

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated May 2015)

Targeted Prevention

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Cath Simms
Names and roles of other people involved in carrying out the EIA	Louise Ryder Sally Anderson
How will you pay due regard? e.g. working group, individual officer	Living Well Operations Steering Group
When did the due regard process start?	Project Initiation – March 2015

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA is about the new Targeted Prevention Service being introduced. This is part of the Independence With Support When I Need It (IWSWINI) programme and is the largest HAS savings programme being undertaken as part of the 2020 programme.

Targeted Prevention is about the recruitment and delivery of the Living Well Team, a team of Living Well Coordinators based in communities, tasked with the delivery of signposting and supporting activity. These staff will be supported by the delivery of a range of preventative services designed to support people at key 'trigger points' which can often lead to a need for social care:

As this is a new service it will be introduced in a phased way, for the first 6 months people will be recruited to the service through calls coming into the Customer Resolution Centre. After six months the service will then be opened up to a larger audience, with an official launch in April 2016.

Targeted Prevention is being introduced to deliver savings and to help prevent and delay people in North Yorkshire needing more formal social care interventions. This will help combat future issues such as an ageing population.

The Targeted Prevention project is intrinsically linked to the Stronger Communities programme and close liaison between the relevant staff has been put in place to ensure that their success is linked. The key difference being that targeted prevention works with individuals rather than the community.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

With an ageing population more people will require care and support, we have a high proportion of people living in rural areas so we need to change and develop the way we deliver services. We need more preventative measures in place to deliver a combination of impacts that will prevent or delay people needing adult social care services. We need new ways to reach people, the Living Well Coordinators role will be about being the eyes and ears in the communities and can serve as a link between communities and other non-statutory services such as the voluntary sector.

This project hopes to deliver recurring savings within the social care base budget of at least £2.65m and to underpin the whole HAS 2020 £21.5m savings programme by reducing demand and forming part of the new HAS operating model.

This should lead to better outcomes for individuals through improving health, wellbeing and independence throughout North Yorkshire. This should also assist in meeting North Yorkshire County Council's statutory duties of the Care Act.

Success will mean reduced numbers of people accessing health and social care early, people who do access health and care support will have reduced needs, we will be able to keep people in their own homes for longer, support carers, and identify vulnerable groups prior to crisis. Success will also be measured by reduced use of emergency health services including A&E attendances and emergency admissions to hospital.

Section 3. What will change? What will be different for customers and/or staff?

The Living Well Team:

- A team of 24 Living Well Coordinators and 4.0 Living Well Team Managers has been established to deliver and signpost to preventative services across the county. This team will be based in communities, and through the development of prevention design will be viewed differently to 'formal' NYCC services. This team will identify, support and signpost people 'on the cusp of care' assisting them in remaining healthy and independent for as long as possible. The number of people aged over 65 is predicted to increase in North Yorkshire from 113,000 to 211,000 by 2037. We also face issues with rurality, with an older population in more rural areas when compared to more urban areas. This increases the risk of social isolation and loneliness and so we need to develop ways to help and prevent people.
- Coordinators will support clients face-to-face or by telephone. They will work creatively and innovatively with individuals to develop support solutions to meet the individual's needs and circumstances.
- They will support the individual to access health improvement initiatives provided locally by the community, voluntary and other agencies;
- support the individual to engage and participate in local groups and activities;
- support the individual to access services that provide information and advice on health, wellbeing and self-care;
- advise on and demonstrate the use of simple equipment designed to maintain independence;
- enable and motivate individuals to change their behaviour and improve their health and wellbeing; and
- support an individual's ability to maximise their own resources, circumstances and risks.

This service will be available to people who would not usually be eligible to receive social care support so this should be positive for many residents in the County. This should see a wider percentage of the population of North Yorkshire able to receive prevention services.

With the introduction of the Living Well Coordinators we hope to see more linked up working and communication between teams, especially Stronger Communities. They will identify gaps in current support in the community and provide feedback to the council and other agencies. The team will work with colleagues in the Council to identify vulnerable groups, gaps in funding or commissioning and develop strategies to fill these gaps.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

Consultation with the public 'Making difficult decisions in adult social care' was carried out in 2013. This was to consult about raising the (then) eligibility threshold and some changes to charges for adult social care, and prevention. The consultation looked at: how people would access the service, when such a service would be helpful and what was the most important factor within Prevention to help people stay independent.

Market Research with prospective customers and client groups has been carried out, along with engagement with the voluntary sector and key stakeholders. This has been done through focus groups and forums and ran from Dec 2014 until May 2015. People from all backgrounds took part in focus groups and interviews, such as; the public, carers, GPs, practice nurses, district councils, housing providers, social care staff. Nine Focus groups were carried out and they consisted of people who use the service, carers, providers of services for older people, people with learning disabilities and people with mental health problems. The feedback gained through

this has been adopted and fed back into the service design. Not only has this been used to understand the market but also used to develop branding and communication materials.

In order to gather the information we specifically wanted to find out:

- What type of support should a prevention officer provide?
- How would people access them?
- Physical and emotional barriers that would prevent people from accessing the support
- How to promote the service
- What would be people's motivation to use this type of service
- How do we promote targeted prevention to ensure it is acceptable to key target groups.

From the market research it was found that designs should not be too complicated to understand as that may create a barrier as people won't want to refer/use something they are not clear about. This is imperative to make sure the service is available to all.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

This project's key aim is to save £2.65m from the HAS budget by 2020. Public Health and HAS budgets will be re-focussed to invest in preventative activity which will create savings in social care.

The table below outlines the savings profile:

Year	HAS 2020 Base Budget Saving	Cumulative Base Budget Saving	Cumulative Cash Saving
2015/16	None	None	None
2016/17	£0.30m	£0.30m	£0.30m
2017/18	£1.35m	£1.65m	£1.95m
2018/19	£1.00m	£2.65m	£4.60m
2019/20	None	£2.65m	£7.25m

Supporting people to live in their own homes for as long as possible is the most cost effective for NYCC. By focussing on low level support and interventions including social interaction and equipment, preventative activity will delay or prevent people needing to access more costly formal services.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		Demographic data shows that North Yorkshire has a higher than average proportion of the population aged 65 and over, and this is set to increase, particularly those aged over 85. This is forecast to put significant additional pressure on adult social care services. Having preventative services in place will help reduce this impact. Development of Living Well Coordinators and

			<p>a wider culture of prevention will support people to stay in their own homes for longer and live healthier more independent lives.</p> <p>However there are some issues around how people are identified and how support is offered that need to be further developed. There is a risk that older, more isolated people who are without any kind of support network and do not engage in communities may be missed.</p> <p>Living Well Coordinators will be visible in their local area and will actively develop local knowledge, networks and links with other important services to develop awareness of these types of people, ensuring they are made aware of the Living Well team and given the option to refer to the team. Through the Living Well service, more people should be able to gain support; this will include people not currently known to us and their carers.</p>
Disability		X	<p>Across North Yorkshire there are 194 people with serious physical disabilities per 10,000 population and this number looks to increase from 9,300 to 9,600 between 2011 and 2030.</p> <p>In the first phase of the Living Well roll out, disabled people will be included via the internal referral processes. As the wider referral phase is designed for launch in April 2016, we will ensure that referral routes are designed to be as accessible as possible, particularly taking into account the ways that people with a communication or mobility impairment access the service.</p> <p>As the service develops, Living Well Coordinators will monitor access to the service to ensure they are including disabled people and are referring people to suitable services.</p>
Sex (Gender)		X	<p>54% of the population of North Yorkshire aged 65+ is femaleⁱ, and the HAS service user base is predominantly female (66%)ⁱⁱ. therefore any positive or negative impacts will have a larger impact on this group in terms of numbers.</p> <p>One area we need to monitor is the different ways men and women access the service. Women are more likely to be linked into community networks compared to men. This may mean men are harder to reach and so this will have to be monitored as the service begins and grows. This is particularly true of older men living alone. Research indicates</p>

				that older men are more likely to report moderate to high social isolation than women (14% compared to 11%), and have less contact with family and friends. ⁱⁱⁱ
Race		X		<p>As this is a new service we have not targeted this to any particular ethnicity. The service is available to everyone; however, North Yorkshire has a high proportion of White people - this could leave some minority ethnic people isolated and finding it difficult to access appropriate services or support. This is something that will have to be taken into consideration as the service develops.</p> <p>Living Well Coordinators, particularly in areas where there are larger ethnic minority communities, will be expected to make links with such communities in order to understand the needs and sign-post appropriately. Living Well Coordinators will require equalities training and will need to liaise with other colleagues, such as the CYPs community cohesion officers and the Horton Housing Gypsy, Roma, Traveller, Showpeople service 'GaTEWAY').</p> <p>As it is a new service it should be flexible in order to do this. We will have to constantly monitor and listen to community opinions.</p>
Gender reassignment		X		<p>Research shows that LGBT people are less likely to have family support as they age, possibly due to experiences of discrimination and exclusion, and may therefore be more likely to need social care support. The Living Well service should therefore benefit LGBT people, as long as the service is inclusive – this can be achieved by a) staff training and b) inclusion of relevant specialist support services and social groups in the service's knowledge base.</p>
Sexual orientation		X		<p>Research shows that LGBT people are less likely to have family support as they age, possibly due to experiences of discrimination and exclusion, and may therefore be more likely to need social care support. The Living Well service should therefore benefit LGBT people, as long as the service is inclusive – this can be achieved by a) staff training and b) inclusion of relevant specialist support services and social groups in the service's knowledge base.</p>
Religion or belief	X			<p>There should be no impact on people with religion or beliefs. The team will need to</p>

				understand that faith-based networks / community activity can have a strong positive impact on an individual and be able to tap into this. The team will need to be considerate of an individual's views on religion or belief and take that into account when referring people to groups that are being held in religious buildings or connected to faith based community activity.
Pregnancy or maternity	X			We have no evidence of an impact in relation to pregnancy or maternity.
Marriage or civil partnership	X			We have no evidence of an impact in relation to marriage or civil partnerships.

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		x		<p>Just under 60% of those aged 65+ live in rural areas of which 8% of this population is in dispersed sparse setting. The total number of those aged 65 + in North Yorkshire is just under 130,000 people.^{iv}</p> <p>Although most people living in rural areas experience a high quality of life, the risk of social isolation and loneliness is increased, especially among older people. Approximately a third of people aged 65 and over in North Yorkshire are living alone.</p> <p>The implementation of Living Well Coordinators and their presence in rural communities should serve as a link to non-statutory services such as the voluntary sector or community programmes. This should also allow issues to be raised from communities which require additional or specific services.</p>
...have a low income?		x		<p>Stronger preventative and reablement should lead to reduced package sizes and costs for those people who are eligible for charging when they do enter care.</p> <p>As this service is free of charge this will help people on low incomes to seek advice and support. Through the service, people can find out about benefits maximisation which can help people improve their income and quality of life.</p>

Section 8. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.

The implementation of Living Well Coordinators should have a positive impact on people with a combination of protected characteristics. Older, disabled people living in rural areas will find it easier to receive help without leaving their communities. With an ageing population and the number of disabled people increasing in the future it is important to try and reduce and prevent people needing care.

Prevention services could help mitigate the impact of the closure of rural NYCC offices and other communal buildings. The service will be accessed through various options with people being able to stay in their own homes, promoting independence. From public consultation we know this is important to many people.

Section 9. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	X
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>This EIA indicates that we expect the service to have a positive effect on most of the protected characteristics. This is a brand new service delivering preventative measures that are not currently in place and will be supporting other statutory services. This will increase the number of people receiving support across North Yorkshire, especially those who are currently not eligible for care and support from Adult Social Care.</p>	

Section 10. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

There will be a range of internal performance measures and an academic evaluation of the Living well service. Each of these will measure the outcomes for the people and their wellbeing, looking at each protected characteristic, ensuring that the Living Well service is working for everyone.

Section 11. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Ensure that referral routes are designed to be accessible for disabled people	Head of Targeted Prevention	April 2016		
Monitor service take-up and outcomes by protected characteristics	Head of Targeted Prevention	October 2016		
Ensure staff training includes skills and knowledge to work with diverse communities	Head of Targeted Prevention	October 2016		
Provide information for community directory from local knowledge which includes information about specialist services and social groups for diverse communities such as LGBT people or people of a particular faith or cultural background	Living Well Team Managers	April 2016		
Ensure that EIA influences service roll out when service is broadened to include more people	Head of Targeted Prevention	November 16		Review EIA November 2016

Section 12. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

Targeted Prevention will open up services to more people and to those who would not usually be eligible to receive social care support, enabling a wider percentage of North Yorkshire's residents to receive the prevention service. By preventing, reducing or delaying the need for formal social care intervention, it is intended to save up to £2.5m from the HAS budget by 2020. This will also help meet the requirements of the Care Act 2014.

Market Research (2015) and public consultation ('Making Difficult Decisions' and prevention consultation, 2013) has been carried out, involving prospective customers and client groups. Engagement with the voluntary sector and key stakeholders such as focus groups, forums etc. has also been carried out. This is to ensure that the service will be suitable and will be used by people. The research gathered has had a positive response; with people agreeing it would be a useful service.

The research also looked at how it should be branded to ensure that people will understand what the service is about, encouraging residents to use it and to make sure no one is excluded. This was positive, with a brand image, strapline and job title being chosen.

The evidence in this EIA indicates that introducing the Living Well Team should have a positive effect on almost all of the protected characteristics. More people will be able to receive help, especially those on the cusp of care who would not normally be eligible for support from Adult Social Care.

There are a few areas where extra care and attention needs to be given. As the service develops we will need to ensure that referral routes are designed to be accessible for disabled people. Living Well coordinators will actively develop their knowledge of specialist support services and social groups and ensure that they build links with different ethnic communities and LGBT community groups. While there should be no impact on people with religion or beliefs, the team will need to understand that faith-based networks/community activity can have a strong positive impact on an individual and be able to tap into this.

People with a combination of protected characteristics should benefit more from Targeted Prevention, especially those living in rural areas and with low incomes. There will be more links to non-statutory services and people can take part in activities in their local community. This will allow issues to be raised and fed back into more central services. With the service being free this will not exclude anyone from accessing it. They will receive help with benefits maximisation, increasing their income and wellbeing.

As this service is new and is constantly being monitored it is flexible and can be easily changed depending on different communities' needs and changes to demographics.

Section 13. Sign off section

This full EIA was completed by:

Name: Louise Ryder and Sally Anderson

Job title: Senior Project Manager / Business Development Officer

Directorate: Health and Adult Services

Signature: Sally Anderson

Completion date: 8 January 2016

Authorised by relevant Assistant Director (signature): Anne Marie Lubanski

Date: 18th January 2016

ⁱ ONS 2014 mid-year population estimates

ⁱⁱ People with an open service as at 7.1.16

ⁱⁱⁱ <http://www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf>

^{iv} <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=30660&p=0>