Brighton & Hove City Council

NHS
Brighton and Hove
Clinical Commissioning Group

Equality Impact and Outcome Assessment (EIA) Template - 2018

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users[1].They analyse how all our work as a council might impact differently on different groups[2]. They help us make good decisions and evidence how we have reached these decisions[3].

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age[13]**)** or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact:

- **BHCC: Communities, Equality and Third Sector Team on ext 2301**
- **CCG: Engagement and Equalities team (Jane Lodge/Meg Lewis)**

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed[4].

Title of EIA[5]	Commissioning of an Advocacy Hub	**ID No.[6]**	
Team/Department[7]	Health and Adult Social Care		
Focus of EIA[8]	Adult Social Care and the CCG jointly commission 8 different statutory and non-statutory advocacy services. All of the contracts expire on 31st March 2019 and new provision will be recommissioned. A Needs Assessment was carried out in 2017 to help define the populations who need advocacy and the type of advocacy support they need. Current and potential future demand for statutory and non-statutory advocacy was also explored as well as gaps in provision. This was the first stage in the 'commissioning cycle' and the Needs Assessment identified that the majority of people were very positive about advocacy provision and its impact on their quality of life. People from the LGBT and learning disabled communities particularly value a specialist service whilst		

	some other users didn't want to be categorised by client group and would like a 'one stop shop'. The lack of capacity, high thresholds and lack of awareness of advocacy were highlighted as barriers and people identified the need for a quick response to assess urgency & prevent crises. The majority of referrers were satisfied with advocacy services but experienced greater difficulty in accessing Care Act Advocacy and were unsure where to refer clients with multiple needs. There are also hand offs between organisations where people need more than 1 type of advocacy. The Needs Assessment recommended the commissioning of an integrated, responsive advocacy service, with a single point of access for referrals to provide a more streamlined and responsive service. Other recommendations include better promotion, co-location of advocates with referrers and a wider offer of advocacy that includes group, peer and self-advocacy. Not all protected characteristics were captured during the engagement so it was recommended that further engagement take place to ensure the views of all service users is captured. Further engagement has taken place and has been summarised below and engagement has also taken place with providers of advocacy services. The recommendation is that an integrated Advocacy Hub is commissioned. The Hub will have a lead provider directly providing Independent Mental Capacity Advocacy across East Sussex, Brighton & Hove and West Sussex and Independent Care Act Advocacy for Brighton & Hove and West Sussex. The Lead Provider will either directly provide or sub-contract with specialist community advocacy organisations to provide Independent Health Complaints Advocacy, Specialist Community Advocacy and a combined Independent Mental Health Advocacy and Community Mental Health Advocacy. Spot purchase arrangements would need to be in place for specialist providers of deaf, bilingual and autism advocacy. Discussions are also currently taking place with West Sussex regarding joint commissioning of some of the other advocacy provision but as there are different needs across the different geographical areas separate hubs would be developed in each area. The purpose of this EIA is to summarise the findings of the engagement work and show how this has contributed to the recommended model and to also provide evidence of the impact the model will have on the protected characteristics. Throughout the EIA the following acronyms are used: IMCA Independent Mental Capacity Advocacy IMHA Independent Mental Health Advocacy IHCA Independent Health Complaints Advocacy ICAA Independent Care Act Advocacy

2. Update on previous EIA and outcomes of previous actions[9]

What actions did you plan last time? (List them from the previous EIA)	**What improved as a result?** What outcomes have these actions achieved?	**What <u>further</u> actions do you need to take?** (add these to the Action plan below)
No previous EIA		

3. Review of information, equality analysis and potential actions

Protected characteristics groups from the Equality Act 2010	**What do you know[10]?** Summary of data about your service-users and/or staff	**What do people tell you[11]?** Summary of service-user and/or staff feedback	**What does this mean[12]?** Impacts identified from data and feedback (actual and potential)	**What can you do[13]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age[14]	Needs Assessment 2017: • Brighton & Hove has a relatively large proportion of older people living alone and potentially isolated who are more dependent upon public services. 500 (41%) people aged 65 years and over live alone in Brighton & Hove compared to 31% nationally. • 17.2%.increase predicted in population aged 65 years and over in Brighton & Hove between 2014 and 2025 with an even greater proportion of those elderly with additional health needs, for example 19% increase in older people with a serious visual	The Needs Assessment was not able to capture the views of older people who use advocacy and it was therefore one of the recommendations that further engagement take place and consequently engagement took place with a group of older people who told us the following: • Older people don't feel valued and listened to • They would like support with complaints, knowing their rights, professional letters,	There may be a negative impact on some older people who access advocacy via a specialist older people's organisation. For people who do not want to be badged as 'older' the removal of a specific older people's advocacy service will have a positive impact as the Advocacy Hub will be open to all ages and provide advocacy for the issues that people tell us they need support with.	The Advocacy Hub to engage with and seek feedback from older people who need or have used the service and ensure that older people have a voice in decision making and service developments. The Advocacy Hub to have close links with organisations that provide information and advice to older people and assessment teams.

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	impairment, dementia or severe depression. • In 201718 88 people accessed a specific older peoples' advocacy service with 12 of these people requiring Care Act advocacy. • Older people may require advocacy services if they are unable to have their voice or wishes heard. This is likely to be due to an additional factor, for example mental ill- health or a physical disability.	navigating complex NHS services, attending health meetings, benefits & housing • Advocates must have good knowledge of local services & expertise, good communication and listening skills • Older people don't necessarily want to use a specialist older peoples' service as they don't need support due to their age but can be multiple issues and don't want to be put in a category. • Triage needs to be available to prioritise needs	Older people will have access to a wider range of advocacy provision and consistency of advocate. .	
Disability[15]	Needs Assesssment 2017: • There is a large projected increase in the number of people with physical disabilities in Brighton & Hove (15%) and 19.9% increase in	13 people with physical & sensory gave feedback on the local advocacy services to feed into the Needs Assessment (18 people described themselves as having a	The removal of a specific physical disability advocacy service will have a positive impact on people with multiple needs as the advocacy hub will offer specialist	The Advocacy Hub to engage with and seek feedback from people with physical disabilities who need or have used the service and ensure that disabled people have

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	people with moderate, severe or profound hearing impairments. • JSNA: It is estimated that in Brighton & Hove in 2015 there were 3,777 people aged 18-64 with a serious physical disability, 125 people aged 18-64 with serious visual impairment and 3,383 aged 65 and over with a moderate or serious visual impairment; 6,086 people aged 18-64 with a moderate or severe hearing impairment and 50 people aged 18-64 with a profound hearing impairment (deaf); 16,069 people aged 65 or over with a moderate to severe hearing impairment and 462 aged 65 or over with a profound hearing impairment (deaf). • In 2017/18 146 people received advocacy, 142 via the specialist physical disability community service and 4 people with physical disabilities received Care Act Advocacy. • 20% of people receiving support from non-physical disability advocacy services also reported having a physical disability. • As advocacy services are provided	disability). People told us that they need advocacy to support them with: • disability benefits issues, particularly benefits re-assessments • housing issues • help to manage processes around multiple health conditions • navigating NHS services. People want advocates to have good knowledge of complex benefits systems and found it confusing the way that the local advocacy services are broken down by client group as they may have multiple conditions. People with <u>hearing impairments</u> told us that: • A deaf advocate is preferable to a hearing advocate and if	issue based advocacy and if people have multiple needs that include a physical disability they will receive the consistency of an advocate rather than be transferred between services. There may be a negative impact on people who have accessed advocacy via a specialist disability organisation. The provision of deaf advocates for BSL users will have a positive impact on the deaf community as it will remove the need for an advocate and a BSL interpreter.	a voice in decision making and service developments. The Advocacy Hub to have excellent understanding and awareness of the physical and sensory disabilities that effect people and the benefits system and close links with organisations that provide advice and information to disabled people.

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	for deaf people, we would expect the requirement for British Sign Language interpreters. However data was not available of the number of deaf people who received advocacy support and how many were also supported by a BSL interpreter.	possible provided by a deaf advocate outside of the local community and • One to one support is important. • Advocates need to be aware of 'deaf culture' and communication • They would like support with housing, benefits, as well as GP and hospital appointments. • Need deaf awareness training and better dissemination of info to the deaf community •		
Mental Health	Needs Assessment 2017: • JSNA: an estimated 39,798 people aged 18-74 years in Brighton and Hove have common mental health disorders (17%). • Local prevalence continues to be generally higher than England as well as rates of hospital admissions and detentions under the Mental Health Act.	13 people involved in the Needs Assessment engagement had a mental health condition and were dealing with this alongside other conditions. They expressed the need for advocates to: • receive support from local Mental Health services	The Advocacy Hub will have combined IMCA and ICAA provision that will have a positive impact on people who move between having 'substantial difficulty' in engaging in Adult Social Care processes and 'lacking capacity' as they will no longer have to	The Advocacy Hub to continue to provide a co-located IMHA service at Millview Hospital and to make links with the potential new provider(s) of the community mental health services.

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	• PANSI: predicts that the number of people with mental health problems in Brighton & Hove will rise by 3.7% between 2017 and 2025. • Demand for Independent Mental Capacity Advocates (IMCA) and Paid Representatives for people who lack capacity has increased by 24% in 2016/17 and 26% in 2017/18 with 2027 closed cases in 2017/18 across Brighton & Hove, East & West Sussex. • 418 people received Independent Mental Health Advocacy (IMHA) in 2017/18 (an increase of 2%). • 403 people received specialist community mental health advocacy – a reduction of 16% on the previous year. • 30 people with mental health issues received Independent Care Act Advocacy – an increase of 43% on the previous year.	• explain the eligibility criteria for receiving mental health support • help them retain a sense of control over the services offered to them	move between different services and will receive consistency of advocate. Similarly if someone receiving an IMHA service is no longer receiving mental health treatment but still continues to need some community advocacy there will be continuity of provision through the same service.	
Learning disability	Needs Assessment 2017 • HSCIC: In 2014/15 825 people with learning disabilities were receiving long term support from Brighton & Hove City Council, of these, 725	7 people with learning disabilities / difficulties in total took part in the engagement for the Needs Assessment and there was a focus group with 4	The provision of specialist learning disability provision will have a positive impact on people with learning disabilities as they will	The Advocacy Hub to ensure a range of communication methods with people with learning disabilities and to promote learning

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	were aged 18-64 (88%). • Approximately between 145 and 242 adults with a learning disability receiving long term support from the council also have an Autistic Spectrum Condition. • Projection of numbers of people in the City with a learning disability predict that the numbers will increase from 4716 in 2015 to 4991 in 2025, a rise of 5.8%. • In 2017/18 127 people with learning disabilities received community advocacy – a reduction of 27% on the previous year and 42 received Care Act Advocacy – an increase of 56% In 2017/8 18 parents with learning disabilities received advocacy to support them to navigate the child protection processes. Add numbers from other provider when received	people and this includes 1 person who had accessed support from an advocate to help with care proceedings. The knowledge of specialist learning disability organisations were highly valued by people with learning disabilities. They described not being able to explain their needs because of their learning disabilities and being treated badly by people in society. Advocacy providers gave feedback that advocacy for people with LD/ Autism can take longer due to communication difficulties and specialist service is required. Further engagement is taking place with parents with learning disabilities on 7th June – to be added.	have the assurance that they can access a safe space where people understand their communication needs. If people do not want to be associated with the learning disability service the single point of access means that there will be choice of provision and they could access the issue based advocacy service.	disabilities awareness across other services. The Advocacy Hub to work closely with referrers in Health and Adult Social Care and Families, Children & Learning. The Advocacy Hub to provide time limited advocacy for child care proceedings but not to duplicate the work of a legal advocate.

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		Feedback from referrers into advocacy for parents with learning disabilities in care proceedings is as follows: • The specialist support is valued but referrers questioned the need for advocacy alongside legal advocacy • Advocacy for parents should be led by what the person wants • Advocates should not be providing support work		
Autistic Spectrum	Needs Assessment 2017: • PANSI: Estimated that in 2014 there were 1941 adults with an Autistic Spectrum Disorder in Brighton & Hove, and it is estimated that this will rise by 7.8% to 2093 in 2025. • Data from the 2 advocacy organisations that support people with learning disabilities and / or autism does not distinguish autistic	There was concern expressed during the Needs Assessment that advocacy for people with autism was insufficient. Autism was described as a form of invisible disability, alongside mental health issues, with challenges for accessing services and being perceived as not being in need. 1	The provision of specialist autism advocacy will have a positive impact on autistic people and those with Asperger's.	The Advocacy Hub to promote autism awareness across all services. The Advocacy Hub to offer a range of methods of communication.

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	people from people with a learning disability and many people with Aspergers Syndrome or High Functioning Autism do not have a learning disability and may therefore not seek support from one of those organisations and instead access an autism specialist service. • The Needs Assessment recommended further engagement with autistic people to ascertain their views and ensure fair access.	participant said they would never have got through NHS system to get a diagnosis of autism without the support of specialist advocates Further engagement took place with 18 people with Asperger's / high functioning autism and they told us: • Consistency of the same advocate is important, particularly for people who find change difficult and find it hard to build relationships • An advocate should be knowledgeable and preferably experienced with working with people from the client group, especially understanding communication styles and not categorising people with those with a learning disability		

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		• Support is needed with phone communication, appointments, support with getting a diagnosis and complex processes.		
Gender reassignment[16]	Needs Assessment 2017: JSNA: estimates are that there are at least 2,760 trans adults living in Brighton & Hove. The true figure is probably greater than this and it is likely that the number of trans people living in Brighton & Hove will rise as the City is seen as a trans-friendly and inclusive city which attracts people who have had negative experiences elsewhere. The Brighton & Hove Trans Needs Assessment 2015 reported that trans people are less likely to report that they are in good health and more likely to report that they have a limiting long-term illness or disability. As a result of the Trans Needs Assessment the specific Trans Advocacy service was commissioned. The Trans Advocacy service received 292 new referrals in 2017/18, an	Feedback from the Trans Advocacy service has been overwhelmingly positive with 100% of users recommending the service. Issues people are supported with include transphobia, problems with medical practitioners, housing, benefits, debt, suicide, substance misuse and issues at work. The engagement for the Advocacy Needs Assessment identified that for people using specialist LGBT or Trans advocacy services, it is important that they can access services without having to worry about the service provider being judgemental about their LGBT identity:	The Advocacy Hub will include specialist Trans advocacy provision that will have a positive impact on the trans community as it will offer a safe non-judgement space.	The Advocacy Hub to promote trans awareness across all services.

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	increase of 65% from the previous year. Trans people will also access the other statutory and non-statutory specialist community advocacy services. Data from 2017/18 shows that trans people accessed the physical disability service (7%) and the IMHA service (3%).	Peer advocacy was also valued for this feeling of being able to communicate about concerns and problems whilst knowing the space was 'safe'. Safety was a significant factor for Trans people using health and social care services, dealing with GPs in particular.		
Pregnancy and maternity[17]	No specific data has been collected on this group.			
Race/ethnicity[18] Including migrants, refugees and asylum seekers	Needs Assessment 2017: At the time of the 2011 Census in Brighton & Hove: • 11% of households had at least one person for whom English was not their first language. • There were almost 6,000 households in the city where no-one has English as a main language, and this percentage (4.9%) is higher than both the South East and England (3.1% and 4.4%).	There was little participation in the engagement for the Needs Assessment from the local Black and minority ethnic community groups that are most well-known in the city. An engagement event was held with 8 participants from the BAME community	The Advocacy Hub will ensure access to interpreters and provide access to bilingual advocates that will have a positive impact on the BAME community.	The Advocacy Hub to ensure access to interpreters is available within all of the service provision and raise awareness of the importance of interpreting and translation amongst other services to prevent the need for advocacy. The Advocacy Hub to monitor access by BAME

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	• The three most commonly spoken languages after English were Arabic, Polish and Spanish. All of the advocacy services have targets for reaching the BAME population and the majority have exceeded these targets indicating that excluded groups are accessing advocacy: • IMHA – 31% • LGBT mental health community advocacy – 19% • Physical disability – 23% • Learning disability – 8% • Older people – 11% People may however have a need for advocacy services which are made more complex by an additional need for language support. From December 2014 for 3 years Brighton & Hove Clinical Commissioning Group and the Council funded a Bilingual Advocacy Project for those with both advocacy and language needs. Bilingual advocates supported vulnerable and isolated service users who also have a	and they told us that they need: • Support with housing, medical / health issues, sourcing and navigating services • Someone who can advocate and interpret rather than 2 people • Peer and group advocacy options to support each other • Central point of access, clear info and a range of communication methods eg text, email, messages in languages Engagement with Black, Asian and Minority Ethnic (BAME) communities who use our advocacy service has also been sought via Survey Monkey – to be added.		community and engage with BAME organisations.

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	language need and supported 62 people in 2016/17. In addition the advocacy services have access to interpreters via their own service or where it is a statutory service the referrer should organise an interpreter. The Needs Assessment reviewed activity under the Bilingual Advocacy Project that may have alternatively been provided for by community specialist advocacy providers. In 2016/17 13% (10/77) of those receiving support were over the age of 65; 32% (46/77) had a disability; 1% was trans (1/77); 1% were LGB (1/77). There appears to have been little use of interpreters in the specialist community advocacy services and the number of interpreters used for IMHA and IMCA was not available. The Needs Assessment identified that this may indicate a gap in service provision of more specialist community advocacy support (outside of the Bilingual Advocacy project), to users with an additional language need.			

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Religion or belief[19]	Data from the monitoring of the current advocacy providers shows that the majority of users identify as Christian or prefer not to say / no religion. There are a very small number of people who identify as Muslim, Buddhist or Jewish.	There is some evidence of advocates supporting people in care homes to have more access to opportunities to practice their religion that has been effective.	One of the outcomes for the provider(s) of the Advocacy Hub is to improve access for people to communities and networks and this will include religion and belief.	The Advocacy Hub to make links with a broad range of community organisations and groups to make them aware of advocacy services. .
Sex/Gender[20]	The majority of the advocacy services have a slightly higher proportion of females to males using the service (54-58% female to 42-45% male) with the exceptions of the LGBT service that supported 22% females, 41% males and 12 other and the service that supports parents with learning disabilities supported 84% females, 8% males and 8% prefer not to say.			
Sexual orientation[21]	Needs Assessment 2017: JSNA: There is no definitive research into the number of lesbian, gay, bisexual (LGB) people who live in the city and is 11% to 15% of the population aged 16 years or more and is similar to two recent representative surveys conducted across Brighton & Hove (Health Counts and City Tracker), where 11% of respondents identified themselves as lesbian, gay,	Within the Needs Assessment an important theme, especially for LGBT people using specialist LGBT or Trans advocacy services, was the lack of judgement they experienced from advocates. Several users of these advocacy services expressed how important it was that they	The Advocacy Hub will include specialist LGB advocacy provision that will have a positive impact on the LGB community as it will offer a safe space. Alternatively if people don't want the association with an LGB service they can access	The Advocacy Hub to promote LGBT awareness across all services.

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	bisexual, unsure or other sexual orientation. Lesbian, gay and bisexual (LGB) people are at higher risk than heterosexual people of bullying, abuse, discrimination and exclusion. LGB people are also at greater risk of mental disorder, substance misuse and dependence, self-harm and suicidal behaviour/ideation than heterosexual people. Socially isolated LGB people and those on a low income are more susceptible than others. In view of the above factors, the need for mental health advocacy may well be higher in LGB people than the general population and is provided as a service distinct from the specialist community service. However, people who are LGB also access the other specialist community services and in 2017/18 the percentage of LGB users were: • IMHA – 14% • Community mental health advocacy – 19% • Physical disability advocacy – 20% • Learning disability – 10%	could access services without having to worry about the service provider being judgemental about their LGBT identity: There was appreciation of the fact that such specialist services are available in the city and this wasn't common in other places people had lived in. Whilst some individuals felt compartmentalised by the separation of services by 'client group', as many also valued the specialist nature of some services – especially LGBT services.	other provision through the central point of access.	

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	• Older people – 2% In 2017/18 266 individuals in Brighton & Hove received advocacy from the specialist LGB community mental health (39% increase on the previous year).			
Marriage and civil partnership[22]	No specific data has been collected on this group			
Community Cohesion[23]	People who need advocacy services are more likely to feel isolated from their own or other communities.	People who use advocacy services report issues with neighbour disputes, bullying and harassment and discrimination in many areas of life. People report feeling very isolated and alone.	The Advocacy Hub will play an important role in ensuring that individuals are more independent, have increased confidence, increased access to communities and networks, increased knowledge and feel more able to use health and care processes and services. An integrated service .	Advocates can only link people in to services that exist already so it is crucial that the Advocacy Hub provides feedback to services about where the gaps in service are and how they can improve access to help prevent the need for advocacy.
Other relevant groups[24]	If any of the following groups have difficulty accessing support because of the reasons outlined above they would be able to access advocacy services: Carers, people experiencing domestic	There has been no specific engagement with these groups of people but within the Advocacy Needs Assessment 2017;	The Advocacy Hub will have a positive impact on people who are vulnerable but don't necessarily fit neatly	The Advocacy Hub to make links with organisations that support other vulnerable groups.

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	and/or sexual violence, substance misuse, homeless people & ex-armed forces personnel	6 people had substance misuse issues, 2 had been homeless and 1 person had experienced domestic violence.	within the current model of client group provision.	
Cumulative impact[25]	The Needs Assessment identified issues that cut across all client groups and advocacy providers. Further analysis of the equalities monitoring of the advocacy services shows that there are high levels of multiple need within services.	Needs Assessment 2017: Many interviewees were, or had been, involved in disability benefits re-assessment (including Disability Living Allowance, now called Personal Independence Payments) and had needed an advocate to support them to get through this assessment process. Most found the benefits system incomprehensible and described their experiences of being challenged about the legitimacy of their claims for benefits as 'fright Housing was a dominant need that sat behind several of the other problems and difficulties individuals were	The Advocacy Hub will have a stronger voice in highlighting the changes that services could implement to make them more accessible to people.	The Advocacy Hub to give feedback to commissioners on improvements that could be made to the way that services are delivered to improve individuals' experiences of them.

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		experiencing. People are struggling with either Private Rented Sector landlords or the Council's housing services and systems. In addition people at every engagement event highlighted the complex health processes and pathways and difficulties accessing and understanding GP's.		

Assessment of overall impacts and any further recommendations[26]

There may be a small number of older people and people with physical disabilities who are impacted by the recommended removal of specialist older people's and physical disability advocacy services. The decision, has however been influenced by feedback from advocacy users and referrers who find the current configuration impacts negatively on these groups. Older people don't necessarily want to be badged as 'older' and want support with specific issues or due to a mental health impairment and the demand is currently less than expected. Physical disabilities cuts across all of the services with 20% of the non-physical disability specialist services reporting that their users also have a disability. Referrers report not knowing where to refer when someone has multiple conditions so a single point of access with issue based advocacy for any type of advocacy will help to alleviate this. Also people with hearing impairments do not feel represented by a physical disability organisation and have asked for specific deaf advocacy.

An Advocacy Hub with a lead provider has also been recommended as the best solution as there will be a reduction in funding from April 2019. The total funding for advocacy in Brighton & Hove is currently £648,367 but will reduce to a maximum of £577,557 (a reduction of

Protected characteristics groups from the Equality Act 2010	**What do you know[10]?** Summary of data about your service-users and/or staff	**What do people tell you[11]?** Summary of service-user and/or staff feedback	**What does this mean[12]?** Impacts identified from data and feedback (actual and potential)	**What can you do[13]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
£70,810). The CCG are removing £50,000 from community advocacy services and redirecting it to a Navigation role in the Mental Health Support Services and as there is currently some duplication in mental health and learning disability community advocacy across the different contracts, administrative and management savings are expected with the proposed lead provider model (£20,810). By working in partnership with East and West Sussex there will be further economies of scale that will enable extra capacity to cope with the predicted increase in demand. The feedback from the engagement with people who provide, refer to and use advocacy services will be used to develop the service specification for the new service.				

4. List detailed data and/or community feedback that informed your EIA

Title (of data, research or engagement)	**Date**	**Gaps in data**	**Actions to fill these gaps: who else do you need to engage with?** (add these to the Action Plan below, with a timeframe)
Adults Advocacy Needs Assessment 2017 Engagement carried out with users of advocacy services who: • Have learning disabilities • Have mental health issues • Have physical and sensory disabilities • Are lesbian, gay, bisexual or trans • Have substance misuse issues	**September 2017**	Older people Black, Asian and Minority Ethnic (BAME) communities Autistic people People with hearing impairments Parents with learning disabilities	Further engagement carried out – listed below.

Engagement events were facilitated by the Commissioning & Performance Team Focus groups took place with: • Older people • Black, Asian and Minority Ethnic (BAME) communities • Autistic people • People with hearing impairments • Parents with learning disabilities	**April – June 2018**		

5. Prioritised Action Plan[27]

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
Older people no longer have access to a specialist older people's service.	**The new service will be for all adults including over 65+**	**Older people continue to receive issue based advocacy**	**The total number of older people receiving advocacy increases and their outcomes are met.**	**By 31st March 2020**
People with physical disabilities no longer have access to a specialist physical disabilities service.	**The new service will be for all adults including those with physical disabilities and multiple health conditions.** **The new service will provide specific deaf advocacy.**	**Disabled people continue to receive issue based advocacy.** **Deaf people receive more appropriate advocacy provision.**	**The number of people with physical disabilities using the Advocacy Hub report easier access to the service and outcomes are met.** **The number of people with hearing and visual impairments receiving advocacy provision increases and their**	**By 31st March 2020**

			outcomes are met.	
Reduction in funding for advocacy of £70,810 will have an impact on the community advocacy as it is not a statutory function.	**The lead provider model will ensure greater economies of scale and less duplication of services.** **Community advocacy numbers will be ringfenced to ensure it is still a priority.**	**Community advocacy still available to service users.**	**The target for the number of people supported with community advocacy is met and people report that their outcomes are met.**	**By 31st March 2020**

EIA sign-off: (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

Staff member completing Equality Impact Assessment: Anne Richardson-Locke **Date:** 29.05.18

Directorate Management Team rep or Head of Service/Commissioning: Andy Witham **Date:**

CCG or BHCC Equality lead: Sarah Tighe-Ford **Date:**

Guidance end-notes

[1] The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

[2] **Our duties in the Equality Act 2010**

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity**. This means the need to:
  - Remove or minimise disadvantages suffered by equality groups
  - Take steps to meet the needs of equality groups
  - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not**. This means:
  - Tackle prejudice
  - Promote understanding

[3] EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

[4] **When to complete an EIA**:

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

[5] **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

[6] **ID no:** The unique reference for this EIA. If in doubt contact your CCG or BHCC equality lead (see page 1)

[7] **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

[8] **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

[9] **Previous actions:** If there is no previous EIA or this assessment if of a new service, then simply write 'not applicable'.

[10] **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?[10]
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: http://www.bhconnected.org.uk/content/needs-assessments and Community Insight: http://brighton-hove.communityinsight.org/#) and national ones where they are relevant.

[11] **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
    (a) consult when proposals are still at a formative stage;
    (b) explain what is proposed and why, to allow intelligent consideration and response;
    (c) allow enough time for consultation;
    (d) make sure what people tell you is properly considered in the final decision.

- Try to consult in ways that ensure all perspectives can be considered.
- Identify any gaps in who has been consulted and identify ways to address this.

[12] Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
    - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
    - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
    - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
    - If there is negative differential impact, how can you minimise that while taking into account your overall aims
    - Do the effects amount to unlawful discrimination? If so the plan must be modified.
    - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

[13] Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

[14] **Age**: People of all ages

[15] **Disability**: A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

[16] **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

[17] **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

[18] **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

[19] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

[20] **Sex/Gender:** Both men and women are covered under the Act.

[21] **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

[22] **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

[23] **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

[24] **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

[25] **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

[26] **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

[27] **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give ‘due regard’ to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.