



**Appendix 'A'**  
**Section 4**  
**Equality**  
**Analysis Toolkit**

**Adult Social Care – Approval of Resource Allocation  
System (RAS)**

**3 November 2015**

**For Decision Making Items**

## **What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision-makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristics are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstances marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

[AskEquality@lancashire.gov.uk](mailto:AskEquality@lancashire.gov.uk)

Specific advice on completing the Equality Analysis is available from your Service contact in the Equality and Cohesion Team or from Jeanette Binns

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

## **Name/Nature of the Decision**

The Cabinet Member for Adult and Community Services is recommended

(i) Agree the adoption and use of a new Resource Allocation System (RAS) to support decision making in the setting of Personal Budgets for adults with eligible care needs;

(ii) Authorise the Director of Adult Services to make any necessary amendments to the Resource Allocation System in the light of further testing, operational management advice, experience and legal clearance;

(iii) To approve the continued development and implementation of plans to embed the new RAS into the Council's operating systems.

(iv) To approve the continued development of plans for undertaking service user reviews to realise savings on the basis of the new RAS

## **What in summary is the proposal being considered?**

Since the development of policies on 'Personalisation' the County Council's Adult Social Care has used a Resource Allocation System (RAS) to support frontline decision making in the setting of Personal Budgets for people with eligible social care needs. Following the implementation of the Care Act in April 2015 and the need to make financial savings a new version of the RAS has been developed for use in Lancashire.

If adopted this RAS will be Care Act compliant and provide a basis for reviewing existing or proposed levels of Personal Budgets to realise savings where safe and reasonable.

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

The upgraded RAS will be used in the review or assessment processes for all Adult Social Care customers from all client groups across the county.

Customers with a Mental Health category who have their assessments carried out in conjunction with our partner Lancashire Care Foundation Trust will in the short-term continue to have their indicative budgets calculated using the existing off-line system until the additional technical and training requirements needed for the upgraded RAS can be implemented.

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

The decision will be applied to all new and existing Adult Social Care customers in receipt of commissioned care or direct payments to meet long term needs.

To reflect the move to a more equitable offer across client groups the rates of reduction on the overall budget available for community based support will vary across customer groups.

Client Group	Number of service users with Personal Budgets currently above the indicative budgets generated by the new RAS v.7	Total number of service users	Percentage of total number of service users with Personal Budgets estimated to be above the indicative budgets generated by the new RAS v7
Learning Disabilities	347	2,898	12%
Mental Health	27	644	4%
Older People	350	4,751	7%
Physical Disabilities	369	3,344	11%

Customers with an existing package of care will be reviewed and it is likely that some of these customers will receive reduced Personal Budgets following the review. The further use of Telecare and other interventions such as reablement will also be a factor in reducing the overall spend per package required long-term.

In addition the transfer of the Independent Living Fund and the county council's decision not to ring fence associated monies in the long term may add to the cumulative effect for some customers.

People affected by this change may also be impacted upon by the transitional process from Disability Living Allowance (DLA) to Personal Independence Payments (PIP). This might affect the level of payments some customers receive from DWP.

The Welfare Reform Bill may also have an impact.

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

## Question 1 – Background Evidence

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

- Age
- Disability including Deaf people
- Gender reassignment/gender identity
- Pregnancy and maternity
- Race/Ethnicity/Nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

Information about the different groups of people who may be affected by this decision has been gathered from a number of sources. Finance data suggests the numbers of individuals likely to be affected by the proposed changes to the RAS may be as follows

Client Group	Number of service users with Personal Budgets currently above the indicative budgets generated by the new RAS v.7	Total number of service users	Percentage of total number of service users with Personal Budgets estimated to be above the indicative budgets generated by the new RAS v7
Learning Disabilities	347	2,898	12%
Mental Health	27	644	4%
Older People	350	4,751	7%
Physical Disabilities	369	3,344	11%

The responses to the public consultation indicated that customers in receipt of the Independent Living Fund, Carers, customers aged 25-44 and carer respondents of BME service users consider themselves to be the customer groups most likely to

be affected by the proposed changes.

The FACE RAS Modelling Test Analysis Report which was produced following formal testing of the RAS provided information on the average and correlation of indicative budgets and actual budgets by customer group. The evidence shows that customers with physical disabilities are more likely to receive an indicative budget which is lower than the actual cost of their current package of care than customers in either the older people or learning disability customer groups.

A financial illustration of the impact of the upgraded RAS based on application of a maximum 'reasonable offer' equivalent to a residential care rate showed that budget savings will be made across all customer groups. This supports the decision to move to a more equitable offer across all customer groups.

## **Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

The views of those adults potentially affected were considered as part of the county council's public consultation on the 2015/2016 service offers. Details are contained at <http://council.lancashire.gov.uk/ieDecisionDetails.aspx?ID=7336>

The consultation period ran from the 1<sup>st</sup> January 2015 – 31<sup>st</sup> March 2015. A total of 10,037 service users and carers received information to participate in the consultation exercise.

Access to all service users, carers and other stakeholders was through face to face consultation events, written questionnaires, and telephone contact lines and via the internet. A total of 2,018 of the 10,037 contacted submitted a response through the various communication channels made available.

From the information gathered during the public consultation there is a general concern across all customer groups and carers that the proposed cuts to Local Government will affect the most vulnerable.

The public consultation also showed that 94% of service users and 92% of carers agree that LCC should continue to invest money in services to help people retain their independence. This is in line with our corporate strategy and vision.

In line with the move to a more equitable offer to customers across all client groups 65% of service users and 63% of carers agree that LCC should make the distribution of money between the different groups of people we support fairer.

Customers in receipt of the Independent Living Fund expressed concern that as a result of the decision not to ring fence these monies they would be directly



impacted upon. 55% of respondents who receive ILF agree that LCC should assess the needs of people previously receiving ILF using the same criteria as other people with social care needs. 23% of respondents who receive ILF disagree.

Carers are one specific group who identified themselves as not feeling valued and in need of more support.

Overall customers in the 25-44 age bracket disagreed relatively most with the proposals to invest money to help retain independence and with the proposals to distribute monies more equitably across all customer groups.

Carer respondents of BME service users were also the group who disagreed most with our proposal to make the distribution of money between the different groups of people we support fairer.

### **Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities
- Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
- Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
- Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

Implementation of the upgraded RAS is expected to support the reduction of the cost of individual packages of care following the review process. As a result all adult social care customers including those of the protected characteristic groups may be impacted. However the purpose of the RAS is to ensure such reductions are identified and managed in a fair, transparent and equitable manner, ensuring the allocation of resources reflects needs. This may mean some individuals may perceive themselves as being relatively more or less affected compared to other individuals.

At worst, reducing the Personal Budgets to customers may result in a more rapid deterioration in customer's health and wellbeing leading to increased crisis situations, admissions to hospital and residential care and increased impact upon informal carers. This situation could apply to any adult social care customer including those of the protected characteristic groups. The changes themselves may also increase anxiety and stress among affected individuals and their carers and families.

#### **Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits). Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

The recalibration of the RAS is integral to the budget reduction in service offers required as part of the 2015/2016 budget savings.

Reductions in commissioned packages of care as a result of reduced Personal Budget levels may at worst result in a more rapid deterioration in some customers' health and wellbeing leading to increased crisis situations, admissions to hospital and residential care, increased impact upon informal carers.

The transfer of the Independent Living Fund and the county council's decision not to ring fence associated monies may add to the cumulative effect for some customers.

People affected by this change may also be impacted upon by the transitional process from Disability Living Allowance (DLA) to Personal Independence Payments (PIP). This might affect the level of payments some customers receive

from DWP.

The Welfare Reform Bill may also have an impact.

The County Council is in the process of preparing its budget for 2016/17 and other decisions on continued investments and savings which may be identified from Adult Social Care or other areas of the Council's activities are also likely have an impact on individuals. Examples could include changes to the levels of services available, access arrangements, their costs/ charges or the assessment arrangements.

### **Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

The implementation of the Care Act and the long term funding reductions facing the county council means that a new RAS is required and that cannot be ignored or delayed indefinitely.

The related recommendations (ii) to (iv) are also necessary for the implementation of the new RAS.

The proposals are therefore retained as they were first outlined.

### **Question 6 – Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

Firstly, the operational arrangements for assessment, use of advocacy services, determining eligibility, for support planning and for reviewing needs will need to be adapted to support the use of the RAS. This will involve some technical system changes, finalisation of Care Act compliant policies, and ensuring training is delivered to all relevant staff. Acknowledging the importance of getting these

responses right to ensure legal compliance was a theme in the County Council's response to the Service Offer consultation findings which was reported at <http://council.lancashire.gov.uk/ieDecisionDetails.aspx?ID=7336>. This will have particular salience for former Independent Living Fund recipients, but for all those individuals and groups concerned that in funding reductions we protect the most vulnerable, and are fairly distributed.

Secondly, the importance and role of preventative services such as reablement, telecare, community equipment, and the Health and Well Being Service will be further highlighted and emphasised through further training and briefings with staff. This will be accompanied by an equal emphasis on strength or asset based approaches to assessment. Together, these approaches are intended to ensure support to individuals in ways which don't require a level of spend which has to be built into Personal Budgets. This will be an important response to the reduced levels of Personal Budgets that some individuals will face as a result of changes to the RAS. This was an important point in the responses received as part of the consultation findings reported in <http://council.lancashire.gov.uk/ieDecisionDetails.aspx?ID=7336>.

Thirdly, getting the right level of Personal Budget first time for everyone we deal with is the correct ambition but it is best and more realistic to assume we will not always achieve that. So we need to build in arrangements for early resolution of disagreements or complaints about the Personal Budget setting process and the levels allocated. This was also an important issue highlighted in the consultation on the Service Offers as can also be seen in <http://council.lancashire.gov.uk/ieDecisionDetails.aspx?ID=7336>. We will consider how best to establish increased capacity or different arrangements to support an early resolution to complaints or substantive disagreements.

Fourthly, the sensitive and safe management of the changes faced by individuals affected by reductions in Personal Budgets will also be essential. In some cases the scale of such changes may require a transitional arrangement is agreed while new support plans are drawn up and services are put in place. Again these were issues and options highlighted in the Service Offer consultation at <http://council.lancashire.gov.uk/ieDecisionDetails.aspx?ID=7336>

Finally it is important to acknowledge that there will continue to be differences in the levels of Personal Budgets offered to individuals which will arise from differential patterns of service availability and pricing between user groups. This may mean for example that an older person may receive a lower level of Personal budget compared to someone with a mental health need or learning disability.

Irrespective of the indicative budget generated by the upgraded RAS the county council will ensure that it meets its minimum statutory obligation to keep customers safe and meet their assessed eligible needs.

## **Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

A decision on whether to continue with the use of a RAS at Lancashire as part of the overall assessment process has been considered. The use of a RAS at Lancashire and information from other councils has provided lessons learnt about their potential benefits and their drawbacks.

The need to achieve the budget savings required in 2016/2017 is a primary driver for this project. This has influenced the configuration of the upgraded RAS and careful decision on where resources should be allocated during the assessment. This will directly support fairness and consistency in the assessment process as well as a degree of transparency. It will be the case that following review some customers receive a reduced budget allocation and these customers will consider this to be a negative impact.

Reductions in commissioned packages of care as a result of reduced Personal Budget levels may at worst result in a more rapid deterioration in some customers' health and wellbeing leading to increased crisis situations, admissions to hospital and residential care, increased impact upon informal carers.

The current RAS V1 is not Care Act compliant as it applies distinct RAS models for each client group. To continue with its use as part of our assessment process presents a high risk of challenge. The upgraded version better attempts to target money according to need.

Social Care staff currently have a number of customers who are pending review. The upgraded RAS is a pre-requisite of that activity commencing. The benefit of using the upgraded RAS will be that the impact of providing the telecare, reablement and other initiatives to customers is reflected accurately in the provision of an indicative budget sufficient to meet the costs of long-term packages of care. The use of an accurate RAS will also provide a firmer starting point for negotiations in the support planning stage and promote creative support planning.

Analysis of the existing version of the RAS has shown that over time the correlation of it to the actual budget required has diminished, as a result it is providing misleading information to social work practitioners and customers. This can create expectations that the indicative budget is a minimum or target value to spend against and where this is not the case can lead to complaints. The implementation of a carefully calibrated upgraded version will provide a systemic quality assurance tool for managers and supervisors to use across large and dispersed workforces, and to support delegated decision making.

## Question 8 – Final Proposal

In summary, what is your final proposal and which groups may be affected and how?

The Cabinet Member for Adult and Community Services is recommended

- (i) Approve the adoption and use of a new Resource Allocation System (RAS) to support decision making in the setting of Personal Budgets for adults with eligible care needs;
- (ii) Authorise the Director of Adult Services to make any necessary amendments to the Resource Allocation System in the light of further testing, operational management advice, experience and legal clearance;
- (iii) To approve the continued development and implementation of plans to embed the new RAS into the Council's operating systems.
- (iv) To approve the continued development of plans for undertaking service user reviews to realise savings on the basis of the new RAS

## Question 9 – Review and Monitoring Arrangements

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

Performance of the upgraded RAS will be closely monitored in operation. The product vendor will directly support us in this by 4/6 weekly on-site review sessions. These sessions will allow any unplanned adverse performance of the product to be identified in a timely manner and immediate adjustments made.

All staff will receive refresher training in the use of the RAS and specifically in the changed configuration choices. This is important as it will underpin accurate use of the RAS and also how it is explained to customers.

The product vendor will carry out a formal audit of the upgraded RAS 3 months after implementation to ensure that it is performing as expected. This audit will take a data sample of live customer cases and collect indicative and actual budget costs for each. This will allow interrogation of a representative sample of cases and provide quality assurance on the upgrade.

Programme Management arrangements to oversee the implementation of this will take account of levels and nature of complaints

Monitoring of impact across the affected groups to identify if any are disproportionately affected so that further mitigating actions can continue to be developed to minimise negative impact.

Equality Analysis Prepared By Tracey Boswell

Position/Role Programme Office Lead/Subject Matter Expert Adults Services

Equality Analysis Endorsed by Line Manager and/or Service Head

Decision Signed Off By Tony Pounder, Director of Adult Services

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

Where specific actions are identified as part of the Analysis please ensure that an EAP001 form is completed and forwarded to your Service contact in the Equality and Cohesion Team.

Service contacts in the Equality & Cohesion Team are:

Karen Beaumont – Equality & Cohesion Manager

[Karen.beaumont@lancashire.gov.uk](mailto:Karen.beaumont@lancashire.gov.uk)

Contact for Adult Services ; Policy Information and Commissioning (Age Well); Health Equity, Welfare and Partnerships (PH); Patient Safety and Quality Improvement (PH).

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Contact for Community Services; Development and Corporate Services; Customer Access; Policy Commissioning and Information (Live Well); Trading Standards and Scientific Services (PH), Lancashire Pension Fund

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Contact for Children's Services; Policy, Information and Commissioning (Start Well); Wellbeing, Prevention and Early Help (PH); BTLS

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Contact for Governance, Finance and Public Services; Communications; Corporate Commissioning (Level 1); Emergency Planning and Resilience (PH).

Thank you