

Swindon Borough Council Diversity Impact Assessment

Adult Demand Programme

1 What's it about?

Refer to equality duties

What is the proposal? What outcomes/benefits are you hoping to achieve?

The Adult Demand Programme has been in place for 3 years as we know that our current position of increasing demand and decreasing resources means both the way in which we provide services and the level of service provision is unsustainable. There is a need to transform the service. Our response to this challenge is requiring a shift in the internal and external culture, from a place “where the Council assumes a greater burden of responsibility, to one where people understand that they can and more importantly should do more for themselves in order to lead lives that fulfil their needs.”

We will achieve this by pursuing **three priorities**, which ensure that we focus on prevention; targeted intervention and specialist support for the most vulnerable so that:

- People lead more fulfilling lives by enabling personal choice and independence whilst taking personal responsibility for using their own resources where possible (prevention and personalisation for all)
- We build the capabilities and skills of communities, service users, carers and our workforce so that people are able to live as independently as possible and we make the most out of our shared resources (targeted support/reablement/recovery)
- We ensure we continue to protect the most vulnerable people in Swindon (treatment/specialist support)

Who's it for?

All service users, potential service users, carers, voluntary support groups.

The local authority and the NHS collect a large amount of data on people who are supported through statutory services.

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How will this proposal meet the equality duties?

The purpose of this programme will enable the council to deliver on all of its equality duties – most notably the need to advance equality of opportunity, which includes providing services through a range of options to communities and groups most in need, particularly where their receipt of services is disproportionately low.

Benefits for reshaping the demand would include:

- People making their own choices are more likely to achieve their outcomes rather than choosing from a menu of services
- Our starting point needs to be ‘what can people do for themselves, what do they need help with and who do they want to receive help from’
- Valuing the contribution that carers make to keeping people independent and living within their own community, making sure that there is a clear offer for carers to self-assess or be supported to assess their own needs as a carer
- Enabling people to access the services they need when they need them and at the first attempt
- Ensuring that all parts of the community access advice, information and services. Increasing the data we collect so we can be sure that vulnerable people access advice and support earlier

- Issues are resolved at first contact and are only to statutory services once community services had been fully explored
- The number of people supported by specialist social work, community health and mental health services are targeted at the most vulnerable individuals – the right intervention at the right time
- People are planning for their care earlier and the number of residential placements made through Crisis Services reduces
- People say that they know how to access advice and information through surveys and the advice is in an appropriate format
- People say, through surveys, that they know what the state is able to provide and how they can help themselves
- The number of people with chronic conditions such as diabetes, dementia or heart disease who need emergency hospital admissions has reduced

What are the barriers to meeting this potential?

In developing the Adult Demand programme mandate we identified a number of gaps in the services which at the time were barriers to meeting the aims of the programme. Service gaps which were identified included:

- Advice and information for people before they become eligible for Council Services (adult care) is necessary as the current provision is fragmented. People don't know how to find out about the services on offer because there is no single point of information and advice about services. Information which is provided can be out of date.
- People are unable to plan for their future in old age because they don't know what support is available and there is little information about financial planning.
- There is currently a culture of dependency that is creating an unrealistic expectation with regards to care. Our workforce across all providers needs to be trained to stimulate a culture of enablement, re-enablement and independence with the right support in place
- The families of young disabled people making the transition from children's to adult services report that they feel they do not have sufficient information or support to plan for their adult life in any meaningful way. This coupled with a lack of preparation for the differences between children and adult services makes long term planning difficult and creates anxiety particularly around employment/finding things to do during the day and independent living.
- Collaboratively develop our key messages with professionals, service users, carers and communities in order to develop and create capacity and capability during the process
- Availability of premises for use as an Advice and Information Centre
- Direct Payments/personal budgets processes are too complicated and on-going support is needed. Even when people choose a direct payment, they do not have information about services, so their choice is limited
- The provision of community based support during the day and supported living is not able to cater for all people with mental health, learning disability and older age. This has led to more people with a learning disability being placed in residential care than in other

comparable local authority areas.

- Support for people with mental ill health is available through a range of organisations including multiple supported employment schemes. There is no single process for providing assessment and care planning in the voluntary and third sector for people recovering from mental ill health
- Our aging population who will require services will increasingly be made up of people from minority faith groups and out lesbians, gay men, bisexual & transgender people. Their expectation will be of accessing support and services which understand and respond to the specific needs which their culture generates. This may then create different levels of demand and developmental needs for staff providing preventative or on-going services.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

We have a thorough profile of the Swindon population primarily gained through the Census 2011 and use this to understand the shape of the local population. The census, however, does not provide information on the local lesbian, gay and bisexual population (which is estimated by the Government Equality Office to be 6%), or the population of transgendered people for which there is no national estimate.

We know the increase in the number of older people and those with a disability who are requesting services. We also know that the increase in older people is likely to mean that those over 85 years of age are likely to suffer from complex and multiple health problems

- The most deprived areas of Swindon have the highest prevalence of chronic conditions (such as heart disease, diabetes and cancer) in the local population, the highest rate of emergency hospital admissions (after allowing for age), and the highest rate of death before 75 years of age
- By 2015 there are projected to be 4,133 (living with from diabetes, representing a rise of 513 people. The number of people with dementia is expected to rise by 285 per year to 2,289 by 2015. There will be 96 more people each year (total 767 people) with a heart conditions following a stroke by 2015
- Over 100 languages are spoken in schools in Swindon and an increasing number of children are arriving from minority ethnic communities who will have parents and grandparents with increasing needs for health and social care. This also means that our advice and information needs to be in simple language and staff need to be well trained to provide a service to diverse communities. Given the number of languages spoken , we access services such an language line to offer a wide range of translation services
- Geographical mapping has shown that more older people who are financially supported by the local authority live in areas of deprivation
- An annual survey of service users gives us data about the satisfaction with local services. In most areas Swindon score's within the national average. Those areas where we are below the national average will be considered by each of the proposed work streams.
- Swindon has an increasing number of people from minority ethnic communities and backgrounds. 17% of school age children are from BME backgrounds. Citizens Advice Bureau reports that 42% of its customers and service users are from BME backgrounds.
- The population of over 65's in Swindon is projected to rise by 14.3% from 28,857 in 2008 to 32,944 in 2015. The number of over 85's is forecast to rise by 21.1% or 816 people.

How can you involve your customers in developing the proposal?

Plans were tested with representatives from the voluntary and community sector in summer 2012. Since then regular communication events have been held with representatives of voluntary and third sector organisations. Officers continue to participate in service re-design workshops hosted by the Clinical Commissioning Group which has involved members of the public, service users, patients and clinicians.

Who is missing? Do you need to fill any gaps in your data? (pause DIA if necessary)

We have limited data on religion, sexual orientation, and gender identity amongst older people and those with a learning disability. Where we are considering a significant change in services to older people and those with a learning disability we will be raising these specific issues. Each service user has a personal support plan and issues of religious preferences, gender orientation and sexuality will be considered in the design of the individual support plan

3 Impact

Refer to dimensions of equality and equality groups

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a) Does the proposal create an adverse impact which may affect some groups or individuals? Is it clear what this is? How can this be mitigated or justified?

We have identified that there is potential for an adverse impact on the basis of age, learning disability, disability, language. These issues have been identified and mitigating actions will be included in all service specifications and work stream plans.

We do not have sufficient information at present to understand the implications of this programme for lesbians, gay men, bisexual people, people from minority faith communities and transgendered people. We will revisit this issue regularly and work to ensure good understanding of need and open and supportive responses, building greater knowledge over time.

What can be done to change this impact?

We are addressing our 3 priorities through 7 work streams.

They are

Advice and Information

Provide accessible and relevant information, advice and advocacy regarding services and support for adults in order to help people in maintaining independence and preventing crisis. The provision of Information, advice and advocacy is across all services and support and not just Swindon Borough Council. Information and advice from across all groups and sectors will be focussed on promoting a healthy lifestyle, good mental health and enabling people to make appropriate personal choices for their circumstances and to plan for their future needs including financial planning.

We are bringing all information from across all sectors together through one website which we launched in 2014 called mycaremysupport.co.uk. The aim is so that people can access information more easily – either themselves or with support if needed - and as a result they will be far more likely to engage all the areas of support they need and engage that support much earlier, leading to reduced likelihood of crisis, faster recovery and reduced dependency.

We continue to assess and improve the effectiveness of how we capture, use and share both our existing and new information and develop the ways people with a variety of needs and abilities access information and advice.

The provision of advice and information by trained staff and volunteers in person is also part of this work stream. We have created a voluntary sector hub at our premises in Sanford Street. These premises will be operated by the Voluntary sector and were opened in Summer 2014.

We used the following data from our Voluntary and third sector providers who report that they give advice and information about services but the lack of a single, accurate and up to date information source means, that this is very difficult for our partners. Existing advice and information services were not always able to resolve queries and there was potential failure demand in the system. For example, Careline received 6,742 calls in 2010 of which 2,374 (36%) were passed onto the SEQOL Contact and Assessment Team. SEQOL Contact and Assessments team subsequently provided advice and information and in 32% of cases, no further assessment was required. Based on 2011/12 data for new contacts 42% of contacts are being signposted away (2988 of 7040 July 2011 to June 2012). SEQOL Community Teams also received approximately 100,000 calls in 2010, some of whom are from service users and professionals asking for advice and information about services.

We are aware that there are risks in providing advice and information through a web based system only because many vulnerable and older people do not have access to technology. We have therefore taken the following mitigating actions

- We based information needs to be simple to take account of the needs of vulnerable people and those from minority ethnic communities and diverse back grounds
- A web based system needs to be easy to navigate, information in plain English with automatic translation and a check back to ensure the translated information is accurate
- Web based information and advice needs to be accurate and up to date. Community groups not used to electronic systems will need to be supported in entering and updating their information
- Advice and information provided through a telephone helpline needs to be staffed by well trained and able staff who are able to resolve 85% of queries first time.
- Advice and information needs to be provided in person because many older people and carers prefer face to face support. This is also important for parent carers and those with a learning disability. In order to meet the needs of people from minority ethnic communities, access to a wide range of languages through for example language line, needs to be available as well as information in plain English that is accessible.
- Advice and information needs to be located centrally to link with Housing, Job centre and Citizens Advice Bureau
- A single assessment process needs to link closely with assessments completed by specialist workers so that people only have to tell their story once. This needs to be electronically available so that all providers in the third and voluntary sector are able to use it. The requirement to undertake assessments and a lead professional/key contact role will be part of all voluntary and third sector contracts
- Staff in libraries and community centres need to be trained in the use of a web based information and advice system as people are likely to continue to ask them for information
- Advice and information services need to be well publicised and all old information such as out of date literature needs to be recycled.
- People will receive consistent information from one source

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- Information and advice will be targeted to the areas identified within the supported self assessment questionnaire giving practical solutions where applicable.

Voluntary sector and supported employment reshaping

We are continuing to work with voluntary sector and third sector organisations through a programme of recommissioning our services. We have and will continue to consult on the best possible shape of services to meet the needs of people from diverse backgrounds. Each proposal to tender a service or a group of services has been done in consultation with the existing provider, stakeholders and service users. Each invitation to tender has had a separate Diversity Impact Assessment completed, therefore the detail is not included in this Diversity Impact Assessment. Any change to the commissioning of services have included formal consultation. .

Reablement and supported accommodation reshaping

The reablement and supported accommodation workstream is focusing on the development of the reablement specification to incorporate local and national key performance indicators and to ensure an outcome focus on episodes of support. This includes the use of the reablement toolkit and benchmarking to ensure a cost effective and efficient service. The reablement specification focuses on either learning and re-learning daily living skills for all adults in Swindon who meet the eligibility criteria for this service.

The reshaping of supported accommodation has a focus on the existing services, how these can be further developed and the additional community skills required by providers, both current and new, to enable more adults to remain in a community setting. This includes a review of floating support and how this can be better utilised as well as taking a longer term approach to reviewing accommodation needs for our adults who may require both accommodation and support services.

The impact of changes to the reshaping of reablement and supported accommodation

Within the reablement specification and toolkit, the main focus is outcome based and a target that 52% of people receiving the service do not require an ongoing service. This involves clearly identified goals and outcomes prior to service commencement which could result in those adults with limited goals and outcomes being deemed not suitable for the service to ensure the performance targets are met. This risk is mitigated through the verifications function and screening of all requests for funding from the community care budget.

The reshaping of supported accommodation has required a thorough analysis of all current supported accommodation, with and without on- site support or access to floating support, as well as a review of all current supported living/community based support providers. Any changes to support providers will be dealt with both sensitively and with due regard for current users of services.

All service user consultation will include accessible advocacy, support and information based on identified needs of the population.

Work force development

The workforce development workstream is focusing on the development of our collective workforce (SBC and all partners including the independent, voluntary and private care sector) which will in turn support one of the overall programme aims; “creating the ability to maintain independence and prevent crisis by enabling people to make choices and do things for themselves

to plan for the future and by creating the right environment to promote and enable healthy lifestyle choices”.

This workstream will also support our equality duty of the “advance equality of opportunity”. The objectives of this workstream are twofold:

- The first being to increase the capability and therefore the capacity of our workforce and
- the second is to reduce dependency on services by enabling people to remain independent for longer.

By increasing the capability of the workforce, they will be better enabled to prepare communities for changes in services and in turn will achieve a changed nature of demand.

Opportunities to strengthen partnership working, sharing best practice and opening the door to working more collaboratively in the future

All staff are being trained across all agencies to build skills and expertise in building their capabilities

All staff across all agencies are also being trained to build skills and expertise in building the capabilities of our service users whilst taking into account Swindon’s minority ethnic communities and diverse back grounds. We are also supporting our workforce on addressing the needs of older people taking account of sex, gender identity, religion and sexual orientation as well as cultural diversity as part of personalisation training

The project is built on existing teams and developing a better informed workforce

Outcomes

People being trained feel more capable and are able to work differently

People who receive services feel more confident to do things for themselves

Community networks and volunteering

Volunteering

The promotion of volunteering activity is one response to promoting independence especially for people who are in danger of becoming dependent on Council services. The benefits include

- The expansion of preventative services using volunteers allows more flexible responses and better value for money
- Supporting individuals into volunteering can provide a pathway for more independence
- The overall promotion of volunteering is part of a cultural change to foster stronger sense of shared responsibility

All providers will be required to provide data covering race, age, sex, gender identity, sexual orientation, disability for service users and volunteers. The data will be reported quarterly and any evidence that one or more of the groups is being excluded (e.g. men not using the friendship service) will be addressed by if necessary changing the way the service is marketed or delivered.

Experience of providing support for volunteering has identified the following issues

- The take up of opportunities is spread throughout age ranges but overall the take up of

services is disproportionately high among white British. We have prioritised work with BME groups and referral agencies to address this and will then widen this to all equality groups

Community Networks

Building stronger community networks to engage people locally in supporting each other and help to reduce the isolation of older and vulnerable people is an essential part of the strategy to reduce demand.

Under the Stronger Together restructure it was considered that building community networks as a Swindon-wide issue – embracing the fact that individuals from all backgrounds and ethnicities can experience isolation, health inequalities, educational and economic disadvantage and poverty. It also takes into account that all residents live somewhere in the Borough regardless of which community of interest they may identify with. With this in mind, Stronger Together brings about a refocus on individuals across the Borough of Swindon through the creation of a Localities Team. The Localities team are creating strong links across all our service areas and other key partners including Voluntary organisations. They are connecting with individuals and known community groups to ensure that services are being delivered effectively in ways that meet local needs, and, that individuals and communities are encouraged and supported to grow resilience and independence.

Our focused work its related activities around building community networks particularly support our equality duty to *advance equality of opportunity, elimination of discrimination and fostering good relations*. It recognises that some local people are less likely to be heard than others, some may never choose to participate in organised or formal community groups or activity and as a result, new approaches need to offer varied routes to influence and participate in local action. The potential for the equality duties to be met are extended through the Stronger Together restructure as the Localities Team is reaching wider (through networks and development internally and externally) than the previous targeted community development posts.

This is further enhanced by the collaboration between the Localities Team and elected Members to develop much closer relationships at a local level.

Learning Disabilities

We know there is potential to improve the opportunities available to Learning Disability clients to be as independent as possible. This requires a new way of working with these clients and their carers at a much earlier age.

Swindon Borough Council supports people with a learning disability that meet our criteria with critical and substantial needs. In practice this will relate to people with higher needs, consequently not everyone in Swindon with a learning disability will receive council funded support.

Our GP data shows there are 700 adults on the GP LD registers. There are approximately 600 people receiving social care support who meet the Council's eligibility criteria.

Potentially, there are a number of people with learning disability in Swindon that do not receive a service from the Council. The numbers of people receiving support in Swindon is reflective statistically of other Local Authorities in the South West.

Swindon's overall population is increasing faster than average, which means that there will be a substantial rise in the number of people with Learning Disabilities in future years. Having started from a relatively young base, the population in older age groups will grow faster than in most of the country.

The number of people with learning disabilities in Swindon is projected to increase by 9.1% to the year 2020 and by 20.1% to 2030 (not all of these people will be eligible for services from social care but they all will require support).

Personalisation is an embedded way of working with all of our workforce, this therefore supports delivering improved outcomes for our clients of being as independent as possible and engaged within their local communities.

We are aiming to develop an affordable Swindon local offer of services for adults with a learning disability

Learning Disabilities account for 40% of the Adult Care Budget. It is recognised that ways of working needs to alter from past accepted methods with a stronger focus on community based support wherever possible. The investment of staff time will deliver significant savings for 2015/16 to enable us to continue to manage demand for our services whilst also improving the outcomes for our clients.

A major focus of the workstream is on improving the experience and outcomes for young disabled people making the transition from children's to adult services. It is also seeking to identify and achieve savings through changes to the way we work with people with disabled children and young people across the 0-25 age range. This includes maximising, where possible, young disabled people's ability to find paid work on leaving school or college and make plans for independent living rather than move in to adult services such as day centres.

The implementation of Personal Budgets will assist with the individualising of support as it will give people more control over deciding how the money available to meet their needs is spent. This includes the option of people having some or all of the money as a Direct Payment to organise and pay for their own support. Again this will benefit people with protected characteristics as they will have more choice about who provides support and how it is provided.

There should be a focus during the transitions process on getting paid employment and living independently in adult life. These are two areas of life that people with disabilities can find more difficult to achieve. Targeted support at transitions could help young people to access more opportunities.

Realising this potential is highly dependent on the way in which assessments and plans are conducted. In order to achieve the equality benefits we need to ensure staff are confident in talking to service users and their families about issues such as culture, ethnicity, religion, sexuality etc. to identify any areas that need special consideration e.g. in the way that any support is sourced or arranged or the way services are provided.

b) Does the proposal create benefit for a particular group? Is it clear what this is? Can you maximise the benefits for other groups?

Our three priorities as set out in Section 1 are relevant to all groups and aim to create a positive impact for all.

Does further consultation need to be done? How will assumptions made in this assessment be tested? We will continue our programme of engagement with service users through the commissioned voluntary and third sector. We will continue to participate actively in service re-design workshops hosted by the Clinical Commissioning Group. Specific consultation will continue

with service users and carers of people with a learning disability in relation to specific service re-design proposals. We have participated in service re-design workshops for people with dementia which actively involved service users and patients. As a result, we are exploring the development of dementia cafés within the community

4 So what?

[Link to business planning process](#)

What changes have you made in the course of this DIA?

None

What will you do now and what will be included in future planning?

The demand programme started in July 2012. We have a project board who we report to on a monthly basis. The project teams meet on a monthly basis to discuss progress, ensure cross cutting issues are being addressed effectively and develop where required further workstreams. Workstreams will be informed by the consultation with service users and the outcome of re-design work shops

When will this be reviewed?

Review is on a monthly basis via a project board.

How will success be measured?

Key performance indicators have been identified for each workstream and are reviewed on a quarterly basis.

For the record

For the record	
Name of person leading this DIA Sue Wald	Date completed 2611/15
Names of people involved in consideration of impact Jackie Walker, Angela Plummer	
Name of manager signing DIA Sue Wald	Date signed

Diversity Impact Assessment – an inclusive business planning tool

1. What's it about? refer to equality duties

- What is the proposal? What outcomes/benefits are you hoping to achieve
- Who's it for?
- How will this proposal meet the equality duties?
- What are the barriers to meeting this potential?

2. Who's using it? consider all equality groups

- What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
- How can you involve your customers in developing the proposal?
- Who is missing? Do you need to fill any gaps in your data?

3. Impact consider dimensions and equality groups

Using information in parts 1 & 2:

- a) Does the proposal create an adverse impact which may affect some groups or individuals? How can this be mitigated or justified?
> What can be done to change this impact?
- b) Does the proposal create benefit for particular groups or individuals. Is it clear what this is? Can you maximise the benefits for other groups?
 - Does further consultation need to be done? How will assumptions made in this assessment be tested?

4. So what?

- What changes have made in the course of this DIA?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?

Considerations

Our equality duties

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

Equality groups

For the following equality groups: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief and sexual orientation.

Extended by SBC policy to include: financial economic status, homelessness, political view.

Dimensions of equality

How will the proposal affect Human Rights and life chances of different groups? Consider how the proposal affects

1. Longevity.
2. Physical security.
3. Health.
4. Education.
5. Standard of living.
6. Productive and valued activities.
7. Individual, family and social life.
8. Participation, influence and voice.
9. Identity, expression and self-respect.
10. Legal security.