

Appendix E

Equality Analysis Toolkit

Supporting accommodation for people
with mental health issues (Supporting
People funded)

For Decision Making Items

August 2016

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

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

Name/Nature of the Decision

To cease the Supporting People funding (£1.5 million) for the housing related support provided in approximately 250 units of supported accommodation for people with mental health issues with effect from 31st March 2017.

What in summary is the proposal being considered?

Lancashire County Council is required to make savings of £262M by 2020/21. This extremely difficult financial position is the result of continued cuts in Government funding, rising costs and rising demand for our key services.

As part of its plan to achieve the overall level of savings required, LCC is proposing to cease SP funding for non-statutory services from 31st March 2017. The SP budget funds a range of services. This EA focuses on the proposal to withdraw funding for support from supported accommodation services for people with mental health issues.

As services are jointly funded with rental/housing benefit income we don't know what the proposal will mean for each service, however there is a possibility for any or some of the following to take place:

- the service closes;
- the service continues with major changes (e.g. reduction in number of staff);
or
- the service continues with little change as the provider has managed to obtain other funding (e.g. from charities not Supporting People)

As part of the consultation, we asked providers to give us details of their current plans. The responses received have been included within Question 2.

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 decision is likely to affect people across the county in a similar way

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.

Yes. The service currently caters for adults with mental health issues of all ages. As the service is specifically aimed at people with mental health issues, the profile of service users does include people with protected characteristics.

A detailed breakdown in terms of the characteristics of existing service users is included in response to question 1.

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.

Supporting People funded services for people with mental health issues are currently delivered to 239 people by 8 providers.

Support can be short or long term in nature and accessed by a range of vulnerable adults inclusive of all protected characteristics. Demographic information has been obtained from the 125 consultation responses we received from existing service users.

Sex / gender		
Male	75%	94
Female	25%	31
Total		125

Transgender		
Yes	2%	2
No	94%	118
Prefer not to say	2%	2
No response	2%	3

Total		125
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Age		
18-25	8%	10
26-34	11%	14
35-49	45%	56
50-64	30%	37
65-74	6%	8
75+	-	-
No response	-	-
Total		125

Disabled or Deaf		
Yes	67%	84
No	30%	37
No response	3%	4
Total		125

Married or Civil Partnership		
Marriage	1%	1
Civil partnership	2%	3
Prefer not to say	3%	4
None of these	93%	116
No response	1%	1
Total		125

Sexual Orientation		
Straight (heterosexual)	78%	98
Bisexual	2%	2
Gay man	2%	3
Lesbian/gay woman	2%	2
Other	2%	2
Prefer not to say	12%	15
No response	2%	3
Total		125

Ethnic background		
English/Welsh/Scottish/Northern Irish/British	95%	119

No response	2%	2
Eastern European	2%	2
Other	1%	1
Pakistani	1%	1
Total		125

Religion		
No religion	31%	39
Christian	62%	78
Buddhist	2%	2
Hindu	-	-
Jewish	1%	1
Any other religion	2%	2
No response	2%	3
Total		125

District		
Burnley	11%	14
Chorley	13%	16
Fylde	9%	11
Hyndburn	17%	21
Lancaster	14%	17
Pendle	4%	5
Preston	8%	10
Ribble Valley	2%	2
Rosendale	8%	10
South Ribble	2%	2
West Lancashire	5%	6
Wyre	8%	10
Don't know/unsure	-	-
No response	1%	1
Total		125

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)

CONSULTATION PROCESS

Meetings

- Two meetings were held on 23rd November 2015 with district councils (commissioners) (AM) and providers (PM) to inform them of the proposal to cease SP funding from 31st March 2017.
- Eleven district council (commissioners) and approximately 60 providers attended the above meetings.
- LCC staff attended the Wyre and Fylde Health and Wellbeing Task Group on 1st July 2016 and discussions were held with providers and stakeholders
- Meeting held with district councils on 4th July to consider interim consultation findings
- Two meeting were held with providers of supported housing services for people with mental health issues.

Questionnaires

For the consultation, paper questionnaires were given to all existing service users and made available at supported accommodation for people with mental health services. An online version of the questionnaire could also be accessed from www.lancashire.gov.uk.

The fieldwork ran for twelve weeks from 16 May until 7 August 2016. In total, 125 completed questionnaires were returned.

Separate questionnaires were sent to Lancashire's 12 district councils, current supporting people providers and stakeholders. We received a response from 5 providers, 9 stakeholders and no responses from district councils.

A full analysis of the consultation responses is available (Appendix D)

Key issues raised by respondents are highlighted as follows:

Provider Response

Impact on schemes:

- Seeking to secure intensive housing management/housing benefit (2)

- Contract ending and individuals will be signposted (2)
- Seeking to work alongside housing providers (2)

Impact on service users

- Deterioration in mental health and more expense in admissions/accessing other sources (3)
- Tenancy breakdown/homelessness (2)

Impact on wider community

- Neighbourhood issues (2)
- Increased unemployment (2)

Stakeholder and District Response

9 stakeholders responded to the consultation, Key Issues raised by stakeholders including district councils were:

- for the impact on services users:
 - support not available/ gap / less support (5),
 - increased homelessness (5),
 - lead to deterioration in health (4)
 - reduced independence (3).
- for the impact on their organisation:
 - increased pressure/ demand (3),
 - increased existing pressure in MH services (2)
 - could withdraw housing supply if support not in place (2).
- for the impact on the community:
 - Increased pressure on other services (GP, Acute, Social care, VCFS) (6)
 - Increased ASB / community safety issues (5).

125 service users responded to the consultation. The key issues raised by service users are:

- Of the different types of support listed in the question, respondents were most likely to say that they receive or have received: support to maintain their mental health and wellbeing (98%); support to keep living in the community (95%); support to access health services (92%) and support to claim the right benefits (92%).
- Respondents were most likely to say that: support to become generally more confident and happy (98%); support to access training and education (96%); support to get a job (91%); support to gain awareness of personal safety and security issues (93%) and support to access community facilities (93%) are important aspects of the service to them.
- Respondents were most likely to say that if this service ended then they would; seek help from GP (71%), seek help from your care coordinator (70%), seek help from mental health services (70%) and seek help from current support provider (66%).

- Any other comments. Nearly two fifth of respondents (37%) chose not to respond. Nearly one in six respondents (17%) said that onsite support is needed. Over one in ten respondents (11%) said that there will be anxiety and one in ten respondents (10%) said that there will be deterioration in mental health.

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.

As can be seen from the demographic information in response to question 1:

- 75% of service users receiving Supporting People funded mental health services are male. As this proportion of service users is considerably greater than the proportion of males in the wider population (49%), it would appear men may be disproportionately affected by the proposal
- 2% of service users considered themselves transgender. This proportion appears to be broadly representative of the wider population
- 86% of service users are between the age of 25 and 64, which is a slightly higher proportion than the wider population (58% for 20-64 year olds), and therefore people within this age range may be disproportionately affected by the proposal
- 67% of service users considered themselves disabled. As this proportion of service users is considerably greater than the proportion of disabled people in the wider population (20%), it would appear disabled people may be disproportionately affected by the proposal
- 93% of service users said they were not married or in a civil partnership; therefore people not married or in civil partnerships may be disproportionately impacted by the proposal
- 6% of service users identified as being from LGBT groups. This proportion appears to be broadly representative of the wider population (5-7% Stonewall) or greater than the census figure of 1%.
- 95% of service users identified as White /British, which is a slightly higher proportion than the wider population (92.3%), and therefore White / British people may be marginally disproportionately affected by the proposal
- 62% of respondents are Christians, as compared to the Lancashire population of 69%, 31% were identified as having no religion compared to 19% and there did not appear to be any Muslims in comparison to 6% of the Lancashire population. Therefore no religion appeared to be disproportionately impacted.

The consultation has shown the following:

- It is highly likely that removal of funding will result in an increase in statutory needs
- The services provide ongoing practical support to manage issues related to health, (mental and physical), finance, community safety, community inclusion and other activities of daily living which increase the service users ability to maintain stable housing. This type of support currently has a positive impact in relation to equality of opportunity for service users, which may be affected by any withdrawal of funding.
- Any reduction in, or cessation of, Supporting people funding for mental health services is likely to lead to greater social isolation for some of those who would potentially have been eligible for the service had it still been in place. There is a risk that social isolation may increase the impact of

difficulties these individuals may already be experiencing which could potentially result in increased harm for them or the community. Consequently, the participation of disabled people in public life could be adversely affected by any reduction or cessation of supporting people funding.

- Reduction in funding could lead to increased hate crime and anti-social behaviour which would have a negative impact on fostering good relations/community cohesion

Mitigation for those protected groups that may be disproportionately affected by the proposal is given in response to question 6

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. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

The effects of the reduction in funding could combine with the national welfare reforms and other local proposals to make savings to exacerbate the impact (e.g. changes in relation to other preventative services, the amount of funding available for statutory packages of care)

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

We are proposing to continue with the original proposal to withdraw Supporting People funding from supported accommodation for people with mental health issues.

Although the funding cuts are likely to impact upon service users, providers, wider communities and other statutory services to varying degrees, there are mitigating factors which may lessen the impact of the funding cuts as outlined below.

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.

Prior to the implementation of any decision to withdraw Supporting People funded support, the needs of all existing service users will be reviewed by the community mental health team or adult social care

There are 3 groups of people requiring review (approximate number of people given in brackets):

- people with an existing statutory care package (14)
- people with a care co-ordinator but no care package (152)
- people with no care co-ordinator (73)

Where it is identified that the withdrawal of service will result in creation of unmet needs which we have a statutory duty to meet, individual packages of care will be commissioned.

Some providers may be able to secure additional funding from other public funds such as housing benefit or health; however this is unlikely to provide a like for like service and many providers have already maximised housing benefit which can be used to meet needs such as housing safety and security.

There are other organisation who deliver low level support services such as the Lancashire Wellbeing Service, Citizen's Advice, Welfare rights etc. However many of these services also face reductions in overall funding and could not provide a like for like replacement with services which provide accommodation with a

dedicated support team.

It is anticipated that the Lancashire Wellbeing Service might mitigate some of the impact; however, this will be dependent on the level of capacity within the Lancashire Wellbeing Service and the complexity of needs presented by service users.

The Lancashire Wellbeing Service helps people to deal with the underlying causes that are affecting their ability to manage their health and wellbeing. It aims to ensure that people feel included in their communities, are able to live more independently and to enjoy a good quality of life. Referrals into the service can be made by a wide range of professionals or through self-referral. The service is available to all people over the age of 18yrs who are affected by one or more of the following issues:

- Mild mental health problems (such as low mood, anxiety, stress and mild depression)
- Social Isolation, loneliness, few or poor social networks
- Experiencing difficult circumstances e.g. problems with family, finance, employment
- Struggling to cope/feeling overwhelmed
- Need support in relation to healthy living and developing a healthier lifestyle, through understanding and adapting behavior

The support provided consists of :

- Personal support to make positive changes in your life for up to 6 sessions
- Provide opportunities that open up other support and social networks such as volunteering, peer networks, community groups
- Provide drop-in facilities in your local communities
- Identify and point you in the direction of relevant services in your community

It is a non-clinical service and doesn't provide social care services or manage people's long term health conditions.

For people who are homeless and have complex needs (including mental health needs), £1.25m funding has been identified from the Prevention and Early Help Fund to commission supported housing. See Appendix K for any additional information.

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.

This proposal has emerged following the need for the County Council to make unprecedented budget savings. The Medium Term Financial Strategy reported in the November 2015 forecast that the County Council will have a financial shortfall of £262 million in its revenue budget in 2020/21.

This is a combination of reducing resources as a result of the Government's extended programme of austerity at the same time as the Council is facing significant increases in both the cost (for example as a result of inflation and the national living wage) and demand for its services.

The revised position following the financial settlement for 2016/17 is now a budget gap of £200.507m by 2020/21. This revised gap takes into account the impact of the settlement, new financial pressures and savings decisions taken by Full Council in 2014/15, 2015/16 and 2016/17 regarding the future pattern of Council services.

We acknowledge that some people from protected characteristics groups may be negatively affected however we will strive to minimise any negative impacts by developing as many mitigating actions as possible and by taking into account the views from the consultation.

There appears to be a disproportionate impact on people with mental health issues, people with disabilities, men and people in the age range 20-64.

The mitigation as outlined above, under section 6, includes:

- Undertaking statutory assessments under the Care Act.
- Accessing Lancashire Wellbeing Service
- For people who are homeless and have complex needs (including mental health needs), £1.25m funding has been identified from the Prevention and Early Help Fund to commission supported housing.

Question 8 – Final Proposal

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

The final proposal is as follows:

- Withdrawal of £1.5 million Supporting People funding for the provision of support within supported accommodation for people with mental health issues.
- Undertake statutory assessments/reviews of all those people who are open to mental health services or have had mental health episodes who are living in SP funded mental health services

The following groups will be affected:

- Adults with mental health needs
- Males, people with mental health issues, disabled people and people age 20-64 would appear to be disproportionately affected

Question 9 – Review and Monitoring Arrangements

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

We will work with the mental health support providers, service users and other stakeholders to minimise the impact of the funding cuts and maximise knowledge and linkages to other services.

Equality Analysis Prepared By James Collier

Position/Role: Programme Manager

Equality Analysis Endorsed by Line Manager and/or Service Head Sarah McCarthy

Decision Signed Off By

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

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

Jeanette Binns – Equality & Cohesion Manager

Jeanette.binns@lancashire.gov.uk

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

Pam Smith – Equality & Cohesion Manager

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

Thank you