



**Brighton & Hove  
City Council**

**POLICY, RESOURCES & GROWTH  
COMMITTEE  
SUPPORTING PAPERS**

**4.00PM, THURSDAY, 30 NOVEMBER 2017**

**COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD,  
HOVE, BN3 3BQ**



# SUPPORTING PAPERS

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64	<b>DRAFT REVENUE BUDGET AND CAPITAL INVESTMENT PROPOSALS 2018/19</b>  Report of the Executive Director, Finance & Resources <i>Contact Officer: James Hengeveld Nigel Manvell</i> <i>Ward Affected: All Wards</i>	1 - 76



## Budget 2018/19: Equality Impact Assessments – Service-Users

The council is legally required by the Equality Act 2010 to evidence how it has rigorously considered its equality duties in the budget-setting process. To achieve this, Equality Impact Assessments (EIAs) have been completed on all budget proposals with a potential impact on service-users, related to their legally protected characteristics.

EIAs assess how proposals may impact on specific groups differently (and whether/how negative impacts can be reduced or avoided) so that these consequences are explicitly considered. Further assessment will be made through the budget consideration process and in relation to implementation, if budget proposals are accepted. An assessment of the cumulative impacts across proposals will also be available with the budget papers for full council in February.

Members are referred to the full text of s149 of the Equality Act 2010 – included at the end of this document – which must be considered when making decisions on budget proposals.

Directorate	Service	EIA number
Families, Children & Learning	Health, SEN and Disability: residential, respite and short breaks	1
	Adult Learning Disability Assessment	2
	Adults Learning Disability Day Services: day options	3
	Adult Learning Disability Accommodation Services: residential care and supported living	4a
	School Organisation, Admissions & Home to School Transport	4b
	Children's Centres	5
	Integrated Team for Families and Parenting Services	6
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<b>Care</b>	<b>Adult Social Care: Physical Support, Home Care and Residential</b>	<b>12</b>
	<b>Adult Social Care: Memory and Cognition Support</b>	<b>13</b>
	<b>Adult Social Care: Mental Health Support</b>	<b>14</b>
	<b>Public Health: Integrated Sexual Health and Contraception Service (SHAC)</b>	<b>15</b>
	<b>Public Health: integrated health commissioned services, city weight management, pathways for children with complex needs and free swimming</b>	<b>16</b>
<b>Economy, Environment, and Culture</b>	<b>Network Management and Winter Maintenance</b>	<b>17</b>
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<b>Neighbourhoods, Communities and Housing</b>	<b>Housing: Housing Options</b>	<b>19</b>
	<b>Libraries</b>	<b>20</b>
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# Families, Children & Learning

## Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Families, Children & Learning: Health, SEN & Disability - Residential, Respite and Short Breaks, including Agency Placements	2. EIA 1
3. Head of Service	Regan Delf, Assistant Director, Health, SEN & Disability	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <hr/> <p><u>Current budgets</u></p> <p>Residential respite and short breaks - £1,731,000            Agency Placements - £1,180,000</p> <p><u>Saving:</u></p> <ul style="list-style-type: none"> <li>• Respite, short breaks - £150,000 in 2018/19</li> <li>• Agency placements - £150,000 in 2018/19</li> </ul> <p>These are substantial reductions overall in percentage terms but the aim is to make savings through efficient re-design. We aim to find efficiencies while extending the access of families to short breaks and respite through a re-organisation and an extended menu of options giving more choice. There would continue to be overnight respite options for those in most need and where children require shared care.</p> <p>The new integrated special school hubs will offer an extended range of short breaks outside of school hours more efficiently with increased access for more families. Through the hubs we will offer better support to help families cope at home where children have exceptionally complex needs and challenging behaviours, thus strengthening the resilience of families and reducing the need for overnight respite and children coming into care.</p> <p>The direction of travel in both Children and Adult Learning Disability Services is to enable families to stay together within the city as far as possible by ensuring a comprehensive range of quality integrated services across education, health and care / respite to meet needs locally. This in turn prevents the need for expensive independent provision at a distance from the city. The strategy also aims to empower families through a shift in provision towards Direct Payments so that they can purchase what they need in terms of support, with help and</p>	

	<p>advice provided for them to do this.</p> <p>In addition a further review of contracts with the Community and Voluntary Sector for respite and short breaks is being undertaken to see how they could extend their reach while making greater efficiencies.</p> <p>In terms of the remit for Children's Disability Service (CDS), there are close to 300 families receiving services via the social work and early help service. Around 130 families receive direct payments to enable them to purchase care packages and around 30 at any one time receive overnight respite at one of our two children's homes or through specialist foster care. Although relatively few families receive overnight respite due to the limited number of beds, demand is much higher and the costs are very high. In that contract we are reviewing the way short breaks and respite are delivered to offer a different model that provides a much wider offer with new more affordable short break and respite options included so that resources are distributed more equitably and preventatively, whilst ensuring the families in greatest need continue to have access to shared care arrangements as now.</p>
<p>4</p> <p><b>5. Summary of impacts</b></p>	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Disability, Carers</b></p> <p><b>Age &amp; Disability:</b> This proposal impacts on disabled children and young people. There will be some positive impacts from this proposal, particularly enabling more disabled children and young people needing full time residential and care provision being able to receive this in the city closer to home, families and community, rather than in out of city independent placements.</p> <p>However increasing full-time beds at Drove Road and Tudor House will have an impact on availability of overnight short breaks (i.e. one or two nights a week) – steps will be taken to mitigate this as far as possible.</p> <p>Families can struggle with the challenges that come with having a disabled child and can be exhausted – families sometimes break up under the pressure. Other children in the family may lose out on attention or may struggle with a young carer role.</p> <p>However a high reliance on overnight respite at extremely high cost (£700 per night in council children's homes on average) uses up much of the available budget and means that there are restricted short break and preventative options for the wider group of families getting relatively little or no support now.</p>



	<b>Other impacts:</b> family Carers of disabled children may have reduced ability to work and can be financially disadvantaged. This is particularly the case for single parent families where the additional care needs of children may not be shared to the same extent. Although proposals are designed to avoid reduction in front-line services and support for families with disabled children it may not be possible to mitigate this entirely.
<b>6. Assess level of impact (1= low; 5= high)</b>	<b>2</b>
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <ul style="list-style-type: none"> <li>• To mitigate the impact of a reduction in short break residential options at Drove Road and Tudor House, plans are in place to offer an extension of other short break options, and to increase extended day provision from the new special school integrated hubs. Also better use of direct payments will be put in place with improved recruitment and training of personal assistants.</li> <li>• The Children’s Disability Service has adopted the FACE resource allocation system which provides a transparent and equitable system for allocating short break and respite provision. Particular stresses and burdens on families are picked up through this assessment system and will allocate differential resource for eligible families accordingly.</li> <li>• Consult on options with all stakeholders and principally families of disabled children.</li> <li>• Ensure all statutory duties continue to be met and ensure a wider range of accessible options in terms of short breaks and respite care.</li> <li>• Provide residential provision for those most in need and where children need shared care.</li> <li>• Ensure young carers are assessed and needs met.</li> <li>• Ensure families receive welfare benefits particularly Disability Living Allowance where they are eligible.</li> <li>• Provide support where possible to enable parents to work through extended day options.</li> </ul>
<b>8. Full EIA?</b>	Will be produced before the beginning of the new financial year.
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>

	<p>Impact on all service-users will be monitored via single assessments and annual care plan reviews. Additionally monthly data and performance reports will check that there is no negative impact on children on child protection register or needing to come into care.</p>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>No direct connection to other savings areas at present though it is expected there will be increased demand on the Direct Payments Budget.</p>

**Budget Equality Impact Assessment 2018/19 – Service-Users**

1. Service Area	Families, Children and Learning: Adult Learning Disability Assessment	2. EIA 2
3. Head of Service	Regan Delf	
4. Budget Proposal	<b>What is the proposal?</b>	
	The Financial Recovery Plan proposes a saving of £745,000 by reducing the spend on the Learning Disabilities Community Care Budget.	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified on the following characteristics: Disability (specifically people with Learning Disabilities), Ethnicity, Gender Reassignment, Sexual Orientation, Carers</b></p> <p>Vulnerable people in the City are assessed in accordance with the Care Act 2014 to see if their eligible needs need to be met with care and support.</p> <p>800 adults with a learning disability and / or autism have eligible needs and are currently receiving a service paid for via the Community Care budget. Services being provided are: Residential Care, Supported Living, Community Support and Day Options.</p> <p>Any reduction in the community care budget will have a direct effect on the amount or the way support and care is offered.</p> <p>Care costs are steadily increasing and there is an increasing level of complex needs being identified resulting in higher care costs. This is a trend reflected nationally as well as locally. For people and their families there could be a perceived reduction in the level of service they receive or potentially a change in provider and approach, which can be unsettling for users and families.</p> <p><b>Disability:</b> managing these conversations will require staff to manage any changes in expectations carefully and skilfully. Direct payments must continue to be promoted (Care Act 2014) as a way to deliver more creative</p>	

	<p>and sustainable modes of support and care, which will also be more person centred.</p> <p><b>Ethnicity:</b> People from minority ethnic groups may continue to face disproportionate impacts, for example reduction in budgets for translators or for more in-depth work.</p> <p><b>Gender reassignment:</b> As we are trying to increase engagement with this group, and recent research shows that despite the city being 'trans-friendly' for people identifying as trans discrimination, abuse and isolation are still a problem, thus any reduction in funding may impact negatively on any extra initiatives in this area.</p> <p><b>Sexual orientation:</b> Some LGB people still remain silent or hidden. At a time of resource realignment there is a risk that these groups become more distant or marginalised.</p> <p><b>Other groups:</b> People with Learning Disabilities who are in transition from Children's to Adults' services at this time of resource realignment may be adversely affected, as transition can take longer if not managed creatively and resources are not targeted effectively. This can mean young people with Learning Disabilities could experience a delay in accessing services they are entitled to when reaching 18, such as extra benefits.</p> <p>The Care Act 2014 places a requirement on Local Authorities to assess Carers. Work provided by carers in the city is of huge value, representing a huge saving. Any threat including any funding restrictions could have a direct effect on carers to continue in their caring role.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p><b>2</b></p> <p>There is an obligation to meet statutory need and there is a clear plan to implement a method of operating using the wellbeing and prevention approach as well as an asset based approach to our support and care offer: see below</p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <p>The Care Act asks for more than just Adult Social Care to look to offer support to people, instead recognising that in a city-wide approach must be embraced, encompassing all services from housing through to leisure, to enhance the lives of vulnerable people.</p> <p>Therefore, a new asset based approach is needed; a fundamental and radical rethink to help develop a new conversation with the public about how people, friends and families as well as communities can help people to</p>

remain independent.

The integration agenda with health gives opportunities to reduce duplication and work in a more joined-up way to proactively identify those people who may be at risk of going into hospital or residential care and thus manage risk, help people to live life and have a good death. Together we will ensure improvements in consistency particularly around the giving of information and advice to service users in how to access information, and get support to manage their own care needs.

We aim to carry this out by:

- Providing individuals living with families support to manage and sustain their care arrangements for as long as possible.
- Ensuring the right level of support takes place in the most appropriate setting; maximising independence, health and wellbeing.
- Continuing to offer personal budgets to clients to meet support needs in cost effective way, and promoting direct payments as a means of stimulating more creativity and choice about how people can meet their eligible needs.

Technology must be available for people to be supported remotely and in a modern way from telecare through to telehealth and other technologies and a raft of equipment which can help people remain independent.

A new reviewing framework will invite our partners to join us in reviewing people in a timely way and is intended to release care capacity and target those most in need. Reviews will also include a focus on readiness to move on to more independence, and therefore release some resources for those who need more support.

New and VFM commissioning of appropriate supported living and accommodation services for people with Learning Disabilities will add to the savings in the long term and increase the quality of life for a small but significant cohort of people.

A new reviewing framework across Adult Social Care of our Independent Sector Providers, which includes integrating a digital platform for Performance, Activity and Quality information, will invite our partners to join us in ensuring we only gather and report on information that is needed in a timely way, and help us to ensure support is outcome focused, and resources are directed to those that are most in need.

	<p>An enhanced crisis provision service within Children’s Learning Disability Team will provide targeted prevention work to the highest need service users in the city, working to prevent hospital admissions and placement breakdowns, which can result in higher cost placements being required in the future.</p> <p>The Service will comply with the new Accessible Information Standards (S.250) of the Health and Social Care Act 2012.</p> <p>Commissioners across Children’s and Adults’ services will work together with providers to prioritise assignment of resources, and ensure that the additional focus on all protected groups can continue.</p>
<b>8. Full EIA?</b>	Not needed
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <ul style="list-style-type: none"> <li>• Service users will have their statutory individual Care Reviews</li> <li>• Contracts will be monitored via the Commissioning and Performance Team</li> </ul>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>Housing is a key player to deliver good support and care. Any significant reduction in access to suitable housing will have a direct effect on the Community Care Budget.</p> <p>Public health as a partner is key in promoting wellbeing and healthy lives: this is critical to stem any future and immediate demand.</p> <p>The CCG are a key partner and currently there are some joint funding arrangements in place to share some community care costs for people being discharged from specialist LD hospitals. Any reduction in funding from the CCG would have a direct effect on the community care budget.</p>

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

<b>1. Service Area</b>	<b>Families Children &amp; Learning Directorate: Adults Learning Disability Day Services – Day Options</b>	<b>2. EIA 3</b>
<b>3. Head of Service</b>	<b>Regan Delf – Assistant Director Health, SEN &amp; Disability</b>	
<b>4. Budget Proposal</b>	<p><b>What is the proposal?</b></p> <hr/> <p>Savings proposed is £50,000 which is 7% of the net budget for this service area.</p> <p>The Learning Disability Strategy which lays out the strategic direction for learning disability services - includes increasing the take up of Personal Budgets. The direction of travel for Adult Social Care directly provided service is to focus in-house services on people with the most complex needs.</p> <p>Continue to support people to move on from Day Options at Wellington House to alternative day activities that are available in the city, provided by a range of community and voluntary sector providers, on an individual basis where their needs can be met in different ways.</p>	
<b>5. Summary of impacts</b>	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Disability, Carers</b></p> <p>All service-users are disabled therefore appropriate alternative day activities will need to be sought to meet specific assessed needs.</p> <p>Carers will need to be engaged in the process as they may have concerns about how changes may affect their relative.</p> <p>Feedback from service-users who have already changed and settled in to their new day activities has been positive.</p>	
<b>6. Assess level of impact (1= low; 5= high)</b>	<b>2</b>	

<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <ul style="list-style-type: none"> <li>• All service-users who have a statutory entitlement to ASC and who need Day Activity Support provided to meet their needs, will continue to receive this in a variety of different ways including through Direct Payments. No one's service will stop unless their assessed needs have changed or can be met in other ways.</li> <li>• Engage with affected groups, including carers, regarding change</li> </ul>
<b>8. Full EIA?</b>	<p>Not needed at this stage: last EIA on service merger completed in 2016.</p>
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <ul style="list-style-type: none"> <li>• Service-users will have their statutory individual Care Reviews</li> <li>• Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team</li> </ul>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <ul style="list-style-type: none"> <li>• None envisaged</li> </ul>



**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

1. Service Area	Families Children & Learning Directorate: Adult Learning Disabilities Accommodation Services – Residential Care & Supported Living	2. EIA 4a
3. Head of Service	Regan Delf - Assistant Director Health, SEN & Disabilities	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <hr/> <p>Learning Disability directly provided residential and supported living services budget proposal is a £100,000 saving which equates to 2.3% of the net budget for this service area</p> <p>The proposal is that two of the remaining supported living services are transferred during 2018 (this proposal already has committee approvals). Further efficiencies will be found within the budget areas of the Residential &amp; Supported Living Services including building maintenance.</p> <p>Additionally we will apply to Care Quality Commission (CQC) to re-register as supported living with potential financial benefits for the people living there and the council. Changes will be fully explained to residents and staff and services will quality monitored as before by the CQC. This will enable the people who live there more choice and control over their lives.</p>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Disability, Carers</b></p> <p>In future some service-users will not be able to choose accommodation provided directly by the Council.</p> <p>Some people may have their care and support provided by the independent sector rather than the Council's directly provided service. As with all contracted services the contracts stipulate the standards of care required and the service would be monitored via the council's quality team. Individual service-users support plans are reviewed as required in line with the Care Act.</p> <p>With a successful change of registration service-users with learning disabilities currently living in residential care can have more choice and control in their daily lives.</p>	

	<p><b>Specific impacts:</b></p> <p><b>Disability:</b> All service-users affected have learning disabilities some also have physical impairments and some may be on the autistic spectrum. Individualised support will be provided to cope with change which will be kept to a minimum as care staff will be transferring to new care provider. In a transfer of services the impacts of change will need to be managed in a supportive and individualised way due to the anxiety change can cause. The potential change of registration has positive impacts for service-users increased personal income, choice and control</p> <p><b>Carers:</b> Family Carers may be anxious about any change of care provider.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p><b>3</b></p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <ul style="list-style-type: none"> <li>• All service-users with a learning disability who have a statutory entitlement to ASC and who need accommodation provided to meet their needs will continue to receive services. No one's service will stop unless their assessed needs have changed or can be met in other ways.</li> <li>• Consultation about re-procurement of the supported living services has already taken place. Engagement plan in place to ensure service-users, families and staff are involved and informed in the tender process. Local advocacy scheme Speak Out will provide support to service-users as required in relation to any change of care provider.</li> <li>• Ensure good handovers to new care providers.</li> <li>• Engage with service-users and families in services where a change of registration is being considered. Impacts will be minimised in transferring services as staff who know service-users well will be transferring to the new care provider.</li> <li>• Service-users will have their statutory individual Care Reviews.</li> <li>• Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team</li> <li>• Service will continue to be regulated via CQC.</li> </ul>
<p><b>8. Full EIA?</b></p>	<p>Full EIA completed for transfer of services in 2016. Consider need for further EIA for change of registration.</p>

<p><b>9. Monitoring and Evaluation</b></p>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <ul style="list-style-type: none"> <li>• Service-users will have their statutory individual Care Reviews.</li> <li>• Contracts will be monitored via the Professional Standards, Safeguarding and Quality Monitoring Team.</li> <li>• Service will continue to be regulated via CQC.</li> </ul>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <ul style="list-style-type: none"> <li>• There could be further delays to the re-procurement processes. Delays can increase anxiety about change for service-users, families and staff.</li> <li>• The costs of the re-procured services will be met via the Learning Disability Community Care Budget and budgets for the transferred in-house provision will be transferred to this budget minus required savings.</li> <li>• There are pressures on the Community Learning Disability Team which could potentially impact upon monitoring of new providers for individual service-users. This could mean delays in reviews / reassessments.</li> </ul>

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

<b>1. Service Area</b>	<b>Families, Children &amp; Learning : Home to School Transport</b>	<b>2. EIA 4b</b>
<b>3. Head of Service</b>	<b>Richard Barker</b>	
<b>4. Budget Proposal</b>	<p><b>What is the proposal?</b></p> <hr/> <p>A £70,000 saving has been proposed for the area of responsibility that is defined as School Organisation. This includes our staff and support to deliver on our statutory functions relating to school place planning, school organisation, school admissions, management and leadership of school meals, home to school transport, management and leadership of traded services to schools, outdoor education/adventurous activities responsibilities and the access to education service that combines responsibilities relating to behaviour, attendance, children missing education and child employment.</p> <p>The bulk of the saving is expected to be achieved through operating the wide range of statutory and strategic services with greater efficiency and the redefining of service deliverables outside of the council's statutory responsibilities such as home to school transport. It is also expected that, where appropriate, through collaborative work and further efforts to achieve children and young people's independent travel aspirations demand for services will reduce minimising the pressure on a demand-led budget. The council will continue to consider the entitlement to assistance with transport of individual children and young people according to the statutory guidance and will consider seeking contributions to the provision of assistance for pupils in post 16 provision which is not required to be provided free of charge.</p>	
<b>5. Summary of impacts</b>	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Age (young people), Disability , Child Poverty</b></p> <p>The Council has a statutory duty to provide transport for children with special educational needs, disability or mobility problems which mean that they cannot reasonably be expected to walk to their school. Where entitlement to assistance is identified provision will continue but families who are not entitled to assistance because the child could reasonably be expected to walk to school and expect the parent to accompany the child will not receive assistance.</p>	

	<p>Pupils who successfully achieve the skills to travel independently may suffer from a lack of confidence on occasion and this could affect their attendance at school.</p> <p>Post 16 students and their families may be asked to contribute to the provision of assistance with transport if it is assessed that they require facilitation to attend their course. Those pupils who are assessed as being reasonably expected to attend college with the support of parents/carers including broader family networks and having considered the length and complexity of the journey will not receive assistance with transport.</p> <p><b>Specific impacts:</b>  <b>Age and disability:</b> Continued scrutiny of entitlement for assistance with transport for pupils of compulsory school age and those in post 16 education may result in some pupils no longer being identified as eligible or required to provide a contribution to the cost of providing assistance.</p> <p>Pupils who meet the criteria for assistance will continue to receive assistance. Any contribution to assistance with travel for post 16 pupils will require the provision of a rate for those on low income.</p> <p><b>Child poverty:</b> Children and young people who are affected by child poverty could be impacted if entitlement to assistance with transport for pupils of compulsory school age and those in post 16 education is no longer achieved. Or families may become responsible for a contribution to the cost of providing assistance for post 16 pupils. However any contribution to assistance with travel for post 16 pupils will require the provision of a rate for those on low income.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p><b>2:</b>  It is expected that the bulk of the savings outlined in the proposals will be made through achieving operating efficiencies rather than affecting the delivery of services to specific groups. However the continued focus on the entitlement to transport assistance and the exploration of contributions to transport assistance of post 16 pupils is likely to have some impact on a small number of children and young people and their families.</p>
<p><b>7. Key actions to reduce negative</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p>

**impacts**

All disabled pupils who have a statutory entitlement to transport on account of disability and distance will continue to receive support from the LA: individual assessments for each child linked to the Education, Health and Care Plan (EHCP) process and independent travel training provided by schools will ensure that the assumption that a child can travel to school in ways other than by taxi is reasonable. Where this is not the case a taxi will continue to be provided, and this provision kept under review as independent travel skills improve.

Consultation with schools, parents, students and stakeholder groups on revisions to the provision of transport assistance with post 16 pupils will be held prior to the publication of a transport statement in May 2018.

As part of the EHCP assessment process the opportunity to include home to school transport within personal budgets will be considered in consultation with families so that they may make their own transport arrangements

Children of families with low incomes are entitled to transport assistance (normally a bus pass) if they live more than 2 miles from school rather than more than 3 miles as for other children.

Contributions to transport assistance for pupils in post 16 provision must include a reduced contribution for those on low incomes.

**Specific actions:**

**Age and disability:** Consultation with schools, parents, students and stakeholder groups on revisions to the provision of transport assistance with post 16 pupils will be held prior to the publication of a transport statement in May 2018.

Stakeholder groups will be engaged in discussions about the interpretation of criteria used to determine eligibility for transport assistance for pupils of compulsory school age especially in relation to the reasonableness of expecting the child to walk to school and the expectation that parents accompany the child on that walk to school.

<b>8. Full EIA?</b>	<p>As the bulk of savings are not being identified as being realised through any changes to assistance with home to school transport it is not expected that a full EIA will be produced. Statutory entitlement will be maintained and proposed changes to the assessment of criteria and the propose to consider seeking a request for financial assistance with the provision of transport of post 16 students will be subject to consultation with relevant stakeholder groups.</p>
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <p>The numbers of pupils receiving transport assistance will be closely monitored and regular engagement with stakeholder groups will be maintained throughout the introduction of revised criteria. The impact of any change on participation rates of introducing contributions to the cost of transport assistance for post 16 pupils, if adopted, will also be monitored and evaluated. The statement on the provision of post 16 assistance is subject to annual consultation providing another opportunity to monitor and evaluate the impact of any change.</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <p>Changes to the provision of education for pupils in special schools seek to provide two hubs in the east and the west of the city, catering for the range of needs in the city. This is not expected to create a cumulative impact on the possible changes. The development of the hubs will take place over a number of years and it is not expected that pupils will be required to change their current establishment (which could change their entitlement to assistance with transport).</p>

Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Families, Children & Learning : Children’s Centres	2. EIA 5
3. Head of Service	Caroline Parker	
4. Budget Proposal	<b>What is the proposal?</b>	
	<ul style="list-style-type: none"> <li>• No longer funding a finance post (£30,000)</li> <li>• Reducing the number of children centre groups (group review taking place in the autumn) to reduce staff costs by £30,000.</li> </ul>	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Disability, Ethnicity, Gender (women), Religion/Belief, Sexual Orientation, Child Poverty</b></p> <p>No longer funding the finance post will not have an impact on service-users.</p> <p>£30,000 is a 2% reduction of the total children’s centre budget so will have a small impact.</p> <p>The Group review is looking at the number and level of need of families attending groups to consider how families who most need support can access groups while the overall number of groups is reducing.</p> <p><b>Age:</b> children under 5 years</p> <p><b>Disability:</b> Children’s Centres offer specific groups for disabled children and their parents which will not change.</p> <p><b>Ethnicity:</b> There is a wide variation in the proportion of BME families who attend groups in children’s centres with the highest numbers attending the three Bi-lingual Families Groups. Attendance by families from different ethnicities is being considered as part of the review.</p> <p><b>Gender:</b> The vast majority of parents using the services are women. Any changes to the service will impact</p>	

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	<p>disproportionally on women who have young children.</p> <p><b>Religion/Belief:</b> Attendance by families from different religions is being considered as part of the review.</p> <p><b>Sexual orientation:</b> There are no proposals to change the children’s centre LGBT Rainbow Families Group.</p> <p><b>Child poverty:</b> The intention of the group review is to ensure that families living in poverty attend groups. The review is looking at attendance by children from low income families who are eligible for free childcare places.</p> <p><b>Other groups:</b> The aim of the review is to ensure that families with children who are most likely to have poor outcomes benefit from children’s centre groups.</p>
<b>6. Assess level of impact (1= low; 5= high)</b>	<b>2:</b> overall the funding reduction is small so will have a minimal impact on a small number of people
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <p>Reviewing groups will take account of the number and level of disadvantage of children and families attending the groups, whether more groups can be supported by volunteers and what other groups are available locally.</p> <p>All disabled two year olds eligible for the Disabled Living Allowance are entitled to free childcare places.</p> <p>From September 2016 3 and 4 year olds with working parents can access 30 hours of free childcare a week – helping families living in poverty to access work.</p>
<b>8. Full EIA?</b>	Not needed at present. The review will consider the impact of any changes on protected groups.
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>
	Attendance at Children’s Centre groups is recorded using the Children’s Centre management system and monitored each quarter.

<b>10. Cumulative impacts</b>	The greatest disproportionate effect is likely to be on women and children under five so any other changes impacting on these groups could have a cumulative impact.
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**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

1. Service Area	Families, Children & Learning: Integrated Team for Families and Parenting Services (ITFPS)	2. EIA 6
3. Head of Service	Caroline Parker.	
4. Budget Proposal	What is the proposal?	
	<p><b>Integrated Team for Families and Parenting Service (ITFPS) &amp; Early Help Hub:</b></p> <p>Reduction of two Family Coach posts (£80,000) from a total of 20.</p>	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Disability, Ethnicity, Gender (women and men), Gender Reassignment, Religion/Belief, Sexual Orientation, Child Poverty, people experiencing Domestic/Sexual Violence, Carers</b></p> <p>The Integrated Team for Families (ITF) and Parenting Team is part of the Council's contribution to the national Troubled Families initiative which aims to deliver coordinated and tailored support to families experiencing multiple and complex problems to reduce demand pressures on costly reactive services.</p> <p>The service was restructured in 2017 with the number of ITF teams reduced from four to two and a reduction in the number of Family Coaches. The service is also funded from Troubled Families Budget (£530,000) with part of the funding based on Performance by Results. The Troubled Families Initiative is due to end in 2020 and funding is expected to decrease in 2019-2020.</p> <p>The Family Coaches work with individuals within families of all ages as well as all other protected groups.</p> <p>The greatest disproportionate impact is likely to be on:</p> <ul style="list-style-type: none"> <li>- Children and young people</li> <li>- Women</li> <li>- Families living in poverty</li> </ul>	

- Other groups - Children aged 0-17 and parents and carers of all ages

There is currently a high demand for the service. All referrals to for Family Coaches are screened in the Front Door for Families to identify level of need and cases are allocated to Family Coaches at the Early Help weekly allocation meeting. Where there is more demand than Family Coaches available the Weekly Allocation Meeting will try to find other support for families but this will be different to Family Coaching. This might include providing information or sign-posting to other services.

**Age:** Family Coaches work with children and young people 0-19 and their families. A reduction in providing early help is likely to lead to an increase in the numbers of children referred for higher levels of intervention.

**Disability:** The majority of families worked are affected by a substantial and long term health issues (both physical or mental). A large number of secondary school age children/young people worked with have mental health issues that are disrupting their social life, emotional wellbeing and education that will impact on them in the long term. Engaging and supporting them and their parents, including accessing specialist services is crucial in minimising future adverse outcomes. In addition many of the parents/carers have health conditions that are severely impacting on their and their children's lives. A reduction in funding will impact on the ability to deliver this service and is likely to increase pressure on adult social care as well as children's social work.

**Ethnicity:** The service works with families and individuals within families from a range of ethnic backgrounds therefore a reduction in funding will impact on the ability to deliver this service. There is evidence that children subject to a BME background are proportionately more likely to become subject to Child Protection Plans.

**Gender:** There are a disproportionate number of women accessing Family Coaching interventions and specific provision has been put in place to engage more men onto programmes and work with fathers not living in the family home to positively engage with their children. A reduction in funding will impact on the ability to deliver this service. The recent welfare reforms brought into being through government policy have been demonstrated to disproportionately fall upon single households, which are predominantly headed up by single mothers.

**Gender reassignment:** The service works with individuals within families who define as trans. Workers have been trained in gender reassignment awareness and have knowledge of specialist services that are able to offer further support. A reduction in funding will impact on the ability to deliver this service.

**Religion/belief:** The service works with families and individuals within families from a range of religions and belief systems therefore a reduction in funding will impact on the ability to deliver this service. Due to the work of Prevent and Channel, early identification of people at risk of radicalisation requires early intervention in order to prevent harm.

	<p><b>Sexual orientation:</b> The service works with individuals within families within this protected group therefore a reduction in funding will impact on the ability to deliver this service.</p> <p><b>Child poverty:</b> The majority of families working with Family Coaches live on benefits. Family Coaches support families to access specialist services that will progress them into to work, reduce their debt and sustain their tenancies in order to avoid homelessness. A reduction in funding will impact on the ability to deliver this service.</p> <p><b>Other groups: domestic violence and parents / carers of all ages:</b> A large number of families and children worked with are affected by domestic violence and family coaches provide both direct support and support to access specialist agencies to reduce the risk to both the victim and their children. The service also provides direct support to perpetrators of domestic violence and young people and their parents where child to parent abuse is present.</p>
<b>6. Assess level of impact (1= low; 5= high)</b>	<p><b>3</b></p> <p>In any reduction to early help work it is important to remain mindful that 88% of child deaths that result in a Serious Case Review taking place (i.e. unexpected and caused by harm) were children defined as being in need/open to Early Help or closed to Social Work, having previously been open. (Triennial Review of SCRs). There are implications for the safety and wellbeing of children who are currently just below the threshold for social work intervention, as there will be a reduction in the service that identifies need and responds to it at an early point in time – reducing both the financial and human costs of harm reaching a significant level.</p>
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <ol style="list-style-type: none"> <li>1. The Front Door for Families Weekly Allocation meeting will continue to assess levels of need and ensure that those with the greatest need are referred for family coaching and other families are referred to alternative sources of help.</li> <li>2. To engage with other services that support families including children’s centres, schools, adult services, health services to take a whole family approach and support vulnerable families.</li> </ol>
<b>8. Full EIA?</b>	No.
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>

	<p>This will be monitored through data on the number and characteristics of families being referred to family coaches using Care First.</p>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>Impact of government policy in respect of a family's access to benefits and welfare reforms including the benefit cap and Universal Credit.</p> <p>Impact of council social housing allocations policy could worsen or mitigate circumstances for some families.</p> <p>Impact of growing levels of inequality within Brighton &amp; Hove alongside decreasing access to services to mitigate levels of inequality, is likely to lead to challenges and greater levels of demand upon statutory services.</p>

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

1. Service Area	Families, Children & Learning: Fostering, Placements & Permanence (FPP)	2. EIA 7
3. Head of Service	Karen Devine	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <hr/> <p>Total £220,000 savings are proposed from Fostering, Placements &amp; Permanence (FPP) Budget for 2018/19:</p> <ol style="list-style-type: none"> <li>1. £80,000 from a reduction in the Adoption Support Allowance Budget</li> <li>2. £110,000 Income from providing approved adopters to other Local Authorities</li> <li>3. £30,000 from service re-design aimed at streamlining processes</li> </ol>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Ethnicity, Gender(women), Sexual Orientation, Child Poverty</b></p> <ol style="list-style-type: none"> <li>1. Reduction in Adoption Support Allowances Budget: <p>Adoption Support Allowance Budget for 2017-18 is underspent by £94,000 hence savings for 2018/19 have been identified. The impact of these savings may mean there is insufficient budget to appropriately financially support new adopters coming forward who are unable to adopt without financial support. People on low incomes may also share specific protected characteristics and therefore there may be some disproportionate equality impacts.</p> </li> <li>2. Income from providing approved adopters to other Local Authorities: <p>Due to the downward trend in availability of adopters nationally, there is an opportunity to generate income as locally approved adopters who cannot be used for BHCC children become a sought after resource for other local authorities' children. An income target of £110,000 for the Adoption Team via the provision of 4 sets of approved adopters to other local authorities during 2018/19 is part of the savings plan. This will impact on social worker</p> </li> </ol>	

	<p>and management capacity within the service.</p> <p>3. Service re-design: The Fostering Agency Advisor post supports and advises the BHCC Fostering Panel in its independent scrutiny of all foster carer assessments and makes recommendations as to the initial and continued approval of individual BHCC foster carers. The functions of this post will be absorbed within the Fostering service. There will be a loss of some of the additional quality assurance function the role currently affords.</p> <p><b>Age / Ethnicity / Gender / Sexual Orientation / Child Poverty:</b> young, BME, single parents, LGBTQ and low income families may require an adoption support allowance in order to offer an adoptive home to children.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p>1. £80,000 from Adoption Support Allowance Budget Saving: The current underspend on the Adoption Allowances budget is £94,000. Reducing the budget by £80,000 limits the options to support foster carers to adopt children in their care, and capacity to compete with other local authorities in securing an increasingly scarce adopter resource for our children. Children may remain in care longer and some may not achieve adoption. If there are insufficient funds available to support foster carers and new adopters to adopt funding would need to be identified from other budgets to secure permanence for children.</p> <p>Impact Level 3</p> <p>2. £110,000 Income from providing approved adopters to other Local Authorities: The impact on worker and management capacity in other areas of adoption work will have to be carefully managed in order to minimise the impact on adoption stability and our ability to achieve timely adoption plans for children.</p> <p>Impact Level 2</p> <p>3. £30,000 from Service Re-Design The functions of the Fostering Agency Advisor post will be absorbed within the Fostering Team. This will have to be managed in a way that does not impact on the quality of fostering assessments presented to Fostering Panel or draws focus away from the achievement of the Fostering Recruitment Project Targets.</p> <p>Impact Level 1</p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p>



	<ol style="list-style-type: none"> <li>1. Close scrutiny of all applications for financial support, where possible paying small lump sums rather than commitment to ongoing allowances, thereby affording the possibility of regular review of commitments.</li> <li>2. Close scrutiny of adopter recruitment to ensure sufficient adoptive placements available for Brighton &amp; Hove children.</li> <li>3. Adopter recruitment activity to monitor age and socio-economic groupings of persons enquiring about adoption and attending Adopter Information Sessions and monitor progression through to full adopter approval.</li> </ol>
<b>8. Full EIA?</b>	Full EIA is not required
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>
	<p>Adoption Managers to monitor Adoption Allowance Budget on a monthly basis to project allowances ending and beginning. Early flag for Strategic Leadership Board / Directorate Management Team on individual cases where lack of an allowance is impeding achieving adoption for a child.</p> <p>Adopter recruitment data reports to be reviewed quarterly to monitor impact on adopter sufficiency.</p>
<b>10. Cumulative impacts</b>	<b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b>
	None identified.

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

1. Service Area	Families, Children & Learning: Social Work Staffing	2. EIA 8
3. Head of Service	Tom Stibbs, Principal Social Worker	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <hr/> <p>The key indicators of demand for social worker services have reduced in Brighton &amp; Hove since October 2015, as of the 2<sup>nd</sup> October 2017 these were:</p> <ul style="list-style-type: none"> <li>• The number of total open clients had reduced by 7.7%;</li> <li>• The number of child protection plans had reduced by 7.9%, and;</li> <li>• The number of children in care had reduced by 8.7%.</li> </ul> <p>In addition, staff turnover rates have improved and the use of agency social workers has reduced from over 20% in October 2015 to zero in October 2017.</p> <p>Reducing demand on services has enabled a reduction in social work staffing in line with stated service and budgetary proposals and it is proposed that this will equate to £590,000 in 2018/9. This proposal represents a 7.4% reduction in the budget for social work staffing over the period 2017-9.</p>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Disability, Ethnicity, Gender (women), Gender Reassignment, Religion/Belief, Sexual Orientation, Child Poverty, Carers</b></p> <p>Children’s Social Work services should be delivered equitably across the spectrum of individual children in need. A reduction in staffing in Children’s Social Work should not impact on any one group of people more than another and the current proposals are not based on changing the thresholds for Children’s Social Work Services. These services should be provided to communities in a way that does not disproportionately disadvantage one group over another and this work will continue regardless of budget reduction. However, as highlighted below Children’s Social Work Services do work with certain groups, such as those from BAME groups or those living</p>	

with child poverty, at a disproportionate level.

**Age:** Children are entirely dependent upon others to have their needs met and in many cases are dependent upon a professional network for those needs to be identified and acted upon by others. A reduction in social workers providing support could lead to a disproportionate impact for certain groups of children due to a reduced service for children who are in need or in care.

**Disability:** Children who do not reach the high threshold for support from the specialist Children with Disability team may nevertheless require support as children in need and, in fact they require this support proportionately at a higher rate than children who do not have a disability. Disabled children may, therefore, be at increased risk of being impacted as described above.

**Ethnicity:** There is evidence that children from a BAME background are proportionately more likely to become subject to Child Protection Plans. The impact of a reduction in social work staffing could, therefore, result in a disproportionate impact for this group of children.

**Gender:** The recent welfare reforms brought into being through government policy have been demonstrated to disproportionately fall upon single households, which are in the main predominantly headed up by single mothers. The population of Brighton & Hove are reported to be the second hardest hit, outside of London, as a result of the benefit changes, the full impact of which will not be fully comprehended until the year progresses. Poverty and material inequality have been demonstrated to be linked to a proportionately higher receipt of social work services.

**Gender Reassignment / Religion and Belief / Sexual Orientation:** As we are trying to increase engagement and access to services with these groups of parents and children, any reduction in funding may impact on initiatives to do this.

**Child poverty:** It is widely recognised in research that having a lack of access to resources can create additional stresses that can lead a parent to struggle in providing a safe and consistent home life as the impact of multiple stressors take hold upon family life. Additionally the impact of ever increasing rents and welfare reform is creating a high level of inequality between those children in the city that have and those that do not. This has potential significant implications for children in terms of their identity, needs and protection, which could mean that they are more likely to access children's social work services.

**Other groups:** Children's social work services support children in need and this includes families who are disadvantaged as a result of their circumstances, such as where there are young carers in the household, there has been domestic violence, previous substance misuse problems, problems related to parenting and attachment (particularly with adolescents) and related to preventing homelessness/mitigating the impact of multiple house

	<p>moves caused by the unstable and insecure housing market. Children’s social work services support children in care. These groups could be disproportionately affected by these proposals.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p>Overall impact level – 3</p> <p>In considering the impact of a reduction in social work staffing it should be noted that this will lead to an increase in social work caseloads and the work that practitioners can complete to safeguard families. This has been taken into account in the proposed reductions and these reductions should not increase caseloads above the level that has enabled social workers to effect positive change since the introduction of the model of practice in October 2015. However, a risk that should be acknowledged is the potential increase in demand for social work services that is beyond the control of the Local Authority. For example, such an increase could be due to the potential impact of demographic changes, changes to benefit systems or the impact of child criminal exploitation.</p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <p>As noted above, the current proposals have been balanced to take into account budgetary demands but allow the positive impact of relationship-based practice to continue and will be supported by the implementation from the learning from the evaluation of the model of practice. This will include reviewing and developing specialist support to help social workers affect change for families earlier in social work processes and reduce demand for high-level intervention.</p> <p>Build upon and utilise existing systems to ensure effective relationship-based practice effects change for families and supports families and communities to develop their own strengths to meet children’s needs.</p> <p>Continued implementation of the EIA for the model of practice (EIA CS34).</p>
<p><b>8. Full EIA?</b></p>	<p>The proposals will be reviewed as part of the full EIA which was completed for the service redesign, CS34.</p>
<p><b>9. Monitoring and Evaluation</b></p>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p>

	<p>An ongoing evaluation of the model of practice is in place, which oversees the quality of services provided to children in need. This includes a Quality Assurance Framework and Performance Management Framework as well as feedback from children and families. A full EIA is also in place and this will be reviewed as part of the ongoing evaluation.</p>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>Increasing social work demand due to unforeseen social, policy or demographic changes could increase the impact of these proposals. This would include changed practice by the family law courts.</p> <p>Proposals to reduce funding for the Clermont Family Assessment Centre may also impact on social work capacity (see EIA 10).</p> <p>Impact of government policy in respect of families' access to benefits could potentially worsen as the year progresses.</p> <p>Impact of council social housing allocations policy could worsen or mitigate circumstances for some families.</p> <p>Impact of growing levels of inequality within Brighton &amp; Hove alongside decreasing access to services to mitigate levels of inequality, is likely to lead to greater levels of demand upon statutory services.</p>

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

**EIA 9 – EIA deleted: not needed**

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

<p><b>1. Service Area</b></p>	<p><b>Families, Children &amp; Learning : Clermont Family Assessment Centre</b></p>	<p><b>2. EIA 10</b></p>
<p><b>3. Head of Service</b></p>	<p><b>Tom Stibbs, Principal Social Worker</b></p>	
<p><b>4. Budget Proposal</b></p>	<p><b>What is the proposal?</b></p> <hr/> <p>The key indicators of demand for social worker services have reduced in Brighton &amp; Hove since October 2015, as of the 2<sup>nd</sup> October 2017 these were:</p> <ul style="list-style-type: none"> <li>• The number of total open clients had reduced by 7.7%;</li> <li>• The number of child protection plans had reduced by 7.9%, and;</li> <li>• The number of children in care had reduced by 8.7%.</li> </ul> <p>This reduced demand will lead to reduced demand for assessments and interventions from the Clermont and a review of service provision will allow budgetary proposals to be delivered. It is proposed that this will equate to £75,000, or 16%, in 2018/9.</p>	
<p><b>5. Summary of impacts</b></p>	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Disability, Ethnicity, Gender(women), Gender Reassignment, Religion/Belief, Sexual Orientation, Child Poverty, Carers</b></p> <p>The Clermont Family Assessment Centre is a service providing specialist assessment and interventions for children and families, including risk and parenting assessments, play therapy, solution-focused therapy, consultations for social workers and work with young people with sexually harmful behaviour and adult sex offender risk assessments. The Clermont is based within Children’s Social Work services and these services should be delivered equitably across the spectrum of individual children in need. However, as highlighted below, the Clermont is a specialist service and, therefore, provides specific services to certain groups, such as those who have experienced domestic or sexual violence, and these groups will be affected by these proposals at a disproportionate level.</p>	

**Age:** children are entirely dependent upon others to have their needs met and in many cases are dependent upon a professional network for those needs to be identified and acted upon by others. A reduction in the Clermont services could lead to a reduced service for children who are in need or in care or children who have experienced domestic violence or sexual abuse.

**Disability:** Children who do not reach the high threshold for support from the specialist Children with Disability team may nevertheless require support as children in need and, in fact that they require this support proportionately at a higher rate than children who do not have a disability. This may include services from the Clermont Centre.

**Ethnicity:** There is evidence that children from a BAME background are proportionately more likely to become subject to Child Protection Plans. The impact of a reduction in services from the Clermont could result in a disproportionate impact for this group of children.

**Gender:** The recent welfare reforms brought into being through government policy have been demonstrated to disproportionately fall upon single households, which are in the main predominantly headed up by single mothers. The population of Brighton & Hove are reported to be the second hardest hit, outside of London as a result of the benefit changes, the full impact of which will not be fully comprehended until the year progresses. Poverty and material inequality have been demonstrated to be linked to a proportionately higher receipt of social work services and this would include the Clermont. Domestic and sexual violence are gendered crimes and women/girls are more likely to experience them and so a reduction in services from the Clermont could result in a disproportionate impact for this group of children.

**Gender reassignment / religion and belief / sexual orientation:** As we are trying to increase engagement and access to services with this group of parents and children, any reduction in funding may impact on initiatives to do this.

**Child poverty:** It is widely recognised in research that having a lack of access to resources can create additional stresses that can lead a parent to struggle in providing a safe and consistent home life as the impact of multiple stressors take hold upon family life. Additionally the impact of ever increasing rents and welfare reform is creating a high level of inequality between those children in the city that have and those that do not. This has potential significant implications for children in terms of their identity, needs and protection, which could mean they are more likely to require support from the Clermont Centre.

**Other groups:** Children's social work services, including the Clermont Centre, support children in need and this includes families who are disadvantaged as a result of their circumstances, such as where there are young carers in the household, there has been domestic violence, previous substance misuse problems, problems related to parenting and attachment (particularly with adolescents) and related to preventing



	homelessness/mitigating the impact of multiple house moves caused by the unstable and insecure housing market. The Clermont Centre provides specialist service to people experiencing and perpetrating domestic or sexual violence and also therapeutic support for children.
<b>6. Assess level of impact (1= low; 5= high)</b>	<b>3</b> In considering the impact of a reduction in the Clermont staffing, it should be noted that this will lead to a potential decrease in the number of assessments and interventions that the centre will be able to complete and this could impact negatively on the support to families. The decrease in assessments completed by the Clermont could also lead to an increase in requests for expensive expert assessments in court. However, the review of the service delivery model for the centre is intended to support a shift in social work practice so that social workers have access to more immediate specialist support and that this informs their assessments. This review will consider the wider funding implications of a shift of focus from expensively commissioned independent assessments. In addition, some services delivered by the centre are funded separately and will not be reviewed under these proposals, such as the Child Sexual Abuse Project and the Domestic Abuse Perpetrator Programme.
<b>7. Key actions to reduce negative impacts</b>	<b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b>
	<p>The review of the service will include developing specialist support to help social workers effect change for families earlier in social work processes and reduce demand for high-level intervention. The review will be based on a proposal that the services provided by the Clermont will have more impact if they are more directly linked to the social work teams and that, where possible, these services are mediated by the social worker's relationship with the family.</p> <p>Build upon and utilise existing systems to ensure effective relationship-based practice affects change for families and supports families and communities to develop their own strengths to meet children's needs. Continued implementation of the EIA for the model of practice (EIA CS34).</p> <p>Some services provided by the Clermont Centre are funded separately and would not be subject to review under this proposal, such as the Child Sexual Abuse Project and the Domestic Abuse Perpetrators Project.</p>
<b>8. Full EIA?</b>	The proposals will be reviewed as part of the full EIA which was completed for the service redesign, CS34.
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>

	<p>An ongoing evaluation of the model of practice is in place, which oversees the quality of services provided to children in need. This includes an annual report as well as feedback from children and families. A full EIA is also in place and this will be reviewed as part of the ongoing evaluation.</p>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>Increasing social work demand due to unforeseen social, policy or demographic changes could increase the impact of these proposals. In particular, this could include the impact of decisions and practices within the family law system.</p> <p>Proposals to reduce funding for social work staffing may also impact on the services delivered by the Clermont.</p> <p>Impact of government policy in respect of a family's access to benefits could potentially worsen as the year progresses.</p> <p>Impact of council social housing allocations policy could worsen or mitigate circumstances for some families.</p> <p>Impact of growing levels of inequality within Brighton &amp; Hove, alongside decreasing access to services to mitigate levels of inequality, is likely to lead to greater levels of demand upon statutory services.</p>

## Health & Adult Social Care

### Note:

There are a range of jointly funded contracts between the Clinical Commissioning Group (CCG) and Brighton & Hove City Council that are currently subject to funding review by the CCG. This review process is currently ongoing and as such the potential impact on this contracted provision is not yet known. Once this review is complete any decisions that require Equality Impact Assessments to be completed will be completed and submitted.

1. Service Area	Health & Adult Social Care: Adult Social Care - Physical Support and Sensory Support	2. EIA 11
3. Head of Service	Brian Doughty	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <p>Community Care budget funding packages of care to meet statutory responsibilities across adult care groups apart from Learning Disability and mental health.</p> <p>The proposed saving totals £1.704m which is 11% of the total net budget (£15.348m).</p> <p>Services include; community support, home care, supported accommodation, residential and nursing care.</p> <p>Continue with the agreed Direction of Travel for Adult Social Care focusing upon reducing demand through a number of approaches:</p> <ul style="list-style-type: none"> <li>• increasing access to advice and information,</li> <li>• signposting,</li> <li>• development of asset based social work maximising community support mechanisms,</li> <li>• integration with health colleagues, both commissioning and front line delivery, to provide a better joined up service to customers/patients.</li> </ul> <p>Support delivery of preventative approaches to reduce flow of new care packages, ensure all new care packages secure value for money, prioritise reviews and target higher cost packages to explore more effective means of delivery, integration with health to focus upon admission avoidance and discharge to assess at home.</p>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <p><b>Disproportionate impacts identified on the following characteristics: Age (older people), disability (mental and physical), Carers, people with substance misuse issues</b></p> <p>The proposals will impact on all service user groups, users and carers. We will adopt a strengths based approach</p>	

	<p>making best use of community assets and networks always ensuring eligible needs are met as part of statute.</p> <p>The Community Care budget is used to purchase services for a range of vulnerable people and their carers and proposals will impact on older people, people with mental health issues, a physical disability, long term conditions, sensory impairment and those with substance misuse problems.</p> <p>Savings will be achieved by continued reduction in residential/nursing home placements. The Home First programme will be rolled out across the Health and Social Care system, assessing people's needs in their own home rather than the acute hospital setting is already reducing the size and cost of home based packages of care. We will adopt an approach that focuses on people's strengths and ensure access to community assets and networks to provide support.</p> <p>For people and their families they could see a change in the level of service they receive. Potentially a change in provider and approach which can be unsettling for users and families.</p>
<b>6. Assess level of impact (1= low; 5= high)</b>	2 as eligible needs will continue to be met
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <ul style="list-style-type: none"> <li>• Personalised approach and making use of community assets can increase independence and better outcomes.</li> <li>• <b>The Council has a statutory duty to meet assessed eligible need and this will continue.</b></li> <li>• Care Act has imposed national eligibility criteria which will be implemented rigorously.</li> <li>• Comprehensive use of the Resource Allocation System will ensure equity across all client groups. Families will be supported through any change.</li> <li>• All Carers to be offered a Carers assessment and a personal budget, in line with requirements of the care act. Maintaining level of support to Carers to ensure they are able to continue in their caring role and that the right support is available.</li> <li>• Ensuring a person centred approach and the provision of a direct payment where appropriate.</li> <li>• We will ensure targeted support to those who have greatest difficulty.</li> </ul>
<b>8. Full EIA?</b>	Yes - on service specific proposals

<p><b>9. Monitoring and Evaluation</b></p>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <p>The Resource Allocation System is externally moderated and monitored through the Resource Panel. Social Work supervision will ensure eligible needs continue to be met. Annual User Survey will monitor effectiveness and any negative impacts. The statutory review process will also monitor impact.</p>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <p>Any changes in Health Service provision in the city can impact particularly on those people the Community Care budget supports. This will be closely monitored through the Better Care Programme and other joint planning mechanisms.</p>

**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

<p><b>1. Service Area</b></p>	<p><b>Health &amp; Adult Social Care: Adult Social Care - Physical Support Home Care and Residential</b></p>	<p><b>2. EIA 12</b></p>
<p><b>3. Head of Service</b></p>	<p><b>Brian Doughty</b></p>	
<p><b>4. Budget Proposal</b></p>	<p><b>What is the proposal?</b></p> <hr/> <p>Independence at Home and Community Short term services provide support, primarily to frail elderly people.</p> <p>The proposed saving totals £0.326m which is 9% of the total net budget (£3.692m).</p> <p>Changing demand and increasing focus of enabling hospital discharge and return home requires a review and refocus of provision to support changing demand.</p> <p>With a focus on admission avoidance and ensuring flow from the acute hospital, ensuring people are maintained in community settings, complete a review of the pathways that are supported by Homefirst, bedded provision in Resource Centres and our Home Care offer.</p> <p>Working closely with the CCG, Sussex Community Foundation Trust and applying genuine integration principles, we will facilitate a more streamlined pathway delivering a reduced need for both the number and size of ongoing packages of care and placements leading to a reconfiguration of the current level of bedded provision and Home Based Care.</p> <p>Move towards embedding the Home First pathway which will reduce future demand on Independence at Home service and bedded units.</p>	
<p><b>5. Summary of impacts</b></p>	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: Disability</b></p> <p>We will retain a service of last resort with no adverse impact expected. This proposal should only improve patient/service user experience.</p>	

<b>6. Assess level of impact (1= low; 5= high)</b>	<b>1</b>
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <p>Any potential impact will be monitored by both Adult Social Care and Health partners.</p>
<b>8. Full EIA?</b>	None needed.
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <p>Jointly monitored by NHS and ASC.</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>Any change in the level of NHS provision could impact but this will be agreed jointly by the Council and CCG.</p>



**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

<b>1. Service Area</b>	<b>Health &amp; Adult Social Care: Adult Social Care - Memory and Cognition Support</b>	<b>2. EIA 13</b>
<b>3. Head of Service</b>	<b>Brian Doughty</b>	
<b>4. Budget Proposal</b>	<p><b>What is the proposal?</b></p> <p>Community Care budget funding packages of care, support, residential/nursing care for people suffering a cognitive impairment (mainly dementia in older people).</p> <p>The proposed saving totals £0.141m which is 3% of the total net budget (£5.105m).</p> <p>Services will include Community Support, Home Care, direct payments, supported accommodation, residential/nursing care and specialist placements.</p> <p>Improving value for money by learning the lessons of effective models elsewhere that can maintain people at home longer and further reduce reliance on more traditional statutory services.</p> <p>Improving control of the care home market and provide increased community solutions. Continue with the agreed Direction of Travel for Adult Social Care: increased emphasis on effective information, advice and signposting to reduce demand.</p> <p>Continued development of a strength/asset based social work approach to lessen reliance on publicly funded services. Integration of front line teams with health and other partners to create efficiencies.</p> <p>Lower cost (i.e. reduced funding requirement) for new placements and through targeted reviews of current placements, making use of community assets to reduce reliance on high cost services.</p>	
<b>5. Summary of impacts</b>	<b>Highlight the most significant disproportionate impacts on groups</b>	

	<p><b>Disproportionate impacts identified on the following characteristics: Age (older people), Disability (cognitive impairment)</b></p> <p>This part of the Community Care Budget supports people with Dementia, mainly older people.</p> <p>Increase provision of block contract beds within the City.</p> <p>New provision of Extra Care Housing in the City for clients with dementia will provide an alternative to residential care for some.</p> <p>We will continue ensuring we comply with our statutory duties to meet eligible needs. We will make best use of people’s strengths, community networks and assets to reduce reliance on public funded services and residential/nursing home care leading to greater independence and better outcomes.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p><b>2</b> as eligible needs will continue to be met as part of our statutory duty</p> <p>Will impact on an estimated 472 people in the city with a dementia diagnosis</p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <ul style="list-style-type: none"> <li>• Personalised approach and making use of community assets can increase independence and better outcomes.</li> <li>• The Council has a statutory duty to meet assessed eligible need and this will continue.</li> <li>• Care Act has imposed national eligibility criteria which will be implemented rigorously.</li> <li>• Comprehensive use of the Resource Allocation System (RAS) will ensure equity across all client groups. Families will be supported through any change.</li> <li>• All Carers to be offered a Carers assessment and a personal budget, in line with requirements of the care act. Maintaining level of support to Carers to ensure they are able to continue in their caring role and that the right support is available.</li> <li>• Ensuring a person centred approach and the provision of a direct payment where appropriate.</li> <li>• We will ensure targeted support to those who have greatest difficulty.</li> </ul>

<b>8. Full EIA?</b>	EIA will be completed as any changes are implemented.
<b>9. Monitoring and Evaluation</b>	<p data-bbox="472 225 2018 300"><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <p data-bbox="472 363 1563 400">Monitored through staff supervision, Resource Panel and user carer surveys.</p>
<b>10. Cumulative impacts</b>	<p data-bbox="472 467 2011 542"><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <p data-bbox="472 582 2007 687">Any changes in Health Service provision in the city can impact on those people the Community Care budget supports. This will be closely monitored through the Better Care Programme and other joint planning mechanisms.</p>

1. Service Area	Health & Adult Social Care: Adult Social Care - Mental Health Support	2. EIA 14
3. Head of Service	Brian Doughty	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <p>The proposed saving totals £0.199m which is 4% of the total net budget (£4.728m).</p> <p>As per direction of travel, model of:</p> <ul style="list-style-type: none"> <li>• increased personalisation to reduce reliance on public funded services</li> <li>• improving value for money by learning the lessons of effective models elsewhere that can maintain people at home longer and further reduce reliance on more traditional statutory services</li> <li>• increased use of supported accommodation will reduce the reliance on residential and nursing care.</li> </ul> <p>Lower cost (i.e. reduced funding requirement) for new placements and through targeted reviews of current placements, making use of community assets to reduce reliance on high cost services. Involves continued review of cost of placements, reductions in waiver use, and reviews of S117 placements to reduce costs and/or increase client contributions.</p>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <p><b>Disproportionate impacts identified on the following characteristics: Disability (mental health)</b></p> <p>This part of the Community Care budget supports those of working age with a significant, enduring mental illness. We will continue ensuring we meet our statutory duties to meet assessed eligible need. Savings will be made by further reducing reliance on residential/nursing home care, by better use of supported housing, reducing reliance on packages of home support and by adopting an approach which focuses on people’s strengths and linking them into upon community assets and networks.</p>	

<b>6. Assess level of impact (1= low; 5= high)</b>	2 as eligible needs will continue to be met  Will impact on an estimated 359 people in the city
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <ul style="list-style-type: none"> <li>• Personalised approach and making use of community assets can increase independence and better outcomes.</li> <li>• <b>The Council has a statutory duty to meet assessed eligible need and this will continue.</b></li> <li>• Care Act has imposed national eligibility criteria which will be implemented rigorously.</li> <li>• Comprehensive use of the Resource Allocations System (RAS) will ensure equity across all client groups. Families will be supported through any change.</li> <li>• All Carers to be offered a Carers assessment and a personal budget, in line with requirements of the care act. Maintaining level of support to Carers to ensure they are able to continue in their caring role and that the right support is available.</li> <li>• Ensuring a person centred approach and the provision of a direct payment where appropriate.</li> <li>• We will ensure targeted support to those who have greatest difficulty</li> </ul>
<b>8. Full EIA?</b>	Yes
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <p>Monitored through regular social work supervision, Resource Panels and user/care surveys</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <p>Any changes in the level of NHS provision for those with a mental illness could impact but will be closely monitored through joint planning arrangements with the CCG</p>

1. Service Area	Health & Adult Social Care: Integrated sexual health and contraception (SHAC) service	2. EIA 15
3. Head of Service	Stephen Nicholson	
4. Budget Proposal	<b>What is the proposal?</b>	
	<p>Savings of £600,000 will be realised from the integrated sexual health and contraception service (total budget £3,485,000) through:</p> <ul style="list-style-type: none"> <li>• Re-pricing the sexual health tariffs</li> <li>• Introducing self-testing for asymptomatic patients</li> <li>• Efficiency savings from administrative and back-office functions</li> </ul>	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified on the following characteristics: Age (younger people), Ethnicity, Gender (men), Sexual Orientation</b></p> <p>Younger people (&lt;25), men who have sex with men (MSM) and people with a black ethnicity are disproportionately affected by poor sexual health (detail below). A reduction in the timely access to screening, testing and treatment could result in increased incidence of sexually transmitted infections (STI) and HIV. Access to self-testing can be on-line or through normal clinic booking system. We anticipate moving about 10% of current testing activity on-line. This relates to asymptomatic patients only and will be offered as a choice. Any patients unable or unwilling to use the online system will be seen in clinic as usual. Other areas have found self-testing to be a popular option.</p> <p><b>Age:</b> Rates of sexually transmitted infections and repeat infections are high in young people under 25. Chlamydia is the most common bacterial STI, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) opportunistic screening remains an essential element of good quality sexual health services for young adults. Any reduction in screening capacity could lead to an increase in the incidence and prevalence</p>	

	<p>of the infection</p> <p><b>Ethnicity:</b> Black Africans are disproportionately affected by HIV infection and high rates of sexually transmitted infections are observed in those with a black ethnicity. Any delay in access to testing and treatment could lead to an increase in the incidence and prevalence of STIs and HIV in these populations.</p> <p><b>Gender:</b> Men who have sex with men are disproportionately affected by HIV and STIs. Any delay in access to testing and treatment could lead to an increase in the incidence and prevalence of HIV and STIs in this group.</p> <p><b>Sexual orientation:</b> As noted above, men who have sex with men are disproportionately affected by HIV and STIs. Any delay in access to testing and treatment could lead to an increase in the incidence and prevalence of HIV and STIs in this group.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p>2</p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <p>A significant proportion of the savings will be achieved through deflating the tariffs payable for the clinical services. Savings will also be achieved by introducing self-testing for asymptomatic patients and combining an online service with the chlamydia screening programme. Internal efficiency savings will allow the provider to absorb the budget reductions without significant reduction in service delivery.</p> <p><b>Age:</b> The levels of screening to be achieved by the service will be specified and monitored. Achievement of screening targets is a KPI. If the provider fails to meet this target the onus is on them to put in place a remedial action plan which may include additional interventions and/or changes in the way services are delivered. Commissioners will work with providers to prioritise assignment of resources to those at greatest need. The development of an on-line self-test service will mitigate against any reduction in service</p> <p><b>Ethnicity:</b> Ethnicity will be monitored as part of contract and performance monitoring. We will promote the availability of HIV testing online, in community settings and in primary care. Commissioners will work with providers to prioritise assignment of resources to those at greatest need.</p> <p><b>Gender and Sexual Orientation:</b> Rates of HIV, STIs and repeat infections will be monitored by sex and sexual</p>

	orientation. We will promote the availability of HIV testing in primary care and online self-testing, and testing in community settings for HIV and STIs. Commissioners will work with providers to prioritise assignment of resources to those at greatest need.
<b>8. Full EIA?</b>	Full EIA not required
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <ul style="list-style-type: none"> <li>• Contract monitoring data</li> <li>• Sexual health services activity data</li> <li>• HIV and STI diagnosis rates by demographic categories</li> <li>• Chlamydia screening coverage and detection rates</li> <li>• Safe and Well at Schools survey data</li> </ul>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>None identified.</p>



**Budget Equality Impact Assessment Template 2018/19 – Service-Users**

<b>1. Service Area</b>	<b>Health and Adult Social Care: Public Health savings</b> (integrated health commissioned services; community weight management contracts; pathway for children with complex needs; and free swimming contracts)	<b>2. EIA 16</b>
<b>3. Head of Service</b>	<b>Alistair Hill</b>	
<b>4. Budget Proposal</b>	<p><b>What is the proposal?</b></p> <p>Proposed savings of £836,000 from the 2018/19 public health budget of £21,154,023 which is made up from a ring-fenced public health grant, council and external funding; savings includes:</p> <p>Sexual Health – savings of £600k from a contract value of £3,485,000 for integrated sexual health services: see separate EIA 15.</p> <ol style="list-style-type: none"> <li>1) Review and redesign of integrated health commissioned services (i.e. sexual health and substance misuse (tobacco, alcohol, drugs)) for young people to create a service providing an Adolescent Health Offer with a reduction of £70,800 from a budget of £467,000.</li> <li>2) Redesign and reprovision of the community weight management contracts, and changing the NHS pathway for children with complex needs, with a reduction of £106,000 from a budget of £506,000.</li> <li>3) Extension of the free swimming contract for children aged 4-16 with Freedom Leisure with a saving of £25,000 from the current value of £108,000.</li> </ol>	
<b>5. Summary of impacts</b>	<b>Highlight the most significant disproportionate impacts on groups</b>	

**Disproportionate impacts identified on the following characteristics: Age (younger people), Disability, Ethnicity, Religion/Belief, Child Poverty**

- 1) Reduction in budget for integrated health commissioned services will impact on children and young people.
- 2) A reduction in spend on weight management services should not impact on any one group of people or organisation (e.g. schools) more than another but there could be an overall reduction in service availability for any individuals/organisations requiring support for their weight management/nutritional needs. Where possible, interventions will involve the whole family unit. This service should take a life course and whole systems approach.

The change to the weight management pathway for children with complex needs will affect children. The majority of children who attend the NHS weight management clinics are referred by school nurses in mainstream schools and the intention is that all children who need this service will be referred to other local paediatric and health improvement services.

- 3) Any changes to the free swimming scheme will impact on young people aged 4-16 in the city who have registered for the scheme. There are currently 23,196 young people (67% of eligible children in the city) registered as part of this scheme. Changes to the scheme could hit low income groups for whom cost of swimming is likely to be a more significant barrier.

**Summary of specific impacts:**

**Age:**

- 1) Reduction in budget for integrated health commissioned services will impact on children and young people.
- 2) Both locally and nationally, overweight and obesity among children, young people and adults increases with age, up to the age of 75. Therefore any reduction in funding may impact on extra initiatives to engage all the different age groups across the large age spectrum that need support.
- 3) Reduced physical activity amongst -4-16 year old age group.

**Disability:**

- 2) As we are trying to increase engagement with this group, the current weight management service runs sessions for individual groups e.g. the Deaf/deaf community only where signing translation service is provided as part of the programme. Therefore any reduction in funding may impact on extra initiatives to do this.

	<p><b>Ethnicity:</b></p> <p>2) As we are trying to increase engagement with this group, the current weight management service runs sessions for BME groups in addition to providing a translation service as part of the programme. Therefore any reduction in funding may impact on extra initiatives to do this.</p> <p><b>Religion/belief:</b></p> <p>2) As we are trying to increase engagement with this group, the current weight management service runs sessions for individual faith groups as part of the programme. Therefore any reduction in funding may impact on extra initiatives to do this.</p> <p><b>Child poverty:</b></p> <p>2) Brighton &amp; Hove residents in the most deprived areas are 1.7 times more likely to be obese than those in the most affluent. As we are trying to increase engagement with this group, any reduction in funding may impact on extra initiatives to do this.</p> <p>3) For the free swimming scheme, there are a similar proportion of residents registered across quintiles of deprivation (measured using the Indices of Multiple Deprivation). There is a risk that changing the scheme may result in low income groups being less likely to participate in swimming, leading to lower level of activity and resulting impacts on health and wellbeing of these groups.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p><b>2</b></p>
<p><b>7. Key actions to reduce negative impacts</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <p>1) No mitigating impacts are identified.</p> <p>2) Commissioners will work with the new providers to prioritise assignment of resources, to ensure that the additional focus on these groups can continue.</p> <p>3) We will continue to support programmes providing free/low cost opportunities to support active lifestyles</p>

	amongst young people, and ensure cost is not a barrier to low income groups in recommissioning of the free swimming scheme.
<b>8. Full EIA?</b>	<p>For proposals 1 and 3, no further EIA needed.</p> <p>2) A full EIA will be undertaken as part of the weight management service redesign/re-tender process.</p>
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <ol style="list-style-type: none"> <li>1) Regular monitoring of activity and impact on sexual health and substance misuse of young people including access to services by groups with protected characteristics.</li> <li>2) Quarterly contract reviews will be held with the new service providers. Performance reports will be discussed at these meetings and the impact of the budget reduction on the service provision to different groups will be monitored there too.</li> <li>3) Via data collected through the Free Swimming programme and contract monitoring with Freedom Leisure.</li> </ol>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>Reducing the weight management service and access to free swimming could have a cumulative impact on the healthy weight of children.</p>

# Economy, Environment and Culture

## Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Economy, Environment and Culture: Network Management and Winter Maintenance	2. EIA 17
3. Head of Service	David Parker	
4. Budget Proposal	<b>What is the proposal?</b>	
	Continuation of the 4 year planned 12% reduction to Highway maintenance budgets. Saving of £44,000 in 2018/19.	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified on the following characteristics: Age (older people), Disability</b></p> <p>Whilst the highway network of the city is used by everyone and therefore any negative impacts on that network will impact on all residents and visitors to the city, the most significant impacts of any deterioration to the network that results from this budget reduction will be felt by those who are older or disabled. This disproportionate impact results from the increased likelihood of these groups suffering trips/falls from a reduction in planned maintenance of these assets as well as the increased severity of injury and subsequent health and social care needs that may arise from such incidents. In addition these vulnerable groups are more likely to become socially isolated if they do not feel their local highway is a safe environment for them to venture out into.</p> <p><b>Age:</b> Older people more likely to suffer trips/falls etc. and to be more severely injured. In addition, where they feel that their local highway network is not a safe environment (e.g. uneven footways, deteriorating road surfaces. This could lead to a fear of going out which could lead to social isolation.</p> <p><b>Disability:</b> Disabled people may be more likely to suffer severe health impacts from trips and falls dependent on the nature of their impairment. Those with visual impairments may be more at risk from issues that emerge with footways and carriageways, such as uneven surfaces, potholes etc.</p>	

<b>6. Assess level of impact (1= low; 5= high)</b>	2
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <hr/> <p>Highway inspectors routinely inspect the highways and footways and identify and prioritise works. This is a statutory function of the Council. Emergency and safety works are prioritised as needed and were required budgets reallocated in year.</p> <p>New road surfacing is incorporated wherever possible into new transport schemes.</p> <p><b>Age and Disability:</b> Emergency and safety works will still be done where there is most needed and where particular issues are raised they will be fully assessed by the Highway Inspection Team.</p>
<b>8. Full EIA?</b>	Not at this time.
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <p>Number of insurance claims and the level at which they are paid out are monitored and a spike/sustained increased in this would indicate an issue that would need to be addressed.</p> <p>The network is reviewed as part of the work on the Highway Asset Management system on an annual basis.</p> <p>The National Highways and Transport survey annually records opinions from residents on issues including the condition of roads and footways. A significant decrease in figures from this survey would indicate that a different approach was needed. These are part of the reported KPIs for the service annually.</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <p>There is a year on year cumulative impact of savings in this budget area, as less planned preventative work can lead to higher financial impacts when works get to the point where they need to be done on emergency safety</p>

grounds. This may happen with increased frequency in the future as planned maintenance is decreased over time – road and footways surfaces are therefore more likely in the future to go from needing work to catastrophic failure than with a full planned maintenance programme.

In addition the city has benefited from a number of consecutive mild winters. If a significant severe winter event(s) were to take place this would leave the budget at critical levels for not just the current year but future years as there would be an impact on already depleted contingency budgets.

Increased insurance pay-outs will lead to increased insurance premiums to be paid. In recent years, this has increased greatly which represents a potential future budget pressure.

Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Economy, Environment and Culture: City Transport / Parking Services Group	2. EIA 18
3. Head of Service	Charles Field	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <p>2% inflationary increase in fees &amp; charges which would be approximately £490,000 to meet traffic management objectives, including achieving a higher turnover of spaces and supporting economic growth in the city. Any increase in price allows for a decrease in demand from users. Members of the public may choose not to pay to park on street due to price increase. This could lead to inclusion issues.</p> <p>Specific issues will be targeted – e.g. the possibility of increasing the costs of second+ resident permits and the introduction of high emission / diesel 50% increase on resident permits. There will not be an increase across the board which will require significant changes to signage and more negative impacts on certain groups.</p>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <p><b>Disproportionate impacts identified on the following characteristics: Age (older people), Disability, Carers</b></p> <p>In regard to the potential increase of parking fees this may have an impact on all groups within society as the amount they pay to park on street would increase. This is in line with transport objectives of supporting sustainable transport options and reducing vehicles.</p> <p>This may mean carers have to pay more for a carers' permit or a visitor permit if they live in a different parking zone to the person they visit.</p> <p>The ongoing work identifying Blue Badge fraud frees up parking spaces for eligible blue badge holders and we will continue with Blue Badge fraud investigation work to protect disabled bays from misuse.</p> <p>Any surplus parking income is mainly spent on providing free bus passes for elderly and disabled people to</p>	



	encourage alternative sustainable transport choices.
<b>6. Assess level of impact (1= low; 5= high)</b>	2
<b>7. Key actions to reduce negative impacts</b>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p> <p>Officers will work to ensure any increase in fees will avoid negative impacts as much as possible. Fee increases may be targeted at areas where parking is at capacity to help provide drivers with better access to currently congested areas.</p> <p>Any surplus parking income is mainly spent on providing free bus passes for elderly and disabled people to encourage alternative sustainable transport choices.</p>
<b>8. Full EIA?</b>	Not required.
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <p>Regular review meetings are held to review on-street and off-street parking usage.</p> <p>We have applied for and been awarded People's Parking accreditation. This scheme was set up by Helen Dolphin MBE, a disability rights campaigner, to provide independent feedback about the facilities and public car park experience from a disabled user perspective, with regular monitoring and reviews. We have also received Park Mark accreditation from the police for our off-street car parks as safe car parks to use. It is nationally recognised and we receive significant feedback that we were chosen via the Park Mark website.</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>None identified.</p>

## Neighbourhoods, Communities and Housing

### Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Neighbourhoods, Communities & Housing - Housing – housing options and housing needs	2. EIA 19
3. Head of Service	Tracy John	
4. Budget Proposal	<b>What is the proposal?</b>	
	Reduce staffing by a Housing Options Officer and Housing Needs officer: £36,000 in 2018/19.	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified: Disability, Child Poverty</b></p> <p>Reduction of front line officers providing advice and assessment of homeless households. This will impact as it may take longer to undertake casework to achieve prevention and / or statutory assessments as to the homelessness duty owed. Homeless households who are owed a housing duty are vulnerable by definition and so a reduction in staff may impact on groups such as families with dependent children or pregnant women – or vulnerable due to mental or physical impairments that make them less able to manage than the average person; people leaving care; institutions or armed forces.</p>	
6. Assess level of impact (1= low; 5= high)	5 - impacts on very vulnerable people	
7. Key actions to reduce negative impacts	<b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b>	
	We are upstreaming prevention working with Adult Social Care, Children's Services and Health to identify early indicators that someone will become homeless in order to try and prevent it. Also to better manage and move work away from reactive responses, services are channel shifting where possible to assist more people through	

	more efficient methods. We have delivered a service redesign to remove duplication and handoffs amongst the service.
<b>8. Full EIA?</b>	Not required as actions to manage reduced staffing are in place.
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>
	Monitoring performance indicators relating to time taken to make decisions; impact on ability to prevent homelessness.
<b>10. Cumulative impacts</b>	<b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b>
	<p>We have cumulative impacts from the loss of multiple staff in Housing Needs at a time when we are anticipating an increased need for the service due to the impact of welfare reforms taking place in a very high housing cost economy, which reduces the potential prevention solutions for people.</p> <p>We have been fortunate in being awarded grant for 2 years to pilot “trailblaze” different ways of intervening earlier to prevent homelessness and will receive additional burdens funding to implement new Homelessness legislation which introduces new statutory duties that will offset these impacts for a couple of years.</p>

Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Neighbourhoods, Communities & Housing: Libraries	2. EIA 20
3. Head of Service	Sally McMahon	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <hr/> <p>Budget proposals for Libraries for 2018/19 are:</p> <ul style="list-style-type: none"> <li>• Reduce facilities management charges on Libraries PFI by £30,000</li> <li>• Achieve increase income of £45,000 in Hove Library from letting commercial spaces</li> <li>• Increase in income of £10,000</li> </ul>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <hr/> <p><b>Disproportionate impacts identified on the following characteristics: no specific impacts identified</b></p> <ul style="list-style-type: none"> <li>• These savings proposals are in keeping with the Libraries Plan 2016-20, approved by Council in March 2016.</li> <li>• The reduction in facilities management charges through the Libraries PFI will not have any service implications so there are no equalities implications.</li> <li>• The original plan to relocate Hove Library was rejected by Policy Resources and Growth Committee in June 2016 and instead the council committed to remaining in the current Carnegie building. As a result of this, new plans were developed to make the library service more sustainable in this building, which included increasing income by letting out spaces to third parties. The letting of spaces in Hove Library will reduce the public and staff library space and so have a limited impact on service provision.</li> <li>• Income generation is largely an increase in commercial activity, so there are no equalities implications.</li> </ul>	
6. Assess level of impact (1= low; 5= high)	1	
7. Key actions to	<b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b>	

<p><b>reduce negative impacts</b></p>	<p>The letting of space in Hove Library will reduce the public and staff areas for library use:</p> <p><u>Implications for the public:</u> Although the space is reduced, there will still be the full range of library services for all ages in this building, so no disadvantages for any specific groups. The overall amount of stock will be reduced, but this is being off-set by work to ensure that the stock that remains reflects the library needs of the diversity of local communities and responds to specific requests. The changes made this year (which has included reduction in hours and reduced bookfund) have resulted in an increase in library borrowing, which demonstrates it is not volume that counts but quality.</p> <p><u>Implications for staff:</u> The move of the staff work room and rest-room out of the basement will have an impact on staff. To mitigate this impact, staff have been involved in the design and decision-making on where the new staff facilities will be located and what they will be like. The new work and rest rooms will be fully accessible. There will be new staff toilets in the semi-basement area which will not be fully accessible, but neither are the current staff toilets in the basement. Disabled staff will continue to have access to the accessible toilet that is on the ground floor and is available to public and staff users.</p>
<p><b>8. Full EIA?</b></p>	<p>Not needed.</p>
<p><b>9. Monitoring and Evaluation</b></p>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <ul style="list-style-type: none"> <li>• Monitoring customer feedback and complaints</li> <li>• Monitoring level of stock borrowing and reservations</li> <li>• Regular discussions with staff to ensure the new staff facilities meet their needs, and take account of needs of staff with protected characteristics.</li> </ul>
<p><b>10. Cumulative impacts</b></p>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>None identified at present.</p>

Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Neighbourhoods, Communities & Housing: Regulatory Services, pest control	2. EIA 21
3. Head of Service	Jo Player, Annie Sparks and Nick Wilmot, Joint Acting Heads of Regulatory Services	
4. Budget Proposal	<b>What is the proposal?</b>	
	£20,000 increased income from pest control service £109,000 deletion of posts across Regulatory Services	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<b>Disproportionate impacts identified on the following characteristics: no specific impacts identified</b>  Reduction in investigation resource and increase in charges for pest control service.	
6. Assess level of impact (1= low; 5= high)	<b>1</b> Minimal but may impact on lower income families requiring pest control services, resulting in health issues if unable to pay for pest removal.	
7. Key actions to reduce negative impacts	<b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b>	
	Targeted enforcement and advice at those independent small and medium sized enterprises. Modernisation programme to explore field officers undertaking some parts of regulatory services role to avoid duplication so that officers are able to concentrate on undertaking statutory work.	
8. Full EIA?	Not required.	

<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <hr/> <p>Monitor impacts via Interplan</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <hr/> <p>Modernisation programme for Neighbourhoods, Communities and Housing directorate may mitigate impacts from proposals as mentioned above with the creation of field officer posts.</p>

## Finance & Resources

### Budget Screening Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Finance & Resources - Revenues & Benefits – digital programme	2. EIA 22
3. Head of Service	Graham Bourne	
4. Budget Proposal	<p><b>What is the proposal?</b></p> <p>The Revenues &amp; Benefits function is moving towards an on-line service as part of the Digital First programme. The proposed savings of £82,000 reflect the reduction in supplies and services costs and administrative resources as the programme is rolled out over the next three years. Over the three years there will be a channel shift that will mean an incremental reduction in face to face opening hours and eventually a reduction in telephone capacity. However if the digital programme is introduced effectively these changes should reflect the change in customer demand.</p>	
5. Summary of impacts	<p><b>Highlight the most significant disproportionate impacts on groups</b></p> <p><b>Disproportionate impacts identified on the following characteristics: Age (older people), Disability, Ethnicity, Child Poverty</b></p> <p>Any reduction in Benefit Administration capacity has the potential to impact on the speed and quality of the service and therefore must be delivered with improved efficiency in place. The savings are designed around the implementation of digital services providing this efficiency. The Benefit customer base naturally encompasses those on low incomes and a high proportion of vulnerable customers. The programme to 2020 does not advocate that the service will be 100% digital and there will still be a telephone service and a limited face to face one. The service change needs to be supported and the Digital First programme recognises this. As explained below some groups may be less able to engage with a digital service. Mitigation and support is being designed to address the digital inclusion issues and to be effective this will include a requirement to build in equalities monitoring into the provision.</p> <p>Citizens online research identified the following:</p>	



	<p>The key figure that our baseline analysis came up with was 16% of the Brighton &amp; Hove population are at risk of digital exclusion i.e. lacking internet access at home or not possessing all of the five key digital skills: Communicating, Transacting, Managing information, Problem-solving, and Creating.</p> <p>The groups most affected are: Low income households, Retired people, and Older workers (50+) These people are more likely than average to be frequent users of public services such as Housing Benefit or Adult Social Care. So the active customer base for Council services will have higher levels of digital exclusion than the average for the population.</p> <p>The areas where these people are most concentrated are: Hangleton, Moulsecoomb, Whitehawk, North Portslade, Woodingdean, Hollingbury and Central Brighton (parts of Regency, St. Peter's &amp; North Laine and Queens Park wards).</p> <p>There is currently no equality data on footfall in the customer service centre to identify any differentials in the use of service (though it is now being collected), but it's not believed that any age group would be disproportionately impacted by reduced opening hours. Current statistics also show that with the proposed change in 2018/19 the service would still have the capacity to meet current footfall.</p> <p><b>Specific impacts:</b></p> <p><b>Disability:</b> The Citizens Online research does not identify disabled people as one of the most impacted groups. However some of the factors identified in their research in relation to the correlation with social inclusion and low income would suggest that there would be an impact. There is also the position regarding the type of impairment and the suitability of digital as a communication channel.</p> <p><b>Ethnicity:</b> The Citizens Online research does not identify ethnicity/race as one of the most impacted groups. However some of the factors identified in their research in relation to the correlation with social inclusion and low income would suggest that there would be an impact. It has been reported from Benefit Officers that face to face is a preferred option for many citizens for whom English is not their primary language.</p> <p><b>Child poverty:</b> there is a correlation between low income and digital exclusion.</p>
<p><b>6. Assess level of impact (1= low; 5= high)</b></p>	<p>2</p>
<p><b>7. Key actions to reduce negative</b></p>	<p><b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b></p>

**impacts**

The service has direct awareness through its benefit and welfare reform work and the capacity to recognise cases of potential digital exclusion and adapt its individual or collective service accordingly. The service is working closely with Digital Brighton & Hove.

As with any change in the benefits service there has been careful consideration in the proposals of the impact on service capacity. Not only are there customer implications in under-resourcing the service or not having resilience to deal with increases in demand, but significant financial repercussions that could be counter-productive to the saving intent and impact on other council services.

The service has a continual programme that focuses on the rationalisation of existing resources to maximise the value of first contact with the customer and minimise double handling, error and cost. This work encompasses the intelligent use of technology in terms of automated communication with other benefit agencies and online claiming.

In terms of the transformation careful consideration has to be given to how this is supported in terms of the operational and cultural changes for staff and in terms of the service provision change for customers and their behavioural change to adapt to it.

The service is being supported in delivering its digital programme by Digital First (it is effectively one of the pioneer services for the corporate programme) and Customer Insight who are supporting the transformation. Lessons learnt are being compiled from other authorities who are further ahead on their digital transformation. The progression is iterative and incorporates learning and adaptation as it progresses. In June 2016 Digital First produced an Equalities Audit Report with an action plan based on recommendations to improve data collection and reporting on protected characteristics.

The key service for the support of digital delivery is the Library Service. The Library Service has been redesigned to an enabling one with the strategic intent of working with the voluntary sector across the city's libraries to support citizens in becoming confident to self-help using services and accessing information on the internet. This network provides the platform for the digital transformation of Revenues & Benefits and the services that follow it. It is designed to be inclusive and tackle the identified groups of digital exclusion.

The transition to a full digital offer will take 3+ years and it is only in 2019/20 that other options for customer contact are sizeably reduced. Consequently the impact on those who are currently digitally excluded will be minimal.

**Specific actions:**

**Disability:** The corporate approach to digital support through the libraries reaches out into communities and is

	<p>designed to improve customer digital confidence and competence. The service is often aware of individual disabilities, normally because of benefit entitlement, and provides and has access to specialist support around vulnerabilities. The digital rollout will use this information to ensure suitable sensitivity and support.</p> <p><b>Child poverty:</b> For low income families the corporate approach to digital support may extend to identification of digital exclusions in Families, Children and Learning and specific actions as a result. The service has direct awareness through its benefit and welfare reform work and the capacity to recognise cases of potential digital exclusion and adapt its individual or collective service accordingly. Managing this group as part of the transformation is important to the success of the programme.</p>
<b>8. Full EIA?</b>	Not needed at this stage
<b>9. Monitoring and Evaluation</b>	<b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b>
	The Digital First Team and the Service are discussing how to monitor rollout impact with a view to setting a template for future digital rollouts across other services.
<b>10. Cumulative impacts</b>	<b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b>
	The Digital Delivery coincides with a downsizing of the service to reflect reduced caseload because of the introduction of Universal Credit, and to make budget savings. This may increase pressure on the capacity to support the transformation particularly if workloads do not decrease at the predicted speed. The realisation of a programme of national welfare reforms will also put further pressure on the service.

## Strategy, Governance & Law

### Budget Equality Impact Assessment Template 2018/19 – Service-Users

1. Service Area	Strategy Governance & Law: Democratic Services	2. EIA 23
3. Head of Service	Abraham Ghebre-Ghiorghis / Mark Wall	
4. Budget Proposal	<b>What is the proposal?</b>	
	<p>Saving of £32,000 against an overall budget of £594,650.</p> <p>The bulk of the saving comes from a service redesign and reduction in overall staff figures following a resignation and a transfer into the Civic Office. The remainder of the saving is to be achieved from reductions in the print budget and supplies &amp; services budgets.</p>	
5. Summary of impacts	<b>Highlight the most significant disproportionate impacts on groups</b>	
	<p><b>Disproportionate impacts identified on the following characteristics: Disability</b></p> <p>Support for non-decision-making meetings may have to be withdrawn, as there will be greater pressure on staff and less available support to Members. The intention is to encourage greater use of electronic agendas by Members and to provide training to enable them to use their devices effectively so as to reduce print costs.</p> <p>In addition, specific software programmes such as ‘read-write’ to assist Members with any notified disabilities can be installed on their devices. This will also be dependent on the necessary investment and support from ICT (e.g. integration onto a new platform and provision of suitable devices to utilise the Modern.gov facility).</p>	
6. Assess level of impact (1= low; 5= high)	2	
7. Key actions to reduce negative	<b>What actions are planned to reduce/avoid negative impacts and increase positive impacts?</b>	

<b>impacts</b>	<p>Democratic Services Officers will work with Members to enable greater flexibility and use of their tablet devices for agendas and committee papers, and with officers to ensure that they are more self-confident in using the report management system on the Wave.</p> <p>A reduced number of hard copies of papers will be made available to those Members who require them, although it is hoped that as they become more adept at using their mobile devices in meetings, this need will decrease.</p>
<b>8. Full EIA?</b>	<p>An EIA for the team will be undertaken once the move to HTH and the rollout of mobile devices to Members has been completed.</p>
<b>9. Monitoring and Evaluation</b>	<p><b>How will you monitor the impact of this proposal and the success of your mitigating actions on these groups over the coming year (or more)?</b></p> <p>A review after each committee cycle will be undertaken to identify how many users are making use of the electronic agendas/papers and further training and help will be directed to those still taking hard copies.</p>
<b>10. Cumulative impacts</b>	<p><b>Might related proposals from other service areas (or other changes) worsen or mitigate impacts from your proposal?</b></p> <p>The use of mobile devices will depend on sufficient Wi-Fi connections being available in council buildings and alternative provision may need to be available if it was to fail.</p>

## 149 Public sector equality duty

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
- tackle prejudice, and
  - promote understanding.
- (6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- (7) The relevant protected characteristics are—
- age;
  - disability;
  - gender reassignment;
  - pregnancy and maternity;
  - race;
  - religion or belief;
  - sex;

- sexual orientation.

- (8) A reference to conduct that is prohibited by or under this Act includes a reference to—
- (a) a breach of an equality clause or rule;
  - (b) a breach of a non-discrimination rule.
- (9) Schedule 18 (exceptions) has effect.

