



North

Yorkshire County Council

Individual Service Fund (12/10/2012)V3 Equality Impact Assessment Template

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

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۔



Undertaking an Equality Impact Assessment

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as ‘protected characteristics’ or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Ethnicity
- Race – this include ethnic or national origins, colour and nationality
- Disability (including unpaid carers)
- Pregnancy and maternity
- Gender reassignment

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

Equality Impact Assessments are public documents. Full EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and available in hard copy for people attending the relevant meeting. To make it easier for people to find equality impact assessments the Council will also publish full equality impact assessments on the NYCC website.

Name of the Directorate and Service Area	Health and Adult Services Self Directed Support			
Name of the service/policy being assessed	Individual Service Fund			
Is this the area being impact assessed a	Policy & its implementation?	x	Service?	x
	Function		Initiative?	
	Project?	x	Procedure & its implementation?	x
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	Existing service or a policy and its implementation?			
	Proposed service or a policy and its implementation?			x
	Change to an existing service or a policy and its implementation?			
	Service or Policy carried out by an organisation on behalf of NYCC?			x
How will you undertake the EIA? Eg team meetings, working party, project team, individual Officer	Working Group			
Names and roles of people carrying out the Impact Assessment	Jill Mollon, Cath Simms,			
Lead Officer and contact details				
Date EIA started	12 th July 2012			
Date EIA Completed	17 th October 2012			
Sign off by Service Head/ Business Unit Head				
Sign off by Assistant Director (or equivalent)	 Anne Marie Lubanski			

Date of Publication of EIA	
Monitoring and review process for EIA	

1. Operating Context

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

1.1 Describe the service/policy

What does the service/policy do and how?
Who does it benefit?
What are its intended outcomes?
Who is affected by the policy?
Who is intended to benefit from it and how?
Who are the stakeholders?
How would you describe the policy to someone who knows very little about Council Services?
How is the policy, plan or service linked to relevant legal frameworks (including equality legislation) and national and local performance targets?
Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact?
How will the policy be put into practice?
Who is responsible for it?

The proposed Individual Service Fund (ISF) will offer a variation in the way the person may choose to have their social care needs met. It will be a middle ground for personal budget holders who choose not to manage some or all of their support through direct payments yet would like more choice control and flexibility than is provided by the Local Authority arranging the care through internal brokerage.

Individual Service Funds are a way to offer individuals the choice to commission services directly from the provider, without having to manage a direct payment.

The intended outcomes are to drive the personalisation agenda forward, increase the awareness of Personal Budgets and ISF and creating an option to move towards choosing to receive their care as a Direct Payment, also maximise independence by enabling people to be instrumental in choosing the service to meet their needs.

The people that will be affected are: the individuals themselves,, and providers who deliver the service. The operational staff who assess individuals for services and finance departments that process the payments will also be involved.

The ISF service will benefit the individuals that Health and Adult Services support and the providers that offer the support.

ISF will run for a period of time as a pilot project. Based on the evaluation of the pilot a decision will be made around embedding it as another option open for individuals to have their needs met. The pilot will run countywide, The aim is to have approximately 6 providers, two in each of the three areas, East, West and Central. With consideration

	<p>given to sampling each of the client group, Physical Disabilities, Learning Disabilities and Older People using a different type of provision, for example consideration has been given to Domiciliary Providers that support Older People, Physical Disabilities in the community setting. An Extra Care Housing establishment and supported tenancy and people who have a mental health issue.</p> <p>It is envisaged that the providers selected to form part of the pilot may already support suitable individuals who would benefit from having their needs met via an ISF as well as new referrals coming into the business.</p> <p>During the assessment process new referrals who may be identified as suitable for the pilot will be approached to consider this option, when support planning takes place providers will be encouraged to be involved if the individual wishes, the service provider will hold the funds on behalf of the individual and complete returns on a four-weekly basis. As one of the key points to this model is flexibility a financial sum may be banked to create this.</p> <p>Business development Manager for Self Directed Support will have overall responsibility. Direct Payment Officer will be responsible for facilitating the pilot, working with HAS assessment staff, providers and individuals receiving the service.</p> <p>Providers will be responsible for managing each person's budget, The self directed support team will have the responsibility of monitoring the returns from the provider, thus enabling a central point to evaluate the standard of returns and staff hours used.</p>
<p>1.2 How do people use the policy/service?</p> <p>How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities?</p>	<p>The ISF service will be delivered by the provider.</p> <p>It is envisaged that individuals already receiving a service may be identified for the pilot to provide a more flexible approach to meeting their current care needs. As part of the assessment process, the ISF option will be discussed at assessment as a third option to have their</p>

<p>Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community? Does the policy/service support customers to access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements? How do you ensure that staff/volunteers delivering the service follow the Council's equality policies?</p>	<p>needs met.</p> <p>Expressions of interests have been communicated through SCMS to all domiciliary providers. SCMS is a communication tool issued as a provider bulletin. Consideration will be given to providers using an existing points system when considering the successful applicant. This will include consideration of equality, fair access and dignity as per usual procurement and contracting processes.</p> <p>When assessment workers discuss the services available, ISF will be open to all client categories.</p> <p>It is envisaged that if the selected providers are unable to meet the individual's needs, the provider will broker the service from elsewhere. This helps to make sure that different cultural needs can be met.</p> <p>A charge will be identified as part of the usual financial assessment service under the fairer charging policy.</p> <p>Monitoring forms have been created and these forms are to be returned on a four-weekly basis by the provider to the self directed support team.</p>
--	--

2. Data (qualitative and quantitative) and monitoring

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

<p>2.1 Who is using the service?</p> <p>What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant?</p>	<p>Individual Service funds are not currently used within North Yorkshire. If it was adopted following the pilot, it would provide an additional choice in the way the people that are supported by NYCC receive their care.</p> <p>Currently the options for people receiving care are either for NYCC to contract direct with the provider or to take a direct payment and have full responsibility. An ISF will give a middle ground and will empower the person to direct how their care is delivered, while the financial</p>
---	--

	<p>responsibility is with the provider. This approach may then encourage people to consider the move onto direct payments.</p> <p>We hold data on people who access social care support; this includes whether or not the person has a direct payment and is broken down by protected characteristic. We also have population data and projections; see the North Yorkshire JSNA 2012.</p>
<p>2.2 Are there areas where we need more information? How could we get this information?</p> <p>What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p>	<p>The pilot will go through an evaluation process. During the evaluation, information will be gathered to look at the impact for all protected characteristics, and to identify whether there is positive and / or negative impact.</p> <p>As this type of service will sit between local authority commissioned services and a direct payment, data will be collated before the start of the pilot to establish a benchmark, to identify any cultural shifts away from commissioned services either to an ISF, or progress from ISF to towards a direct payment. Also to consider when a direct payment is initially considered and subsequently identified as unsuitable that it is progress to ISF rather than the current default position of LA commissioned services.</p> <p>As we have identified that older people are less likely to take up a direct payment (see 2.3), we will endeavour to ensure that the pilot includes a good sample of older people.</p>
<p>2.3 What does the data tell you?</p> <p>Does the data show any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?</p> <p>Please include data and analysis as an appendix</p>	<p>Research seems to indicate that direct payments as one option within the self directed support process are less likely to be adopted by older people.</p> <p>Current data identifies that of the total direct payments within North Yorkshire, 67% of the uptake falls within the 18-64 age group, and where there is a high population of people aged 65 and over the uptake is lower than other areas.</p>

	<p>There is a projected increase in the number of older people in North Yorkshire (as per North Yorkshire's JSNA 2012).</p> <p>There is some positive anecdotal evidence for people from BME groups using direct payments in North Yorkshire. Where in the past they may have turned down a service, people from ethnic minorities have accepted services via a direct payment because it enabled a personalised approach. For example for religious, cultural and/or communication reasons they would only have support delivered by people who understand their cultural needs. It may be that an ISF will support those people for whom a direct payment would not be suitable but still allowing more choice and control.</p> <p>Nationally, the data available identifies that there have been varying degrees of success and that other Local Authorities have used different models of Individual Service Funds</p>
--	--

<p>2.4 How will you monitor progress on your policy/service, or take-up of your service?</p> <p>What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?</p>	<p>The numbers will be capped for the pilot.</p> <p>Four-weekly monitoring returns will be provided by the provider. There will be an overall monitoring return for the whole contract and an individual monitoring return for each individual. The assessment reviewing process will also monitor the individual. Consideration will be given to increasing the frequency of the assessment reviewing process.</p> <p>Valuable information will be gathered by carrying out several reviews over time on the views of the person receiving the service, how they found the service, with a comparison from receiving the service in a different way if available. Also giving a comparison across all protected characteristics.</p>
<p>2.5 How do you know whether your service meet the needs of all customers?</p> <p>What engagement work have you already done that can inform this impact assessment? Who did you talk to and how</p>	<p>Previously a small pilot ran for a period of 6 months via a voluntary organisation. This was evaluated.</p> <p>Contracting and Procurement team were contacted for input on the</p>

<p>What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How did you feedback the findings of the engagement to those who were involved? How has this changed the plans for the policy/service?</p> <p>Please summarise the main findings from any engagement work.</p>	<p>Service Level agreement, Letters of Variation to the existing contract, Finance Expenditure for input on the most appropriate approach for the provider to receive funding; Benefits, Assessments & Charging Co-ordinator for an appropriate approach to the receiving individuals contribution to the cost of care; Customer Contact Centre for the most appropriate way for the provider to make a referral.</p> <p>Based on the findings of the first evaluation, areas for improvement were identified. For example, as the first pilot ran within a voluntary organisation, the type of services was limited to low level prevention and alternatives to traditional day services and with the introduction of the re-ablement process the number of suitable referrals into assessment teams was limited. Based on that evaluation it was determined that this type of pilot would be more successful using existing domiciliary providers</p> <p>Other Local Authorities who had previously piloted ISF were contacted via telephone and email conversations to acquire further knowledge to create a more robust NYCC pilot,</p> <p>Information gathered from this engagement created the blue print for the pilot. Once all the findings were collated a briefing paper was created for final approval at AD Level.</p>
<p>2.6 Do you need to do more engagement work to inform this impact assessment?</p> <p>Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p> <p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	<p>No more engagement is required at this stage. As this is a pilot, the evaluation will include the views and experience of the individuals and providers taking part, as well as assessment staff.</p>

3. Action Planning

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

3.1 Has an adverse impact been identified for one or more groups?

Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

No adverse impact has been identified. We anticipate that the new service will have a positive impact.

This is a pilot aimed at improving access and choice for people who access social care support. The evaluation of the pilot will include analysis by protected characteristics, which will help us to identify whether there are any unintended impacts.

3.2 How could the policy be changed to remove the impact?

Which options have been considered and which one has been chosen?

No adverse impact identified.

3.3 Can any adverse impact be justified?

If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?

Please seek legal advice on whether this can be justified.

3.4 Are you planning to consult people on the outcome of this impact assessment?

When and how will you do this? How will you incorporate your findings into the policy?

3.5 How does the service/policy promote equality of opportunity and outcome?

Does the new/revised policy/service improve access to Council

The proposed approach should improve access and choice by providing a middle ground between NYCC provided service and a direct payment. This should enable some people who do not feel confident about a direct payment to still have some control over their care, and the

services? Are resources focused on addressing differences in outcomes?	additional choice that this brings. In particular, it is likely to benefit older people.
3.6 Are there any other equality issues that haven't been covered through this impact assessment? Are there any other sections of the community that are affected? Why haven't these been included in the assessment? Are they picked up in other EIAs/services?	No.
Don't forget to transfer any issues you have identified in this section to the Equality Action Plan	

Action Plan				
Action	Officer responsible	Deadline	Other plans this action is referenced in (e.g. Service Performance Plan, work plan)	Performance monitoring arrangements
All groups of service users will be offered the choice to have their care delivered as an ISF where appropriate. We will use the pilot to check that the service works well for all groups, or whether adjustments are required.	Jill Mollon	Jan 2014		The evaluation of the pilot will make comparisons over the different groups of service users that received care via the service

--	--	--	--	--