

# Swindon Borough Council and NHS Swindon Diversity Impact Assessment for Community based commissioning OP/PD & LD

## 1 What's it about?

Refer to equality duties

What's it there for? What's it set up to deliver? What's the proposed change? What do you want to achieve?

Community based commissioning budget provides service development to promote independent living and maximise independence of individuals living in the community. There is a need to make savings over and above business as usual savings to meet SBC corporate savings targets for 2012 – 14.

The proposed change is a shift in commissioning priorities to focus on services that can support the delivery of personalisation strategy in adult care. So a range of flexible person centred services need to be developed to maximise people's independence and enable individuals to live in their communities with localised support

What potential is there to meet the equality duties?

There is opportunity for the advancement of equality duties by moving away from traditional support services to person centred individual solutions

There is potential by joint provision with Children's or communities directorate's that needs can be met of a wider group of individuals who come under the equality duty especially those with disabilities or older people whilst achieving required savings targets.

What equality benefits does it create? (For people, organisation etc...)

It means people will have more flexible options for support that are person centred and locally based.

It enables people to develop services that meet their specific cultural needs for example by recruiting staff from similar cultural backgrounds using their personal budgets etc.

What are the barriers to meeting this potential?

Existing organisations unwilling to change their current delivery or wanting to challenge any loss of funding. Service users not wanting any change to any service.

Some groups with a strong voice and high local profile may have undue inaccurate influence over service users groups by influencing their views.

The move to Personalisation and reducing dependency on long term services can be seen in a negative light as cutting services which people have been reliant on for years. Some of the more traditional models of service such as day services have remained unchanged for many years and some groups may react negatively to moves to modernisation e.g. Carers of people with learning disabilities objecting to changing of day centres.

Mitigation can be careful messaging and promotion of the ethos of personalisation as enabling individuals to live more independent lives.

## 2 Who's it for?

Refer to equality groups

Who is expected to benefit or use the service (internal/external)?

Eligible users of adult social care services including Carers, people with learning or physical disabilities, and older people resident in Swindon.

What do you know about them (evidence)?

Government policy states via "Putting People First" that older people and people with disabilities with eligible social care needs should receive that support via a personal budget to enable them to create their own flexible support packages that meet their needs. To do this a variety of support options needs to be available for service users, not just block contracts from commercial or statutory providers. The proposed changes aims to support the development of a diverse market that can support service users needs and aspirations for their lives.

There are currently 1600 eligible service users for community based support in Swindon. This includes older people, people with a learning disability people with a physical disability and people

with mental health problems living in the community. (This is based on the national denominator for the performance indicator that measures progress to personal budgets – NII 130)

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Who is missing or may find it difficult to use the service?

- People who are too vulnerable to live independently.
  - Older people and those with disabilities who are not vulnerable enough to be eligible for adult care support.
  - Those people that do not recognise that they have support needs and are reluctant to engage with statutory services.
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Do you know why?

Those whose needs make them are too vulnerable for community based support would have their needs met in other ways e.g. residential care. Adult social care eligibility is decided by nationally set criteria, there are no plans to move the current criteria levels which are set locally at Substantial and critical needs. Therefore those less vulnerable in these groups will continue to be non-eligible for social care support.

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### 3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

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Is there any potential or real issue, which will stop some groups or people getting involved? (adverse impact)

Age

Traditional support tends to be via block contracts with limited opportunity to change or influence the provision offered – inflexible times of visit or opening hours for example. Older people in particular tend to accept provision offered. New types of community-based support will help ensure they have greater flexibility and individual choice over where and when they receive their support.

Disability

Existing Block Contracts e.g. Day services in SEQOL means that current choice is limited to one provider. Also some models of service provision are outdated for the expectations and aspirations of disabled people. New types of community support means that people can use services that can be tailored by them to their individual needs.

Sexual orientation

Older gay couples may be constrained by traditional models of support e.g. difficulty sharing rooms in residential settings or negative responses from domiciliary care staff. Personalised care support enables greater flexibility and enables people to employ their own staff who are sensitive to individual's own situations. This type of support aims to keep people at home and independent for longer avoiding care in institutional settings.

Transgender, marriage/civil partnership/maternity/pregnancy

No specific impact anticipated

Race/Religion/Belief

There is potential for more culturally specific services enabling individuals to have support that also includes

Financial economic status

All social care services are means tested via financial assessment using nationally set criteria based on income and assets. The financial assessment also seeks to maximise people's income by ensuring individuals are claiming any benefits they are entitled to.

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Homelessness / Political views

No specific impact anticipated

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Is that reasonable? Can it be justified or mitigated?

The justification is that funding has to reduce to meet corporate savings targets, and the decision is about which service changes have the least impact on those people with complex needs living independently in the community and which can best meet local and national priorities for reducing dependence on statutory services. It will help to modernise support for vulnerable groups by offering an alternative to traditional support models that are more flexible and person centred

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How will this service be successfully delivered to a diverse group of people? (positive impact)

By developing a more diverse market of provision eligible social care users can access a wider variety of support that can help them achieve outcomes of living independently in their communities.

Some current services are likely to remain the same as they already support independence and have clear outcome measures

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Is there any innovative thinking, working or technology that could improve delivery?

Some of these service users could also be supported at home with assistive technology.

There are also new opportunities for delivering support for some groups through diversity specific services

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What consultation has taken place? How has the consultation influenced the service?

A Public Consultation process took place between April and July 2011 which specifically involved older and disabled service users on the potential packaging of specific current services (Advocacy, information and advice, and user involvement)

Consultation with individual providers of current services has commenced to consider how existing specifications can be re-provisioned and savings identified

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#### **4 So what?**

[Link to business planning process](#)

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What changes have you identified?

Consultation results indicated that people were not really interested in who delivered information and advice services to them so long as it was in a preferred format for them. Also the consultation showed that specific user groups particularly people with learning disabilities wanted to ensure a separate voice in any service development. As a direct result of the learning from the consultation User involvement and information and advice services will form part of a joint tender with Communities and the specifications will reflect the outcomes of the consultation. Advocacy services will develop separately (also as direct result of consultation feedback).

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

A further consultation process with current providers and users of services is about to commence and will last 3 months. This will focus on how one Swindon priorities around reducing dependency and making best use of resources can be reflected in future service development.

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When will this be reviewed?

No later February 2012 Consultation results will contribute to ongoing reports back to corporate Board, Joint commissioning meetings and HOSC.

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How will success be measured?

Required savings achieved and services to maximise independence are being delivered with clear outcomes that supports eligible older people and people with disabilities to live independently in their communities.

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<b>For the record</b>	
Name of person leading this DIA Angela King	Date completed 21/10/11
Names of people involved in consideration of impact	
Name of director signing DIA	Date signed

# Strategic Planning Framework - Diversity Impact Assessments

## 1 What's it about?

refer to equality duties

- What is it there for? What is it set up to deliver? What is the proposed change? What do you want to achieve?
- What potential is there to meet the equality duties?
- What equality benefits does it create?
- What are the barriers to meeting this potential?

## 2 Who's it for?

refer to equality groups

- Who is expected to benefit or use the service (internal/external)?
- What do you know about them (evidence)?
- Who is missing or may find it difficult to use the service?
- Do you know why?

## 3 Impact

refer to dimensions and equality groups

- Is there any potential or real issue which will stop some groups or people getting involved? (adverse impact)
- Is that reasonable? Can it be justified or mitigated?
- How will this service be successfully delivered to a diverse group of people? (positive impact)
- Is there any innovative thinking, working or technology that could improve delivery?
- What consultation has taken place? How has the consultation influenced the service?

## 4 So what?

- What changes have you identified?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?
- Who is signing this off/taking responsibility?

## Considerations

### Our equality duties

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

In the areas of age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation.

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

### Dimensions of equality

How will the service affect the life chances of different groups?  
Consider how the service will impact

1. **Life expectancy**
2. **Physical security:** e.g. freedom from violence and physical and sexual abuse.
3. **Health and well-being:** e.g. access to high quality healthcare.
4. **Education:** e.g. being able to be creative, to acquire skills and qualifications, and having access to training and life-long learning.
5. **Standard of living:** e.g. being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
6. **Productive and valued activities:** e.g. access to employment, a positive experience in the workplace, work/life balance, being able to care for others.
7. **Individual, family and social life:** e.g. self-development, having independence and equality in relationships and marriage.
8. **Participation, influence and voice:** e.g. participation in decision-making and democratic life.
9. **Identity, expression and self-respect:** e.g. freedom of belief and religion.
10. **Legal security:** e.g. equality and non-discrimination before the law and equal treatment within the criminal justice system.