

# Swindon Borough Council Diversity Impact Assessment

## Adult Demand Programme – Phase 2

### 1 What's it about?

Refer to equality duties

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

Adult Demand Programme Phase 2 continues to address the ongoing challenges around increasing demand from population growth and people living longer, often with long term conditions, and significant financial pressures. The programme aims to deliver £3m savings by 1 April 2018 by re-shaping care services to improve people's health and wellbeing and support the delivery of quality services which are financially sustainable. The focus is on continuing to provide more preventative care, finding new ways to meet people's needs; and identifying ways that existing services and organisations can work together to do things differently.

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)

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#### 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

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### **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.

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## 2 Who's using it?

Refer to equality groups

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### **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 recognise the ongoing cost pressures on Older People services, especially in relation to nursing home placements. Despite more people requesting services, and people over 85 years of age suffering from complex and multiple health problems, we aim to deliver £1.2m through more preventative care and finding new ways to meet people's needs. Local analysis of need has identified:

- 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
- 12,123 people are living with diabetes in Swindon which is projected to be 13,422 people by 2020, which represents a 10.7% rise (1,299 people). Currently there are 2,000 people in Swindon with dementia and the prevalence is projected to increase with age being the biggest risk factor. In 2014/15, there were 6,301 people with diagnosed Coronary Heart Disease in Swindon CCG (2.75%) and 3,372 people with diagnosed stroke.
- Over 120 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 as a 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 user satisfaction with local services. In all areas Swindon scores better than the national average.
- Swindon has an increasing number of people from minority ethnic communities and backgrounds. 25% of school age children are from BME backgrounds. Citizens Advice Bureau reports that 24% of its customers and service users are from BME backgrounds.
- Population estimates in Swindon show numbers are increasing and are currently around 220,000 of which 14.9% (32,237 people) are aged 65 or older. Projections indicate that

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almost half (25,900 people) of the population growth between 2011 and 2031 will be in the 65 plus age group. The increase in population is being driven by people living longer and (net) internal migration.

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### **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.

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### **Who is missing? Do you need to fill any gaps in your data?**

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

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### **3 Impact**

#### ***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.

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#### ***What can be done to change this impact?***

We are addressing our 3 priorities through the following work streams:

##### **Advice and Information**

Providing accessible and relevant information, advice and advocacy regarding services and support for adults to help people maintain independence and prevent a crisis occurring. The provision of Information, advice and advocacy covers services and support across the sectors. The focus is on promoting a healthy lifestyle, good mental health and enabling people to make appropriate personal choices to suit their circumstances and to plan for their future needs including financial planning.

We have developed a 'one stop shop' for information via the website which we launched in 2014 called [mycaremysupport.co.uk](http://mycaremysupport.co.uk). This provides a platform for people to easily access information either independently or with support if needed. This has encouraged people to engage earlier with the support they need which helps to reduce the likelihood of a crisis occurring, supports faster recovery and reduces dependency.

We continue to assess and improve the effectiveness of how we capture, use and share both our existing and new information and adapt the format to ensure people with a variety of needs and abilities can access the information and advice. The provision of face to face advice and information by trained staff and volunteers is also available. We opened a voluntary sector hub in

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September 2014 in Sanford Street which is operated by the Voluntary sector.

Latest performance indicates people are finding it easier to access advice and information as more queries are now being dealt with at the first point of contact, and in 2015/16, 75.5% of our service users reported they find it easy to find information about services.

We are aware that there are risks in providing advice and information through a web based system as many vulnerable and older people do not have the relevant skills or technology so we have taken the following mitigating actions

- Web based information is kept simple and written in plain English to take account of the needs of vulnerable people and those from minority ethnic communities and diverse back grounds
- The web based system is easy to navigate, information is in plain English with automatic translation with a check to ensure the translated information is accurate
- We maintain the web site to ensure the information and advice is accurate and up to date. Community groups who are not familiar in using electronic systems are supported to enter and update their information
- Trained and skilled staff provide advice and information via the telephone helpline and are able to resolve 85% of queries first time.
- A face to face advice and information service is available to address the needs of many older people and carers who prefer this type of support. This individual support is also important for parent carers and those with a learning disability. We also ensure information and advice is available in other languages via the language line and interpreters to meet the needs of people from minority ethnic communities whose first language is not English.
- Advice and information service is located centrally with links to Housing, Job centre and Citizens Advice Bureau
- The single assessment process links closely with assessments completed by specialist workers so that people only have to tell their story once. This is electronically available so that providers in the third and voluntary sector are able to access and use it when appropriate. The voluntary and third sector is required to carry out assessments and take on a lead professional/key contact role.
- Staff in libraries and community centres are trained in using the web based information and advice system to assist current and potential service users and carers
- Advice and information services are publicised and out dated literature is removed and recycled.
- People receive consistent information from one source
- Information and advice are targeted to areas identified by the supported self- assessment questionnaire providing 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 a separate Diversity Impact Assessment so the detail is not included in this Diversity Impact Assessment. Any changes to commissioned 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

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and benchmarking to ensure a cost effective and efficient service. The reablement specification focuses on learning or 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 developing existing services and additional community skills required by providers, both current and new, to enable more adults to remain in a community setting. This includes reviewing the floating support provision to adopt a longer term approach to reviewing accommodation needs for those adults requiring 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 aims for 52% of those people who have received the service no longer requiring an ongoing service. The reablement service identifies individual goals and outcomes for the service users prior to service commencement, at this point some adults may be identified as unsuitable for the service.

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 are dealt with sensitively and with due regard for current users of services.

All service user consultation includes access to advocacy, support and information based on identified needs of the population.

Latest data indicates we are making good progress in helping people regain the ability to look after themselves following an episode of illness or injury, and therefore keeping people as independent as possible for as long as possible. This year we are supporting more adults with both domiciliary and residential re-ablement.

### **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) to support the programme aim of “creating the ability to maintain independence and prevent crisis by enabling people to make choices and do things for themselves, plan for the future and promote and enable healthy lifestyle choices by creating the right environment”.

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

- To increase the capability and therefore the capacity of our workforce and
- To reduce dependency on services by enabling people to remain independent for longer.

Increasing the capability of the workforce has equipped them in being better informed and enabled to prepare communities for changes in services, and in turn, change the nature of demand. There are also opportunities to strengthen partnership working, share best practice and open the door to working more collaboratively in the future.

Staff across agencies are trained and skilled in building the capabilities of our service users whilst taking into account Swindon’s minority ethnic communities and diverse back grounds. We support our workforce to address the needs of older people taking account of sex, gender identity, religion, sexual orientation and cultural diversity as part of personalisation training. This has led to better outcomes:

- Staff are skilled and are more competent and confident to work differently
- Service users are more confident to do things for themselves

### **Community networks and volunteering**

#### **Volunteering**

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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 a stronger sense of shared responsibility

All providers are required to collect background data for service users and volunteers on race, age, sex, gender identity, sexual orientation, disability. The data is monitored and reported on a quarterly basis and where there is evidence to suggest one or more of the groups are being excluded (e.g. men not using the friendship service) action is taken to address the shortfall.

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 is 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 relates to building community networks, particularly around supporting our equality duty to *advance equality of opportunity, elimination of discrimination and fostering good relations*. We recognise 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 a 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.

There are 656 people with learning disability currently receiving social care support as they 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.

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Swindon's overall population is increasing faster than average, which means that there could possibly be a rise in the number of people with Learning Disabilities in future years. 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 approach we are embedding across the workforce which will support the delivery of improved outcomes for our clients around supporting them to be more independent and more actively engaged with their local communities. We are continuing to develop Swindon's Local Offer for accessing services and information for adults with a learning disability

Learning Disabilities accounts for nearly 40% of the Adult Care Budget. Last year a detailed review of all 'out of area' residential care packages for people with a learning disability was completed to identify opportunities for users to live closer to Swindon. Rates for supported living were renegotiated, and a Learning Disability Respite service was insourced. Savings of £3.134m were achieved in 2015/16. We anticipate further savings of £3.1m by April 2018 should be achievable by continuing to focus on supporting clients to be as independent as possible and to access universal services where appropriate. This shift in service delivery will support inclusion and deliver better outcomes for users and their carers. .

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. We are seeking to identify and achieve savings through changes to the way we work with parents/carers with children with a disability 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 as well as making plans for independent living.

Better use of Personal Budgets will assist with tailoring individual support and giving people more control over deciding the best way to spend the money available to them for meeting their needs. 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.

The Transitions Programme will drive improvement in helping more people with a learning disability into paid employment and live independently. Work is underway to support a number of young people aged 16-25 years with Education Health and Care Plan to participate in supported internships. The aspiration is for the young people to complete these courses and for them to be skilled to enter employment.

Realising this potential is highly dependent on undertaking effective assessments and developing robust plans. To meet equality benefits we will 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 regarding support and service provision.

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**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 to address any specific requirements and improve outcomes for users and carers.

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**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

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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

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**4 So what?**

[Link to business planning process](#)

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

None

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

The demand programme started in July 2012 and we are now commencing into phase 2 of the programme. The Project Board provides assurance progress is on track through monthly highlight reports from each workstream and addresses cross cutting themes as and when they arise. Workstreams are informed by the consultation with key stakeholders

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**When will this be reviewed?**

Progress is tracked and reviewed by the Project Board on a monthly basis.

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**How will success be measured?**

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

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**For the record**

Name of person leading this DIA Sue Wald	Date completed 26.09.2016
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.