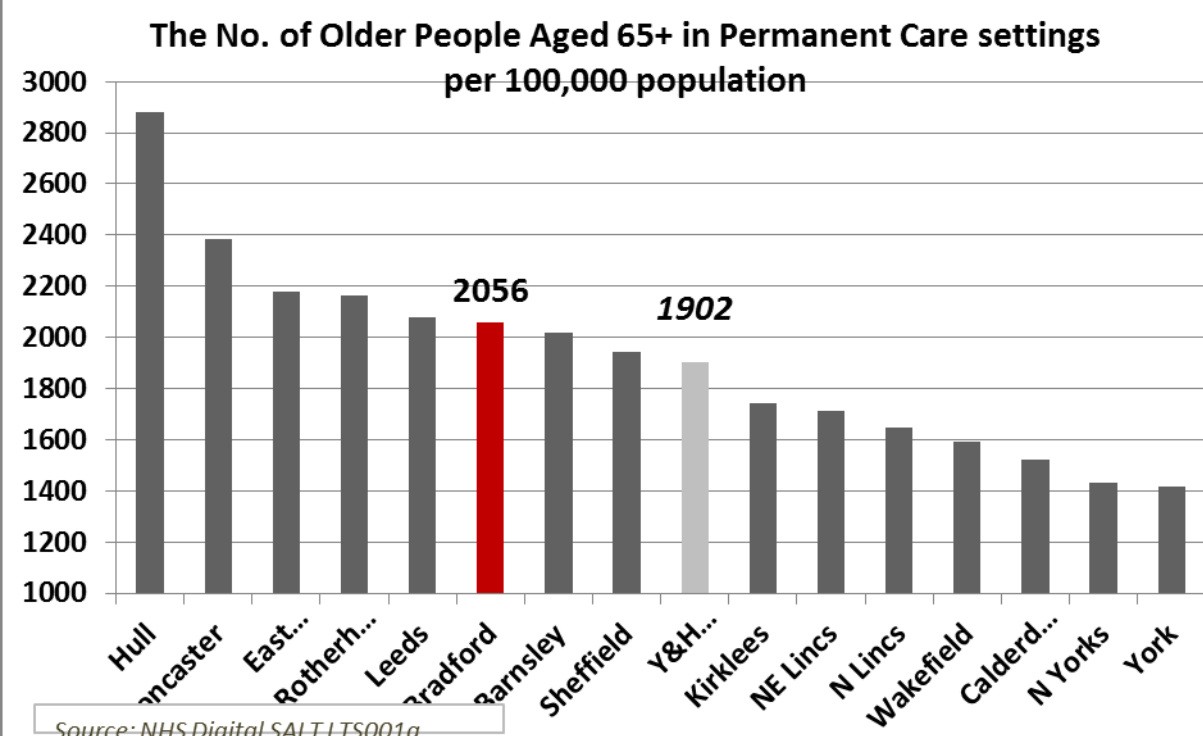
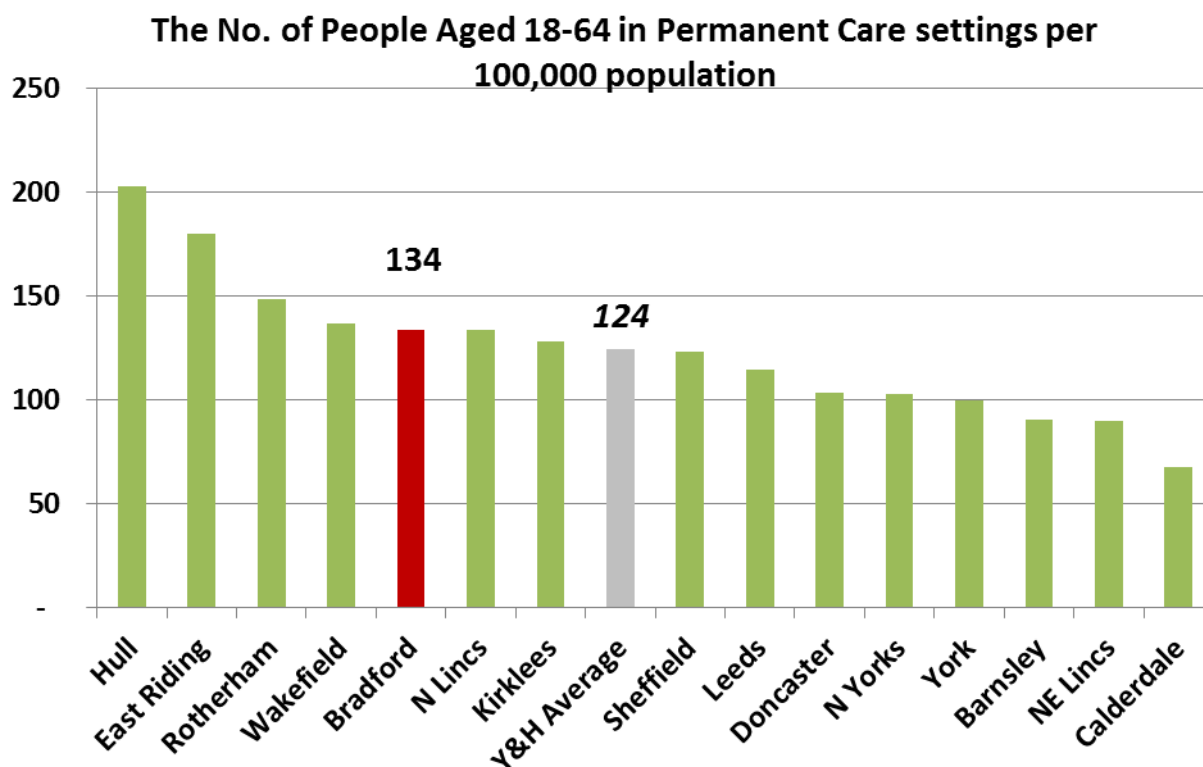
<sup>1</sup> The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act also requires the Council to offer an independent advocate to support participation in the assessment.

increase in the number of service users up to 2030. This means that the demand on our services will continue to grow in the coming years due to demographic growth and changing service expectations and needs.

During 2016//17, the Council supported 6,206 people through Adult Social Services, the data below gives more information on this group.

Age		Ethnicity		
<b>Age</b>	<b>No</b>	<b>Ethnic origin</b>	<b>No</b>	<b>%</b>
<18	0	Asian / Asian British	579	9.3%
18-24	343	Black / African / Caribbean / Black British	63	1.0%
25-34	470	Mixed / Multiple	55	0.9%
35-44	416	Other Ethnic Group	759	12.2%
45-54	477	Unknown / Refused / Not Yet Obtained	553	8.9%
55-64	554	White	4,197	67.6%
65-74	672	<b>Total</b>	<b>6,206</b>	
75-84	1,267			
85+	2,007			
<b>Total</b>	<b>6,206</b>			
Primary support reasons				
<b>Primary support reason</b>	<b>No</b>			
Learning Disability Support	1,367			
Mental Health Support (inc Memory & Cognition)	792			
Physical Support	3,185			
Sensory Support	34			
Social Support (Inc Isolation & Substance Misuse & Vuln Adult)	32			
PSR Unknown	638			
Carer	158			
Vulnerable Adult (included in Social support)				
Awaiting Assessment (Not Recorded in SALT)				
<b>Total</b>	<b>6,206</b>			

## Number of people aged care settings



## 4.2 Do you need further evidence?

The Implementation of the vision (**planning and delivery**) will include involvement of experts by experience including carers throughout the redesign and procurement process.

We will also continue to review our delivery performance through the monitoring of service delivery data and this will also inform the development of our implementation plans.

## 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).

To follow

### 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.

To follow