

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

The Care Act 2014

INTRODUCTION

The Government's Care Act is a consolidating piece of legislation for Adult Social Care which also brings the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support.

For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care, so that people will not have to sell their home in their lifetime to pay for residential care.

It sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and replaces Fair Access to Care Services (FACS) with a new national eligibility threshold for care and support. It also extends our responsibilities to cover the social care needs of prisoners within the three prisons in South Gloucestershire.

The key aspects of the Act come into effect in April 2015, apart from the cap on maximum contribution by people towards their care costs which commences in 2016.

Further information, tools and guidance

[What is the Care Act?](#) from [Skills for Care](#) on [Vimeo](#).

[Community care website](#) - A useful one stop shop of all things related to the Care Act. Includes guidance and fact sheets from the Department of Health, final regulations for Part 1 of the Act, an Easyread version and much more.

[Skills for care](#) - Provides learning and development opportunities and workforce planning guidance, plus a helpful video on what the Care Act is.

[Social Care Institute for Excellence](#) - Useful information, tools and guidance relating to commissioning advocacy, assessment and eligibility, safeguarding adults and more.

[Surrey County Council video](#) - Helpful short video from Surrey County Council with subtitles on what the Care Act means for local authorities.

Briefing notes & Bulletins

[Briefing note for Stakeholders](#)

[Care Act e-bulletin March 2015](#)

[Care Act e-bulletin February 2015](#)

[The Care Act briefing note - 24 October 2014](#)

[The Care Act briefing note - July 2014](#)

RESEARCH, CONSULTATION AND IDENTIFICATION OF EQUALITIES ISSUES EMERGING

This EqIAA takes key areas of the Care Act and examines equalities issues emerging in relation to each in order to identify and examine impacts and actions emerging.

WELL-BEING, ASSESSMENT AND ELIGIBILITY

People affected

The Care Act will affect all those who use adult care and support services including family carers. The evidence considered by the Government in the development of the Act, as well as the extensive national consultation and engagement work, has pointed to substantial positive impacts of the Act, for a range of groups who have traditionally been disempowered (see DoH Impact Assessment available at http://www.legislation.gov.uk/ukia/2014/407/pdfs/ukia_20140407_en.pdf).

The evidence from the Impact Assessment demonstrates that the greatest benefits will be derived by older people requiring care, disabled adults, and carers. There is no evidence to suggest that there will be inequitable impacts on any groups with protected characteristics through the implementation of the well-being, assessment and eligibility sections of the Act.

Consolidation and modernisation of the legal framework

A central aim of the Care Act is to consolidate existing law and modernise the legal framework. Much of this modernisation matches the Council's ambitions for delivering personalised adult care and support.

There are changes that will support equality of opportunity. The Act will see:

- The Council work as a catalyst for social and community action, through different groups working alongside statutory services.
- The importance of early intervention work leading to a proportion of care needs being avoided, reduced or delayed as a result.
- Carers recognised as the first line of prevention, properly identified and offered personalised support.

There are policy changes that will support equality of opportunity. The Act will see:

- More work to promote an individual's well-being when the council takes steps or makes decisions about them, reflecting current practice and dovetailing with the Public Sector Equality Duty.
- The promotion of integration of care and support will create a seamless journey, which will help those groups with multiple needs such as people with a disability.
- The provision of information and advice on care and support services in their area, which will build on existing work.

- Improved care and support planning which is designed to implement a social model approach. This is underpinned by approaches which seek to place greater power in the hands of all service users. This is exemplified in setting out rights for everyone to have a personal budget, as well as consolidating the law around disabled people being able to access direct payments. This will give people greater control over the services they use.
- Improved transition for children to adult care and support, which will allow adult social care services to assess these children and will help smooth the transition for children with disabilities into adulthood.

There is also a consolidation of other matters, these include:

- The Act includes a specific duty on the Council to maintain registers of deaf/hearing impaired and blind/sight impaired people in their local area. Moreover, there are benefits linked to being registered that does not apply to people who may be registered with other disabilities. For example, someone may be able to get a half-price TV License, help with NHS costs, help with Council Tax bill and tax allowances, leisure discounts and free public transport. However, the concession entitlement will depend on whether the person is registered as severely sight impaired or hearing impaired.
- Several of the proposals are likely to have positive implications for human rights, in particular proposals to improve the quality and availability of information about the support on offer and proposals to extend and improve personalised care and support to care users and carers.

The Department of Health published a separate equality analysis to support the Caring for our Future white paper and draft Care and Support Act. This equality analysis covered the areas of consolidation and modernisation of legislation proposed in the draft Act. The DoH also published an equality analysis for the draft regulations and guidance which is available on the DoH website.

Wellbeing

The general principle of promoting wellbeing underpins the whole of the Care Act (referred to as “the wellbeing principle”). A core part of this principle is the concept of “independent living” - people having choice and control over any support they need to live their everyday life.

Existing practice in relation to care and support functions in the Council are already compliant with the principle. This is based on the work we have done to embed personalisation as the delivery model for adult social care. Currently 71.4% of service users receive self-directed support against a target of 75%. Service user views on care services is collected via the Adult Social Care Survey. The results from this survey note that 63.4% of respondents are satisfied with the care and support they receive.

The wellbeing principle applies equally to those who do not have eligible needs but come into contact with the Council in some other way. As such the principle will need to run through all services that the Council provides to the community.

Assessment and eligibility

The Council currently assesses users and carers and sets their eligibility criteria using guidance issued by the Department of Health. The Fair Access to Care Services (FACS) framework sets out the current eligibility criteria against which local authorities assess an individual's need. Access to care and support varies across local authorities as all set different thresholds for eligibility and there are broad variations in how these thresholds are interpreted. The aim of the Care Act is to provide consistency across the country.

South Gloucestershire Council currently uses a threshold placed at Substantial on the list of 'presenting needs' within the eligibility criteria of the FACS framework. Nationally 82.5% of all Authorities use Substantial as the minimum threshold for access to services. The new National Eligibility minimum threshold sets eligibility around the current "Substantial" level according to the statutory guidance. South Gloucestershire Council's current approach to eligibility determinations will be compliant with the minimum level of eligibility required by the Act.

The overall approach to assessments will not change as the Act is not about introducing new concepts or approaches; even if some of the language is new (e.g. Care and Support Planning rather than person-centred support planning). It embeds the principles and practices of the personalisation agenda in health, social care and housing services that have been at the forefront of service planning and delivery since 2008. Assessments will continue to be undertaken in a number of formats which includes face to face assessments, self- assessments and telephone assessments.

People accessing adult social care services are supported to make informed choices about their care and support and have control over how their needs are best met through the assessments process. This support is provided by the social care staff of the CAH Department developing with service users' care and support planning processes and plans that are outcomes focused. Support planning conversations focus on outcomes to be achieved – both in relation to the person's assessed need and what the person wants to change (their wellbeing), and they always have an indicative resource allocation to work with.

The majority of social care assessments undertaken by the Council are of older people.

2013-14 **RAP A6/11a**: Number of **new clients** for whom assessments were completed in the period, cross-tabulated with known or anticipated sequel to assessment

Age Group	Some or all (new) services intended or already started	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment	Total Clients Assessed	Total New Eligible Clients
18 to 64	275	120	5	95	490	375
65+	1300	165	35	130	1630	1465
Total	1575	285	35	220	2120	1830

Gender	Some or all (new) services intended or already started	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment	Total Clients Assessed	Total New Eligible Clients
Female	940	160	15	125	1240	1080
Male	635	125	20	95	880	750
Total	1575	285	35	220	2120	1830

Ethnic Group	Some or all (new) services intended or already started	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment	Total Clients Assessed	Total New Eligible Clients
White Total	1545	280	35	215	2075	1795
British	1520	265	35	200	2025	1755
Irish	5	0	0	0	5	5
Gypsy or Irish Traveller	0	0	0	0	5	0
Other Background	20	10	0	10	40	30
Asian or Asian British Total	10	5	0	5	20	15
Indian	5	0	0	0	5	5
Other Asian Background	5	0	0	5	10	10
Black or Black British Total	10	0	0	0	15	10
Caribbean	5	0	0	0	5	5
Other Black Background	5	0	0	0	5	5
Other Ethnic Group Total	5	0	0	0	5	5
Not Stated Total	5	0	0	0	10	5
Refused	5	0	0	0	5	5
Not Yet Obtained	0	0	0	0	5	0
Total	1575	285	35	220	2120	1830

It is not possible to provide figures for the numbers of people that will be eligible post implementation or to disaggregate this according to protected characteristics. While there are estimates for the numbers of self-funders in the community, we do not know how many there actually are, and of these how many will approach us. In addition, the segmentation of the self-funders by protected characteristics will not follow the same proportions as our current client profile as there will be differing profiles between local authority funded and self-funders.

In any framework for assessment and eligibility there will always be some differences in outcome given the element of subjectivity or professional judgement that is involved. In a person-centred approach, it will always be right that determinations are based on the individual and not fit around a restrictive eligibility tool that cannot adapt to the person's needs and circumstances.

Assessment and provision of support for carers

The changes simplify the legislation in respect of carers' assessments and introduce a new duty on local authorities to meet eligible needs for support.

Carers' assessments must seek to establish not only the carer's needs for support, but the sustainability of the caring role itself, including such issues as the carer's potential future needs, their willingness to care, the impact of caring on other aspects of their lives.

The carer's assessment must also consider the carer's activities beyond their caring responsibilities, and the impact of caring upon those activities. This includes considering the impact of caring responsibilities on a carer's desire and ability to work, to partake in education, training or recreational activities, such as having time to themselves.

The current approach to assessing carers' needs through "Getting Help and Connected" will continue as this has been developed as a collaborative process that is transparent and understandable to the carer. As such it meets the requirements of the Act with regard to the assessment and support planning for carers. The Carers Survey undertaken biennially by the Council shows that 74.1% of carers feel that they have been fully involved in the discussion about their needs as carers.

2013-14 RAP C1: Number of **carers** for whom assessments or reviews were completed in the period.

Age Group	Carers Assessed or Reviewed
17 and under	0
18 to 64	200
65 to 74	84
75+	149
Total	433

2013-14 **RAP C2**: Number of **carers** receiving different types of services provided as an outcome of an assessment or review completed in period

Age Group	Services	Information only	Total
Age 18 to 64	165	35	200
Age 65 to 74	70	10	85
Age 75 and over	130	15	145
Total	365	60	425

If there is an under-estimate the Council will need to reassess how it responds to an increase in demand for assessments of carers and which services it prioritises. Due regard should be given to the impact assessment findings on the current joint South Gloucestershire Carers Strategy.

Actions Moving Forwards

- The feedback received from the latest users and carers surveys will be forwarded to the Commissioning & Partnership team in order that it can be used to help inform future commissioning decisions to help meet their needs, including feeding into the Joint Commissioning Strategy for Carers

INFORMATION ADVICE AND INDEPENDENT ADVOCACY

South Gloucestershire will establish and maintain a service for providing people in our area with information and advice relating to care and support for adults and support for carers which includes access to information on employment, employability and welfare.. In doing so we will take account of the services currently in place, actions already taken and plans with partner organisations resulting from Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

People need information and advice across many areas to make informed choices about their care and support. It is important to recognise that while local authorities must establish and maintain a service, the duty does not require that they provide all elements of this service. Rather, under this duty local authorities are expected to understand, co-ordinate and make effective use of other high quality statutory, voluntary and/or private sector information and advice resources available to people within their areas. When a local need for additional information and advice services is identified, we will recognise the relevance of independent and impartial advice and consider carefully whether services should be provided by the local authority directly or by another agency, including independent providers.

The local authority seeks to ensure that products and materials (in all formats) are as accessible as possible for all potential users and a wide range of actions have been delivered following a review of publications in 2013.

Self-help information – website, leaflets etc.

The Council has in place, improved and developed Council website accessibility, print and social media with additional links to high quality accessible national information sources.

Examples:

NHS Choices	Health Information	http://www.nhs.uk/Conditions/Pages/hub.aspx
NHS Choices	Live Well Information	http://www.nhs.uk/livewell/Pages/Livewellhub.aspx
NHS Choices	Care and Support	http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/what-is-social-care.aspx
NHS Choices	Health News	http://www.nhs.uk/News/Pages/NewsIndex.aspx
Money Advice Service	Free & impartial money advice	https://www.moneyadviceservice.org.uk/en
Carers Trust	Action, Help and Advice	http://www.carers.org/
Carers UK	Help and Advice	http://www.carersuk.org/help-and-advice

Assisted information – websites, directories, libraries one stop shops, frontline staff

Jointly commissioned Information on health and wellbeing services, support organisations, activities and groups in Bristol, South Gloucestershire, Bath & North East Somerset, North Somerset and Somerset. Well Aware provide an online directory and offer telephone information and advice; additional formats have been developed with browse aloud text reader and easy read publications. <http://www.wellaware.org.uk/>

NHS Choices Services near You

<http://www.nhs.uk/Service-Search>

NHS Choices Information prescription service

<http://www.nhs.uk/ipg/Pages/IPStart.aspx>

NHS Choices Health Checks

<http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx>

Advice – telephone lines, information centres, one stop shops, support groups, carer’s centres, social workers, and outreach

Examples

Carers Support Centre

Tel: 0117 965 2200

WellAware

Tel: 0808 808 5252

One Stop Shop clinics and surgeries

Library services and facilities

<http://www.southglos.gov.uk/leisure-and-culture/libraries/library-services/>

Money Advice Service

Free & impartial money advice

<https://www.moneyadviceservice.org.uk/en>

Carer’s UK

Tel: 0808 808 7777

Specialist advice and advocacy – Independent advocacy and support

Examples

Care Forum – Advocacy Services <http://www.thecareforum.org/pageadvocacy-services.html>

Independent Supporters - <http://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/local-offer/local-offer-education-health-and-care-plans/independent-help-and-support-for-education-health-and-care-plans/>

Monitoring

Carers' experience of care and support

The Personal Social Services Survey of Adult Carers in England 2012-13 has gathered extensive information from adults caring for someone aged over 18, in receipt of support wholly or partially funded by social services, to find out more about their experience of support from social services and about their quality of life. This is a valuable source of data in terms of informing Joint Strategic Needs Assessments, the development of our local Carers Strategies and Better Care fund plans. This survey is undertaken every two years and is used to populate some of the measures in the Adult Social Care Outcomes Framework relating to how easy it is to find information.

Personal Social Services Adult Social Care Survey, England

The survey is designed to cover all service users aged 18 and over in receipt of services funded wholly or in part by Social Services during 2013-14. It seeks to learn more about how effectively services are helping service users to live safely and independently in their own homes, and the impact of services on their quality of life. The survey is also used to populate some of the measures in the Adult Social Care Outcomes Framework.

These statistics provide useful insights into the lives and experiences of the members of our communities who rely on social services. They will be of use not just to people who plan, provide or use services, but also more widely to all those who take an interest in the vital support that social services can provide to some of the most vulnerable in society.

Measures from the Adult Social Care Outcomes Framework (ASCOF)

The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils, helping to identify priorities for local improvement and stimulating the sharing of learning and best practice.

Information measures from the Adult Social Care Outcomes Framework (ASCOF)

	Percentage of carers who report that they have been included or consulted in discussions about the person they care for	Percentage of people who use services who find it easy to find information about services	Percentage of carers who find it easy to find information about services
	Collected biennially from the Carers Survey	Collected annually from the Adult Social Care Survey	Collected biennially from the Carers Survey (CS)
	2012 - 2013	2013 - 2014	2014 - 15 Pending
South Gloucestershire	74.1	78.8	
England	72.9	74.5	
Unitary Authorities	75.3	76.1	
South West	73.7	76.8	
South Gloucestershire Characteristics Analysis			
All	74.1	78.8	
Male	71.2	79.0	
Female	76.0	78.6	
18 - 64	70.7	72.8	
65 and over	77.4	82.7	

As can be seen from the above table, data concerning protected characteristics is assessed and analysed on an ongoing basis in order to check and further develop work to meet the needs of all.

User Engagement

The 2014/15 Surveys for carers' experience of care and support and the Personal Social Services Adult Social Care Survey, England are currently being collected and this data will inform the 2015/16 work on our Joint Strategic Needs Assessments, the development of our local Carers Strategy and Better Care fund plans. Continued review of information and further user testing will be incorporated into our Viewpoint Panel engagement session on Health and Social Care in May 2015; with engagement and feedback sessions on the information on our Local Offer taking place in March at the South Gloucestershire Parent and Carer Forum SEN & Disability Event.

Actions Moving Forwards

- Further monitoring of the effectiveness of commissioned and in-house services will be undertaken through the Carer's biannual survey and will inform the new Joint Commissioning Strategy for Carers.

COMMISSIONING

Market shaping and commissioning

The concept of market shaping is not new to commissioners in South Gloucestershire – it sits at the heart of our established approach. Market shaping is an iterative process whereby commissioners assimilate and analyse all the available data regarding capacity and demand within the market, this takes into account the diverse needs of the whole population and seeks to understand potential capacity gaps and the working with the market seeking opportunities to meet them.

Through our contract and performance monitoring arrangements we have robust arrangements in place to build equalities data and we are able to segment it, though clearly through market shaping we are engaging with a broader range of provision than has traditionally been commissioned by the local authority.

Managing provider failure and service interruption

When managing provider failure the individual needs and circumstances of customers/service users will always be taken into account. In most instances part of the process will involve an assessment of individual needs.

Preventing, reducing and delaying need

Commissioners continue to work with individuals, communities and partners to ensure that a robust network of initiative are in place which are designed to promote independence and reduce demand for more intensive support. Commissioned service providers, for example reablement are required to have mechanisms in place to ensure they are able to meet the diverse needs of the population and to make reasonable adjustments to the way services are delivered to take into account those needs, this is monitored through the commissioning process.

By far the most significant activity relating to prevention is community lead, with support provided to community leaders to enable niche provision to be established. When funding is made available to support such initiatives, Equality Analysis forms part of the assessment and decision making process.

Registers

LAs must keep a register of adults who are severely sight impaired and sight impaired in their local communities.

2013-14 Register of Adults with Sight Impairment by protected groups

Values are rounded to the nearest 5 (therefore totals may not sum)

SSDA902: Registered blind and partially sighted people

B1: Blind People (as at 31 March 2014)	South Glos	CIPFA Comparator Group	England
Total Number	400		143,385
Age Group			
0-4	0%		1%
5-17	0%		2%
18-49	14%		14%
50-64	15%		12%
65-74	10%		10%
75+	61%		61%

B3: Blind People with Additional Disability (as at 31 March 2014)	South Glos	CIPFA Comparator Group	England
Total Number	275		49,925
Client Group			
Hard of Hearing	13%		19%
Deaf without Speech	0%		2%
Deaf with Speech	0%		5%
PD	76%		60%
LD	5%		9%
MH	5%		5%

PS1: Partially Sighted People (as at 31 March 2014)	South Gos	CIPFA Comparator Group	England
Total Number	340		147,715
Age Group			
0-4	0%		0%
5-17	0%		3%
18-49	12%		12%
50-64	13%		10%
65-74	9%		10%
75+	66%		64%

PS3: Partially Sighted People with Additional Disability (as at 31 March 2014)	South Gos	CIPFA Comparator Group	England
Total Number	200		51,225
Client Group			
Hard of Hearing	5%		19%
Deaf without Speech	0%		1%
Deaf with Speech	0%		3%
PD	83%		65%
LD	8%		6%
MH	5%		6%

The processes to ensure registers remain up to date have been reviewed and refreshed, equalities data is recorded and therefore can be analysed when planning groups, commissioners and operational managers on a regular basis.

Actions moving forward

- Ensure ongoing engagement with equalities groups and use of equalities data to inform ongoing service development and commissioning.

FINANCIAL IMPLICATIONS

The Care Act introduces major reforms to Adult Social Care Funding.

From April 2015:

A new national deferred payments scheme so those who move into residential care can defer the costs of care using their property as security.

From April 2016:

Introduction of the 'care cap' meaning no one shall have to pay more than a capped amount for their assessed care need.

Raising of the capital threshold meaning an individual's assets will be protected below a certain level.

The uptake and quality of personalised services will increase by ensuring that personal budget, direct payments, charging, deferred payment scheme will be prioritised in line with the national agenda. Financial assessments will still be governed by local policy.

The Council will require the service users to make a financial contribution subject to their ability to pay. When charging for care and support the Council aims to be fair and it should not lead to anyone being unfairly disadvantaged. Should a service user feels that they are not being treated fairly, they can request a review of their assessment.

The new arrangement for charging interest and admin fees for deferred payments will have a low impact as this is an optional scheme. People will not be asked to pay more than they can afford to pay back, based on the available equity in their home. Also, the admin fee can be added to the loan so that it doesn't have to be paid up front, although interest would then be charged on the admin fee.

The deferred payment scheme does not relate to any separately identified specific geographical area within the Council.

The Department of Health's impact assessment states that 'Deferred payment agreements benefit people in residential care and their families' as this enhances decision-making and control of services provided.

Identification of Equalities Issues Emerging

The population using care is almost exclusively disabled (physically or mentally) and is predominantly female and aged over seventy five.

More people will be eligible for adult social care services due to the changes to be introduced in respect of funding reforms. The main reason for the increase is due to self-funders.

A proportion of self-funders will ask for help when planning care services. Self-funders are those individuals who do not meet the criteria for Council support in paying for services, but access services anyway. Over time more people will become eligible for Council support, due to the changes introduced to the capital threshold and the care cap.

Anyone with a care need at age eighteen will not be expected to contribute towards their care costs. Anyone who develops a care need post aged eighteen will have a care cap placed on the total amount they will have to pay.

All individuals, irrespective of protected characteristic, will be treated on an individual basis, ensuring fairness for all whilst taking into account individual need.

The Department of Health has identified that charging of interest may pose a barrier to faith groups who have objections on religious grounds and intends to engage further with the Muslim community to understand whether there would be a demand for a Sharia-compliant scheme, and if so what would be required of it.

It is recognised that married people and people with civil partners are more likely to be affected by the property disregard.

There is a new care cap and higher capital thresholds and it is expected that more people will be eligible for Council support. The intention is that no-one will have to lose all their savings or assets when they develop a care need. There is also a national deferred payment scheme, meaning that no one will need to sell their home during their lifetime to pay for care, subject to the conditions within the scheme. It is also noted that deferred payment agreements will predominantly benefit homeowners with low income and/or savings.

Actions Moving Forwards

- Financial assessments will still be governed by local policy which will be regularly reviewed in order to ensure that any equalities issues emerging are addressed.
- Monitor Department of Health progress with regard to their engagement activity in respect of faith and charging of interest.
- Monitor the deferred payments scheme to ensure it is being actioned in the most appropriate manner for all.

PARTNERSHIPS AND SAFEGUARDING

The council has already communicated with a full range of stakeholders in respect of the Care Act.

In respect of equalities issues emerging, the Council has in place a Safeguarding Adults Board (SAB) which meets the new statutory requirements. Please see <http://www.southglos.gov.uk/health-and-social-care/reporting-a-concern/safeguarding-vulnerable-adults/safeguarding-adults-board/> for details. As part of its activity, issues will be monitored in respect of equalities in order that any issues emerging can be proactively identified and tackled.

2013-14 Safeguarding data/returns by protected groups

(Values are rounded to the nearest 5, therefore totals may not sum)

SAR 1: Number of individuals for whom a safeguarding referral has been made, per annum, by:

Age Group	Already known to LA	Previously unknown to LA	Total
18-64	35	15	50
65-74	20	5	25
75-84	30	5	35
85-94	50	10	60
95+	5	5	10
Grand Total	140	40	180

Gender	Already known to LA	Previously unknown to LA	Total
Female	85	20	105
Male	60	20	80
Grand Total	145	40	185

Client Group	Already known to LA	Previously unknown to LA	Total
LD	20	5	25
MH: Dementia	35	15	50
MH: Other	10	0	10
PD and frailty	80	15	95
PD: Sensory impairment	5	0	5
Other vulnerable people	0	5	5
Substance misuse	0	0	0
Grand Total	150	40	190

Actions Moving Forwards

- Ensure that equalities monitoring is in place and continues as part of the remit of the SAB.

TRANSITIONS

The Council has produced a comprehensive Single Service Transitions Pathway document which is to be made available on our local offer website. Please see <http://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/local-offer/> for full details. This is relevant to all children and young people with SEN and disabilities in South Gloucestershire.

We believe that this approach will result in a significant positive impact, providing a single pathway. Examples of this are the achievement of consistency in the involvement of professionals in young people's lives.

Actions Moving Forwards

- Further internal development of council IT systems to cater for 0-25 and ensuring the integration of effective equalities data.
- Continuing with the process of working towards developing independence for every young person.
- Ensuring a training and employment strategy for children and young people with SEN and disabilities is in place and effective in delivering for all.

PRISON CARE

When the Care Act 2014 is in force (April 2015), local authorities will take over responsibility for the care and support of all people in prisons, approved premises, bail accommodation homes and secure training units. Local authorities will also need to have an awareness of all eligible needs and support for young people in secure accommodation as they approach their 18th birthday and ensure that appropriate transition arrangements are in place.

There are three prisons in South Gloucestershire – HMP Leyhill, HMP Ashfield, and HMP Eastwood Park. Leyhill and Ashfield accommodate male prisoners transferred from other prisons. Both have a significant number of older prisoners.

Eastwood Park (EWP) is a female prison with generally a younger population with a wide range of complex needs including substance misuse and mental health needs. It serves courts in England and Wales and therefore has a high number of people on remand. The average length of stay at EWP is 49 – 60 days.

The following table provides a 'snapshot' of the prison populations.

Data Table (as at time of request - January 2015)

Name of Prison	Number of Prisoners	Male or Female	Age Breakdown		Ethnicity		Number of disabled prisoners
Eastwood Park	348	Female	Under 50	92.5%	American	0.3%	65.8%
			Aged 50-59	5.2%	Croatian	0.3%	
			Aged 60-64	1.1%	Czech Republic	1.7%	
			Aged 65 -74	1.1%	Filipino	0.3%	
					Ghanaian	0.3%	
					Indian	0.3%	
					Italian	0.3%	
					Jamaican	0.6%	
					Lithuanian	0.3%	
					Mauritian	0.3%	
					Mozambique	0.3%	
					Nigerian	0.6%	
					Polish	0.8%	
					Romanian	0.8%	

					Ukrainian	0.3%	
					Vietnamese	0.3%	
					Zimbabwean	0.3%	
					English/Welsh/Scottish/N Ireland/British	92.1%	
Leyhill	511	Male	Under 50	67.9%	Asian/Asian British	1.6%	40.7%
			Aged 50-59	19.8%	Asian/British: Pakistani	0.9%	
			Aged 60-69	8.8%	Asian/British: Bangladeshi	0.7%	
			Aged 70-79	3.1%	Asian/British any other background	0.2%	
			Aged 80-89	0.4%	Black/Black British: Caribbean	5.2%	
					Black/Black British: African	1.6%	
					Mixed White/Black: Caribbean	1.8%	
					Mixed White Black: African	0.2%	
					Mixed any other background	0.2%	
					Prefer not to say	0.2%	
					Arab	0.5%	
					English/Welsh/Scottish/N Ireland/British	85.3%	
					White Irish	0.9%	
					White Gypsy Traveller	0.5%	
					Any other background	0.2%	
Ashfield	400	Male	Aged 18-40	38.6%	Asian/British: Pakistani	2.3%	32.3%
			Aged 40-60	44.3%	Asian/British: Bangladesh	0.8%	
			Over 60	17.1%	Asian/British any other background	2.5%	
					Black/Black British: Caribbean	3.8%	
					Black/Black British: African	4.3%	
					Black/Black British other	1.0%	
					Mixed White/Black: Caribbean	1.5%	
					Mixed White Black: African	0.0%	
					Mixed any other background	0.8%	
					Prefer not to say	0.0%	
		Arab	0.3%				

				English/Welsh/Scottish/N Ireland/British	77.2%	
				White Irish	1.3%	
				White Gypsy Traveller	0.8%	
				Any other background	3.5%	
Total:	1,259					

NB. Figures may not sum because of rounding.

Notes:

- Over 80% of the total population has identified as being “English/Welsh/Scottish/N Ireland/British”.
- As such, just under 20% are from a Black, Asian or Minority Ethnic (BAME) background. This differs from the South Gloucestershire population of 8.1% (Census 2011).
- 27.64% of the population is Female and 72.36% is Male.
- 44.96% of the population has identified as being a disabled person.
- The majority of the population is under 50 years of age and just over 11% are over the age of 60 years.

Equalities Issues Identified

Currently offenders’ social care needs are met in a variety of ways which results in an inconsistent approach to meeting needs. The provision of care and support for those in custodial settings from April 2015 will be based on the principle of equivalence so local authorities will be required to provide an equivalent level of care and support as the rest of the population receives, subject to the constraints and circumstances of custodial settings.

- Nationally the age demographics of prisoners are rising with the expectation for this to increase significantly over the next 5 -10 years. This means that there is a growing need for personal care to be delivered within prisons.
- It is well recorded that some older prisoners have a physical health status 10 years older than their contemporaries in the community. The two male prisons have a high number of older prisoners.
- All three prisons have adapted facilities and HMP Leyhill has a palliative care unit. This could result in a higher number of prisoners with social care needs being transferred to South Glos prisons.
- HMP Eastwood Park has a mother and baby unit.
- HMP Ashfield is a sex offender’s prison.
- A high proportion of the prisoners at HMP Leyhill have been there for many years and the prison anticipates an increase in offenders serving indeterminate sentence in the future.
- There is a higher number of prisoners with mental ill health than in the general population.
- Particular attention will need to be made for people on the autistic spectrum and people with learning difficulties to ensure needs do not go unaddressed.
- Consideration on how information is shared will need to be considered for prisoners with cognitive impairments (including dementia), learning difficulties, and prisoners with communication difficulties and/or sensory impairment and for prisoner’s where English is not their first language.

Actions Moving Forwards

- Routinely monitor the social care assessment service to ensure that it is flexible and responsive to the needs of service users and carers.
- Review compliance with the wellbeing principle and evidence how this will inform the delivery of universal services by the Council.
- Monitor service user and carer experience and satisfaction with services via the Adult Social Care Survey and the Carers Survey.
- Gain a better understanding of the number of prisoners with social care needs and the level of need.
- Ensure that our staff have an overarching knowledge of the needs of diverse groups identified in the data in order that they can apply this knowledge appropriately with individuals so that a good and appropriate service is delivered to all.
- Work with the prisons to deliver Care Act awareness sessions to prison staff.
- Commission a flexible service that integrates fully with current health and prisons services that is equitable with the same services provided in the community.
- Provide information and advice in a format which is accessible and appropriate to the needs of prisoners as well as meeting the restrictions of the prison regime.
- Provide independent advocacy support by advocates that have an understanding of how prisons work and the constraints that operate upon individual support.
- Routinely monitor the service to ensure that it is flexible and responsive to the needs of the prisoners.

ASSESSMENT OF EQUALITIES IMPACTS

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input checked="" type="checkbox"/>	<p>The council has in place a comprehensive approach to the requirements of the Care Act. In addition, a robust plan in respect of equalities has been developed via the development of this EqIAA which will be progressed in detail.</p> <p>Overall, it is anticipated that the actions planned will result in a positive impact regardless of protected characteristic group and in particular, in relation to disabled people, females and those aged over seventy five who are the predominant users of care.</p>
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

OVERVIEW OF CORE ACTIONS MOVING FORWARDS

KEY AREA OF THE ACT	CORE ACTIONS MOVING FORWARDS
WELLBEING, ASSESSMENT AND ELIGIBILITY	The feedback received from the latest users and carers surveys will be forwarded to the Commissioning & Partnership team in order that it can be used to help inform future commissioning decisions to help meet their needs, including feeding into the Joint Commissioning Strategy for Carers
INFORMATION ADVICE AND INDEPENDENT ADVOCACY	Further monitoring of the effectiveness of commissioned and in-house services will be undertaken through the Carer's biannual survey and will inform the new Joint Commissioning Strategy for Carers.
COMMISSIONING	Ensure ongoing engagement with equalities groups and use of equalities data to inform ongoing service development and commissioning.
FINANCIAL IMPLICATIONS	Financial assessments will still be governed by local policy which will be regularly reviewed in order to ensure that any equalities issues emerging are addressed. Monitor Department of Health progress with regard to their engagement activity in respect of faith and charging of interest. Monitor the deferred payments scheme to ensure it is being actioned in the most appropriate manner for all.
PARTNERSHIPS AND SAFEGUARDING	Ensure that equalities monitoring is in place and continues as part of the remit of the SAB.
TRANSITIONS	Further internal development of council IT systems to cater for 0-25 and ensuring the integration of effective equalities data. Continuing with the process of working towards developing independence for every young person. Ensuring a training and employment strategy for children and young people with SEN and disabilities is in place and effective in delivering for all
PRISON CARE	Routinely monitor the social care assessment service to ensure that it is flexible and responsive to the needs of service users and carers. Review compliance with the wellbeing principle and evidence how this will inform the delivery of universal services by the Council. Monitor service user and carer experience and satisfaction with services via the Adult Social Care Survey and the Carers Survey. Gain a better understanding of the number of prisoners with social care needs and the level of need. Ensure that our staff have an overarching knowledge of the needs of diverse groups identified in the data in order that they can apply this knowledge appropriately with individuals so that a good and appropriate service is delivered to all. Work with the prisons to deliver Care Act awareness sessions to prison staff. Commission a flexible service that integrates fully with current health and prisons services that is equitable with the same services provided in the community. Provide information and advice in a format which is accessible and appropriate to the needs of prisoners as well as meeting the restrictions of the prison regime.

	<p>Provide independent advocacy support by advocates that have an understanding of how prisons work and the constraints that operate upon individual support. Routinely monitor the service to ensure that it is flexible and responsive to the needs of the prisoners.</p>
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INFORMATION INFORMING THIS EQIAA

The Care Act 2014

South Gloucestershire Publication Review 2013

Carers – Bi-Annual - Personal Social Services Survey of Adult Carers in England - 2012-13, Final report, Experimental statistics (i.e. first survey of this type). Publication date: November 7 2013

Adult Social Care – Annual: Personal Social Services Adult Social Care Survey, England - 2013-14, Final release Publication date: December 9 2014
0-25 Engagement Report (published - March 2014)

National consultation response – see

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366047/43374_2902887_Cm_8955_Web_Accessible.pdf

DoH impact assessments – see <https://www.gov.uk/government/publications/the-government-published-a-series-of-impact-assessments-alongside-the-care-bill>

2013-14 RAP (Referrals, Assessments and Packages of Care) Return