

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**4<sup>th</sup> June 2020**

**REPORT OF THE EXECUTIVE DIRECTOR, COMMISSIONING COMMUNITY AND  
POLICY**

**EQUALITY IMPACT ANALYSIS – URGENT DECISIONS IN RELATION TO  
COUNCIL SERVICES, FUNCTIONS AND ASSISTANCE**

**1. Purpose of the Report**

To update Cabinet on the consolidated equality impact analysis of those urgent decisions made in relation to Council services, functions and assistance considering the Covid-19 pandemic.

**2. Information and Analysis**

Challenges relating to the Covid-19 virus necessitated urgent decision-making processes by Executive Directors and Directors to be implemented in order to ensure the welfare of service users and the public and to safeguard the interests of the Council.

The Coronavirus Act 2020 has now been implemented alongside a range of related Regulations. The Regulations include provision for virtual meetings of Council bodies including Cabinet. These regulations took effect on 4 April 2020.

Members will appreciate that prior to these Regulations being introduced and Cabinet meetings resuming, it has been necessary for a range of decisions to be made. These decisions were made under the urgent delegated powers to Executive Directors as set out in the Constitution and were then reported to April and May cabinet.

A further report on the agenda for June cabinet proposes a revised decision making process now that the Covid situation has stabilised somewhat.

Under usual circumstances, major decisions made by Cabinet would be accompanied by an Equality Impact Analysis where appropriate, as a means of demonstrating that the Council is meeting the requirements of the Public

Sector Equality Duty as outlined by the Equality Act 2010. The urgent nature of these decisions meant it was not possible to provide a completed analysis at the point decisions needed to be made although equalities impact considerations were assessed as part of the decision making process.

Further work has now been undertaken and these decisions have been looked at together to enable them to be assessed and to provide some detail on how, cumulatively, they may be impacting on local people.

It is intended that the impact will be monitored over the coming weeks and months, for as long as services are being delivered differently, and to provide a report in the future to help ensure that as and when services resume, the Council will have a fuller understanding of the actual impact which occurred. This will help the Council in its plans for supporting the people of Derbyshire as things recover. It will also serve as a point of reference when decisions are being reviewed in the future.

### **Key impacts identified**

This report provides a picture of the likely adverse impact at this point in time. The types and level of impact is likely to alter, most likely increasing over time.

The decisions which have needed to be made are important in seeking to minimise the spread of the virus and in protecting the most vulnerable people in Derbyshire, many of whom also feature as main users of our services, including older and disabled people, families, those on low incomes or living in areas of deprivation, and whose health condition means they receive support through many of our public health programmes. Please refer to Appendix 1 which outlines in greater detail the assessed impacts of decisions to date.

In addition a detailed EIA has been drawn up in relation to the use of the Care Act Easement – Releasing of Home Care Hours in Short Term Services to support Covid19 Response and this is attached as Appendix 2.

### **Next Steps**

Work to assess the impacts of service reductions and closures will continue, including where possible, through monitoring from feedback and through study, with a view to using this information to shape those services and in helping to inform planning for the gradual easing of lockdown, as this progresses.

Further reports will be brought to Cabinet on the ongoing findings of a cumulative assessment of equality impact, and where necessary, the

presentation of equality impact analysis with future decision proposals to demonstrate the decisions take account of the public sector equality duty.

### **3. Legal and Human Rights Act Considerations**

#### The Public Sector Equality Duty (PSED)

The Council is required to exercise its functions having careful regard to the need to:

(1) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020; (2) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it; (3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the PSED is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

Where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider in particular the need to protect and promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

#### **Other considerations**

As contained in the report.

**4. Background papers**

Associated reports to Cabinet

**5. Key Decision**

No

**6. Is it required that the Call-In period be waived in respect of the decisions being proposed in this report?**

No.

**7. Officer's Recommendations**

It is recommended that the report and appendices be noted.

## **Appendix 1: Equality Impact Analysis – Decisions to close, cease or curtail services**

The following equality impact analysis summarises the anticipated likely impacts of the decisions by senior officers, Cabinet, and Cabinet members to close, cease or curtail Council services and functions due to Covid-19 (Coronavirus).

The analysis lists these by Department and then by protected characteristic groups and other priority groups or communities, summarising the cumulative possible impacts where possible.

### **The Public Sector Equality Duty**

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- (2) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The essential aim of the PSED is to promote equality, equality of opportunity and good relations. The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others. In the present case, where there are proposed reductions and cuts to services, albeit on a temporary basis, because of the Coronavirus, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be

mitigated, how they should be monitored and whether they can be justified. This EIA is designed to show how officers undertook that exercise and to assist decision-makers undertake that exercise and reach their own conclusions.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of persons who receive services that are being reduced or cut as a result of the Coronavirus, and any particular risks that might be faced by those who are elderly, disabled, young, BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

An overarching point is that all the changes referred to below are temporary, are designed to protect health and life and will be reduced and rescinded at the earliest available opportunity. Meanwhile, depending on the context and where possible, officers are engaged in different kinds of exercises to find replacement services or take other steps to mitigate the impact and to continue to monitor the health and welfare of those affected in case special interim action is needed.

### Adult Social Care

Date of decision	Officer decision	Cabinet Report	Main likely impacts
20/03/2020	ACSODR1 Adult Social Care Residential Homes for Older People closure to visitors	ASCREP1 Residential Homes – closure to visitors	<p><b><i>Older and disable people</i></b> (High); <b><i>Carers, relatives and friends of residents</i></b> (High); <b><i>Female Employees</i></b> (High).</p> <p>Restricting visitors will help avoid the spread of Covid-19 to residents who by virtue of, age and medical circumstances are likely to be more vulnerable, but it could also add to feeling of isolation for them, placing more stress on them and their loved ones. The restriction could make the task of employees more challenging, providing additional emotional support to residents.</p>

Date of decision	Officer decision	Cabinet Report	Main likely impacts
			<p>Action has been taken to seek to mitigate the impact of this change and to enable residents to continue positive relationships with family and friends outside of their establishment. Where appropriate virtual contact is being utilised including telephone call, Zoom and Whats App and residents are being supported to use this. Staff are monitoring carefully the continued emotional wellbeing of residents and the wellbeing of staff is also being carefully checked. Residential homes are encouraged to have a regular programme of resident and staff evaluation to support this.</p> <p>Visiting arrangements will be resumed as soon as it is safe to do so.</p>
20/02/2020	<p>ACSODR2 Closure of Older Adults Day Centres &amp; cessation of service delivery for over 70s in Learning Disability Day Services</p>	<p>ASCREP2 Temporary closure of Older Adults Day Centres</p>	<p><b>Older and disabled people</b> (High), <b>Carers, relatives and friends of older people using the service</b> (High). The closure of day centres will help to limit the spread of the virus for older people, who are more vulnerable to the impacts of this disease. However, the closure may also limit opportunities for these service users and their families, placing additional challenges over providing care, activities and leisure for them, also potentially increasing the levels of isolation they experience. Those persons affected by these changes have been supported in managing this change to their circumstances. Continued contact with Client's families and carers has been ongoing to monitor their health and welfare.</p>

Date of decision	Officer decision	Cabinet Report	Main likely impacts
23/03/2020	ASCODR3 Closure of buildings based Day centres for Adults with a learning Disability	ASCREP3 Temporary closure of buildings based Day Centres for Adults with a Learning Disability	<p><b>People with a learning disability</b> (High), <b>Carers and the families of people with a learning disability</b> (High).</p> <p>Whilst the closure of these buildings/ centres will help reduce the likelihood of the virus spreading and infecting people, it will result in further isolation, limit opportunities for them to mix, develop and benefit from the service, and also place additional pressures on their families to provide care and support. It removes any respite that those families may currently benefit from. The lockdown means that people using the service are not easily able to do other activities instead. Those persons affected by these changes have been supported in managing this change to their circumstances. Continued contact with Client's families and carers has been ongoing to monitor their health and welfare.</p>
23/03/2020	ASCODR4 Cessation of planned respite breaks service for older adults and people with a learning disability	ASCREP4 Temporary closure/ cessation for services for older people & people with a learning disability	<p><b>Older people</b> (High), <b>People with a learning disability</b> (High) and the <b>Carers, relatives and friends of people with a learning disability</b> (High to medium)</p> <p>Planned respite breaks are both beneficial to those taking them up but also to any carers or families who may be looking after or supporting individuals. The cessation of breaks could result in additional stress upon those who would use these breaks and those around them, especially with the lockdown and the impact this may be having upon them. Continued contact with Client's families and carers has been ongoing to monitor their health and welfare.</p>



Date of decision	Officer decision	Cabinet Report	Main likely impacts
30/03/2020	ASCODR5 Homecare Service suspension/ cessation	ASCREP5 Temporary reduction/ suspension in non-essential Homecare Service delivery across the internal and external Homecare market	<p><b><i>Older people who receive or could receive this service</i></b> (High), <b><i>the Carers, relatives and friends of older people who usually receive this service</i></b> (High to medium). <b><i>Employees</i></b> (High)</p> <p>This service is valuable in supporting older people with lower levels of need, thus helping to prevent them from needing to move to more intensive care settings. The temporary cessation of this service could leave individuals without the kind of support which helps them from deteriorating or having higher levels of need for care and support. It is also likely to result in greater isolation for these older and vulnerable members of our communities. The action planned to ensure that some contact is retained and to check on the well-being of individuals will help ensure individuals whose needs increase are identified and assisted. The cessation of the service is also likely to place more demands for care and support upon family and other types of carer, friends and local voluntary services. Workers in the service will also be impacted, potentially being asked to work in other services or care homes, where appropriate, instead. This decision is subject to a detailed, specific equalities impact assessment dated the 14 May 2020, to which attention is drawn, and will not be considered further herein.</p>

## Children's Services

Date of decision	Officer decision	Cabinet Report	Main likely impacts
19/03/2020	School Swimming CSODR1 SORE SCODR2 Outdoor educations services	CSREP1 Report on Suspension of SORE Services including Schools Swimming & Outdoor Education provision	<p><b>Young people</b> (High to Medium). <b>Families with children</b> (Medium), <b>Disabled children</b> (High to Medium).</p> <p>Access to swimming and outdoor education facilities are important in supporting young disabled people and those with additional needs. The cessation of these services will have a level of adverse impact on them, their families or carers, and their overall well-being. These services would usually be helping families, reducing stress and anxiety within a family, and helping the young people to stay physically and mentally healthy. Learning to swim can be important for children and young people to reduce risk later. The loss of income will impact on the authority's ability to apply expenditure elsewhere.</p>
26/03/2020	CSODR3 Temporary closure of 22 Children's Centres	CSREP2 Report on the temporary closure of Derbyshire's Children's Centres in response to Covid – 19 pandemic	<p><b>Families with children</b> (High), <b>people living in deprived communities</b> (High), <b>Expectant mothers</b> (High) <b>Thriving communities</b> (High)</p> <p>The Council's Children's Centres are an important means of providing families and expectant mothers with support, advice and help, and to avoid stress within families leading to safeguarding concerns. They are locally based and easily accessible to families. Many are located within deprived areas and provide a useful resource for the area and the people within it. The closure of these centres is likely to mean to families receiving less immediate support, and having</p>

Date of decision	Officer decision	Cabinet Report	Main likely impacts
			<p>less contact with health and other services which can support them. Whilst steps are being taken to sustain contact with families digitally and individuals using the services, the lack of direct contact may result in poorer outcomes for these families. Where families lack access to computers the officers are trying to maintain contact via mobile phones, to ensure that no one is completely cut off from the service. The closure of the centres for public visits and direct contact may result in additional family stress, including in delays for families receiving practical help, such as emergency financial help. Accordingly, the children and young people within those families may be more at risk.</p>
26/03/2020	<p>Temporary closure of Charnos Family Support Centre (CSODR4)  Temporary closure of offices (CSODR5)  Temporary closure of The Pyramid (CSODR6)  Temporary closure of Etwall Social Work office (CSODR7)  Temporary closure of Woodville Youth Centre (CSODR8)</p>	<p>CSREP3  Report on the temporary closure of a number of Early Help and Safeguarding buildings in response to Covid-19 pandemic.</p>	<p><b>Families with children</b> (High), <b>Expectant mothers</b> (High), <b>Children Looked After</b> (High), <b>Erewash. South Derbyshire. Bolsover.</b> (Medium to High)  <b>Thriving Communities</b> (Medium to High)  These buildings act as base offices for social workers and other professionals working with local families. Alternative arrangements have been put in place to continue the work with existing families using the service. The staff are now either working at other locations safely or from their homes.  A range of methods and communications are being used to ensure that any important contact with families is maintained, albeit more remotely.  This should help to reduce any adverse impact from the closure of these sites upon families needing support or where safeguarding issues are being</p>

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			addressed. The Council's Starting Point Service which is based at Godkin House is continuing. Nationally some concerns have been raised about the impact of Covid-19 upon safeguarding. In the case of Woodville, where the building is also used by other groups/ organisations, 4 weeks' notice was given of the plans to close the building, to enable these organisations to make alternative arrangements. Some of these services have started to provide their services digitally and through alternative means.
26/03/2020	CSODR9 Temporary closure of Peter Webster Centre	Reporting to next cabinet meeting	<b>Families with children</b> (High), <b>Expectant mothers</b> (High), <b>Chesterfield &amp; North Derbyshire Young people</b> (high), <b>Families with children</b> (High), <b>Disabled children</b> (High). The Peter Webster Centre houses a number of officers providing early years and safeguarding services to the community. These tasks are now being carried out by staff who are either working from home or through Starting Point which is based at Godkin House in Ripley. The centre is usually accessed by families who already have a relationship with the centre and other arrangements are in place to maintain contact with these families and provide support or intervention.
27/03/2020	CSODR10 DACES (Derbyshire Adult Community Services)	CSREP4 Report on the temporary closure of Derbyshire Adult Community Education Services in response to the Covid-19 pandemic	<b>Adults/ adult learners</b> (High), <b>Young people (Learners 14 – 19)</b> (High to medium), <b>People seeking to improve English and maths and computer skills</b> (probably people seeking work) (High) <b>Employees of the Council</b> (as attendees on some course and staff delivering courses) (Medium).

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			<p>The support usually provided to vulnerable 14 to 19 year olds is now being provided through alternative means, including a number of digital options, via the supply of ICT equipment, and with the continued facility where necessary for drop-in. This is likely to help mitigate the impact on this group.</p> <p>The closure of Adult Education Centres and the suspension of adult education course will impact on the general public across Derbyshire and restrict access to the Spring programmes. In some cases the courses provided are intended to support vulnerable and excluded individuals and help improve their prospects of gaining employment. Many other courses are based around art or leisure activities and learning, but are important in helping to enrich daily life and reduce social isolation. Historically, these courses have also supported people to make new career choices or to set up businesses. The loss of income will affect the authority's financial position and ability to spend on other services and projects.</p>
27/03/2020	CSODR11 Early Years SEN Specialist teaching Services	CSREP5 Report on suspension of Early Years SEN Teaching service to private, voluntary & independent providers and outline of alternatives	<p><b>Families with children</b> (Medium), <b>Younger children</b> (High to Medium), <b>Disabled children</b> (High)</p> <p>This will have an adverse impact on children being schooled in these establishments, although the closure of many schools means that it would be very difficult to deliver some of these services and observe Government advice on social distancing and minimising the spread of the virus.</p>
27/03/2020	CSODR12	CSREP6	<p><b>Families with children</b> (High), <b>Younger children</b> (High), <b>Disabled children</b> (High)</p>

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	Cessation of Early years Inclusion Fund	Report on suspension of Early Years Special Education Needs Inclusion Funding (EYIF)	This decision will impact on children who would otherwise be attending nursery with special education needs, and has a time limit of 6 months per award. The current situation makes it very difficult for this to be fulfilled, with EYIF not of itself a reason why children should attend nursery. Whilst there will be an impact upon children on a temporary basis until attendance at nursery school can re-commence, this will be capable of mitigation once nurseries are able to re-open.
03/04/2020	CSODR13 Temporarily vary way in which Out of School Tuition provided	CSREP7 Report on changes to delivery of Out of School Tuition (OOST) services	<b>Families with children</b> (Medium to High), <b>Young people</b> (High) This has been agreed for a temporary period of time whilst it is not possible for tutors to maintain direct contact with children. Other arrangements have been put in place to offer alternative tuition and support, and this will assist in mitigating against any adverse impacts for the children and their families.
03/04/2020	CSODR14 Education Welfare Services proposed changes to prosecution processes	CSREP8 Report on Education Welfare Services – proposed changes to prosecution processes	<b>Families with children</b> (Low) This decision relates to outstanding action against families in relation to absence from school, and suspends further action and extends the periods within which families can pay fines, as such this is unlikely to have an adverse impact on these families or their children. This is a practical step given that children are mostly not able to attend school at this time and complements orders by the Secretary of State to suspend these powers.
09/04/2020	CSODR15	Report to follow at next cabinet meeting	<b>Children Looked After</b> (High), <b>Foster/ adoptive parents</b> (High), <b>Families with children</b> (High to medium)

<b>Date of decision</b>	<b>Officer decision</b>	<b>Cabinet Report</b>	<b>Main likely impacts</b>
	1. Emergency placement with DCC staff, related form & risk assessment 2. Re-approval of ex-foster carers/ adopters 3. Fast track assessments both for approved support carers & for partially complete fostering assessments		These decisions are intended to make the work of the fostering and adoption services easier to carry out during this pandemic and will support attempts to gain fostering and adoption places for children. It is not anticipated that this will lead to an adverse impact for children looked after.
09?04/2020	CSODR16 Exceptional Foster Carers Allowances	Report to follow at next Cabinet meeting.	<b>Children Looked After</b> (High) <b>Foster/ adoptive parents</b> (High) <b>Families with children</b> (High to medium)

### Commissioning, Communities and Policy

<b>Date of decision</b>	<b>Officer decision</b>	<b>Cabinet Report</b>	<b>Main likely impacts</b>
16/03/2020		Coronavirus Derbyshire Resident & Business Hardship Fund	As with the decisions above, this is expected to support the authority's work to secure foster and adoptive placements for children looked after during the pandemic, and to benefit rather than impact adversely upon these children.
27/03/2020	CCPODR1 Temporary closure of Registrations offices	CCPREP1 Access to Registration Offices by members of the public	<b>General public</b> (Medium), <b>families of new-born children</b> (High), <b>Parents of stillborn children</b> (High), <b>Spouses, partners and family of deceased persons</b> (High), <b>couples getting married or planning a civil partnership ceremony</b> (High). This service is still operating although without face to face contact being available. The Government has

Date of decision	Officer decision	Cabinet Report	Main likely impacts
			relaxed death reporting requirements to take account of the challenges posed by the virus and the increase in mortalities. It is possible to register births through telephone contact, but attendance at weddings is more limited, with restrictions on guests. This will affect couples, including same sex couples who had already planned ceremonies. Citizenship Ceremonies have been suspended for the time being. The closures will have an impact on the authority's income from these services.
27/03/2020	CCPODR2 Members Community Leadership Scheme	CCPREP2 Members Community Leadership Scheme	<b>Deprived communities</b> (Medium), <b>Thriving communities</b> (Medium), <b>Community and voluntary sector organisations and groups</b> (High to medium), <b>Rural communities</b> (Medium) Amendments to this funding to enable Elected Members to support projects, organisations or to tackle issues in their areas will allow them to focus on actions in relation to Covi-19 and the well-being of their residents. The retention of funds will allow them to have greater impact.
30/03/2020	CCPODR3 Advanced payment of pension contributions	CCPREP3 Advanced Payment of Pension Contributions	This decision relates to the timing of pension payments and is likely to assist the Council's financial position during the Covid-19 pandemic, a time when it is faced with additional requirements in order to provide services and maintain the Council's ability to cover its costs, reducing a need to borrow excessively. This is likely to benefit people from protected characteristic groups as it will help ensure the Council can afford to provide services and any extra assistance it needs to at this time.



Date of decision	Officer decision	Cabinet Report	Main likely impacts
	Closure of Libraries and Mobile Libraries		<p><b>General public</b> (High to medium), <b>Older people</b> (High to medium), <b>Younger people</b> (High to medium), <b>Families with younger children and infants</b> (High to medium), <b>Disabled people</b> (High to medium), <b>BME communities and individuals</b> (Medium), <b>Deprived areas</b> (High to medium) <b>Rural communities</b> (High to medium) <b>Female employees</b> (High to medium).</p> <p>The closure of the Council's 45 libraries and 3 mobile libraries is a major change to its services potentially affecting people from across the whole of the county. Libraries have a wide range of uses and roles and attract people from many different backgrounds, sometimes for different reasons. Had the DWP not suspended the need for unemployed and disabled people to regularly contact them, then the closure of libraries could have had an even greater adverse impact on some of our poorest and most vulnerable citizens. Whilst it is not possible to obtain physical materials such as books, magazines, DVD's or to easily access sources of research materials, the service has made many materials available online, or via eBooks. Membership of the service has increased significantly during the lockdown. The service is also providing sessions for children and infants to continue its work to support parents to teach children to read, and to improve reading and other skills. The closure of the Mobile Library Service will impact largely upon older, mobility limited adults, and people living in rural areas without their own means of transport.</p>

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	Closure of Buxton Museum		<p><b>General public</b> (Medium and specifically within the High peak and Dales areas), <b>visitors and tourists</b>, (High to medium), <b>volunteers including some with learning disabilities</b> (High), <b>local economy</b> (low).  The closure of the museum will impact upon the public, including if there were still visitors to Buxton. The lockdown means there should be few if any such visitors at this time. It is also a resource for local people, and provides volunteering opportunities within the town. A number of the current volunteers have learning disabilities or autism, so the closure will reduce the opportunities for them to do activities which help them to be well and enjoy a fuller enriched life. Most of the employees live locally, whilst the links between the museum and other organisations within Buxton is also a factor.</p>
	Closure of Derbyshire Records Office		<p><b>General public</b> (Medium to low), <b>visitors and tourists</b> (Medium to low), <b>researchers</b> (low)  The closure of the Records Office in Matlock will mostly affect people who wish to use historical resources or access documents for genealogy research. Most visitors tend to be adults who are middle aged or older, and some will be local whilst others from further afield.</p>

### Economy, Transport and Environment

Date of decision	Officer decision	Cabinet Report	Main likely impacts
24/03/2020	ETEODR1	Report due to go to next Cabinet	<p><b>General public</b> (High to medium), <b>visitors and tourists</b> (high to medium), <b>disabled people</b> (Medium),</p>

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	Countryside Services cessation		<p><b>older people</b> (medium), <b>families with children</b> (medium), <b>young people</b> (Medium), <b>deprived communities</b> (Medium), <b>specific geographical locations adjacent to country parks and trails</b> (high to medium)</p> <p>The Council's Countryside Service and its Country Parks, and trails, provide significant resources for local people to exercise, get out into nature, enjoy some of the county's history, and in a number of cases form an important part of the visitor economy. Whilst shops, car parks, toilets and visitor centres are closed, it is possible for local people to the different sites to access them for exercise and to help enable activities which are good for individual well-being. Restricted access and the closure of facilities will have some adverse impact on the above groups, although this will vary. A loss of income will affect the Council's overall finances and ability to spend on other services or projects. During the closure, employees are being re-directed towards maintenance work and other activity which is often difficult to carry out with visitors and service users around.</p>
24/03/2020	ETEODR2 Country Parks – Temporary closure ETEODR3 Country Parks – Temporary closure continuation	ETEREP1 Country Parks – Temporary closure due to Covid-19	See above as these two are linked.

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24/03/2020	ETEODR4 Public Transport	ETEREP2 Establishing County-side Distribution Centre	<p><b>General public</b> (High), <b>Older people</b> (High), <b>Disabled people</b> (High), <b>Rural areas</b> (High), <b>deprived areas</b> (High).</p> <p>This decision has been made following guidance from central Government to sustain financial support to bus service providers, to help them during the pandemic, and will in some part assist these companies to be able to resume public transport services once these are needed again. As the funds provided by the Council do not account for all of their income, there is no guarantee that these companies will still not face financial difficulties. This could lead to services being difficult to secure for some communities and locations.</p>
24/03/2020	ETEODR5 Deferral of Rents for DCC Business Tenants	ETEREP3 Proposal to defer rents for DCC Business Tenants	<p><b>Business tenants/ smaller and medium sized businesses</b> (high to medium)</p> <p>With many businesses, especially small and medium sized businesses struggling during Covid-19, the deferral of rents will be a positive help to these businesses. However, the loss of income will reduce the authority's ability to apply expenditure elsewhere.</p>
25/03/2020	Closure of Household Waste Recycling Centres	Report to follow at next Cabinet meeting	<p><b>General public</b> (medium to high), <b>small businesses</b> (medium to high). The environment (High)</p> <p>The Council's Household Waste Recycling Sites are well used by residents and local businesses. The closure of these sites will restrict the ability of local people and businesses to recycle, and dispose of unwanted rubbish. Nationally, research is already showing that this, alongside limitations on waste collection, lead to increased fly tipping damaging the environment/ endangering farm and other animals.</p>

<b>Date of decision</b>	<b>Officer decision</b>	<b>Cabinet Report</b>	<b>Main likely impacts</b>
25/03/2020	ETEODR6 Suspension of on street Pay & Displays & reduced on street parking enforcement	Report to follow at next Cabinet meeting	<b>General public/ motorists</b> (high to medium), <b>disabled people</b> (high to medium), <b>businesses</b> (high to medium). Whilst the suspension of parking limitations and enforcement will make it easier for people needing to visit their local town for supplies, it may also be the case that disabled people may find others using disabled parking bays. The loss of income will affect the Council's overall income and ability to spend on other services and projects.
25/03/2020	ETEODR7 Temporary closure of Markham Vale Environment Centre	Report to follow at next Cabinet	<b>Business tenants</b> (high) This will help support businesses by providing a temporary deferral of rent payments and thus sustain tenancies at Markham Vale, one of the Council's main areas of investment for economic development, helping to secure jobs and training opportunities for local people and directly supporting SMEs.
02/04/2020	ETEODR8 Approval of Local Transport Plan capital programme & budgets for 2020/21	ETEREP4 Highways & Transport Capital Programme 2020/21	<b>General public and motorists</b> (High), <b>businesses</b> (high to medium), <b>rural communities</b> (high). This will enable the department to proceed with work to maintain the highways, mend potholes, and repair footpaths. In turn, ensuring roads are in good condition benefits businesses and the general public, reducing damage to vehicles and enabling easier transport and travel for services which need to operate.
02/04/2020	ETEODR9 Cancellation of Countryside Events Programme until end June 2020	Report to follow at next Cabinet	<b>General public</b> (Medium), <b>Families with children</b> (Medium), <b>older and disabled people</b> (medium), <b>arts, catering and activity based businesses</b> (Medium), <b>visitors and tourists</b> (high to medium).

Date of decision	Officer decision	Cabinet Report	Main likely impacts
			The cancellation of events, especially during better weather will impact adversely on those people who would have otherwise attended them, and impacts adversely on the visitor and local economy. It will also reduce the Council's income at a time when it is incurring additional spending.
02/04/2020	ETEODR10 County Business Properties – Rent deferral	ETEREP5 Proposal to defer rents for DCC business tenants	Business tenants (High). See ETEODR5 – similar impacts
16/03/2020		Coronavirus Derbyshire Resident & Business Hardship Fund	<b>Businesses (high), local voluntary and community organisations (high), deprived communities (high), rural communities (medium)</b> This fund provides some positive help for people and businesses affected by the Covid-19 pandemic, including small businesses and complements the national assistance being provided by Government. Applications for this fund have now been suspended due to the volume of applications. For those not successful or applying later, this could mean missing out on assistance.

## Public Health

Date of decision	Officer decision	Cabinet Report	Main likely impacts
20/03/2020	PHODR1 School Crossing Patrols	PHREP1 Changes to Services Delivery Model for Live Life Better Derbyshire	<b>Families with young children (High)</b> The closure of many schools and the need to maintain social distancing means this service being ceased will have less impact than if this had happened during normal times. It is likely to affect the children of key

Date of decision	Officer decision	Cabinet Report	Main likely impacts
	PHODR2 Live Life Better Derbyshire Programme	including School Crossing patrols	<p>workers where these children cannot be taken to school by car or accompanied by another adult.</p> <p><b>Expectant mothers</b> (High), <b>Families with children</b> (High), <b>Deprived communities</b> (High), <b>Older people and adults with health conditions</b> (High), <b>Disabled people</b> (High)</p> <p>This varied programme is important in helping to keep people from a number of backgrounds well, and helps reduce the incidence of people then needing more serious medical treatment within the NHS. That said, some aspects of this service are already delivered using publicity materials and online sources to encourage self-help and participation in ceasing smoking, to encourage exercise and healthy eating etc. it will be important that once possible, this service is re-opened, especially since there is already evidence that health is being adversely affected by the lockdown in a number of ways.</p>
23/03/2020	PHODR3 Transfer from tariff to block contract	PHOREP2 Contract Variation – Sexual health & Mental Health	<p><b>LGB Community</b> (High to medium especially amongst younger LGBT people), <b>Women</b> (medium), <b>Younger people</b> (High), <b>BME communities</b> (Low), <b>Men</b> (Medium)</p> <p>This decision will help ensure that these services can be sustained and support the organisation providing them.</p> <p><b>Disabled people</b> (High for mental health services), <b>deprived communities</b> (High)</p>

Date of decision	Officer decision	Cabinet Report	Main likely impacts
			This decision will help ensure that these services can be sustained and support the organisation providing them.
24/03/2020	<p>PHODR4 Suspension of LAC Services</p> <p>PHODR5 Suspension of 50+ Forums</p> <p>PHODR6 Suspension of Safe Places</p>		<p><b>Older and vulnerable people</b> (Medium). This is a non-essential service and has been in part replaced by the Council's community response for Covid-19. Also being provided through other methods and through other delivery routes, which will help mitigate against any resulting adverse impact.</p> <p><b>Older people</b> (medium). These forums support older people in Derbyshire to have a voice and to influence the design, delivery and nature of services for older people. In the past they have also been instrumental in the setting up of complementary services to support older people to remain well and independent. Given the importance of ensuring that older people are not at heightened risk of infection, suspending these forums temporarily should have only a small to medium level of impact, and this should improve once it is safe to host the forum meetings again. An option could be to review providing members with a digital means and support to let these forums meet online.</p> <p><b>People with a learning disability</b> (High), <b>vulnerable victims of hate crime incidents</b> (High) As many of the buildings used as Safe Places have been closed it is not possible to provide these places. The need for such support is also anticipated as having reduced due to lockdown. The Council, its partners and</p>



Date of decision	Officer decision	Cabinet Report	Main likely impacts
	<p data-bbox="394 459 763 528">PHODR7 Suspension of Time Swap</p> <p data-bbox="394 643 790 711">PHODR8 Suspension of First Contact</p> <p data-bbox="394 906 790 1007">PHODR9 Suspension of the Disability Employment Project</p>		<p data-bbox="1245 276 2038 416">service teams working with these groups of vulnerable people are active in promoting services which can assist should an individual experience hate incidents, or feel at risk in the area in which they reside.</p> <p data-bbox="1245 424 2038 603">This is a non-essential service and has been in part replaced by the Council's community response for Covid-19. Also being provided through other methods and through other delivery routes, which will help mitigate against any resulting adverse impact.</p> <p data-bbox="1245 611 2038 790">This is a non-essential service and has been in part replaced by the Council's community response for Covid-19. Also being provided through other methods and through other delivery routes, which will help mitigate against any resulting adverse impact.</p> <p data-bbox="1245 914 2038 1385"><b>Disabled people</b> (High) This service has been operating for a number of years and provides direct support and help to disabled people to enable them to enter the job market or to gain employment if they have been absent from the job market. The support varies but can be quite intensive, and may involve help to obtain work experience and skills training. The closure of the project will of course impact adversely on any disabled people already working with the team or receiving support, and will prevent others from obtaining this support. This will happen at a time when the number of people out of work has increased</p>

Date of decision	Officer decision	Cabinet Report	Main likely impacts
	<p data-bbox="394 347 712 416">PHODR10 Extension to contracts</p> <p data-bbox="394 568 819 675">PHODR11 Suspension of Pension Credit Services</p>		<p data-bbox="1245 272 2011 341">significantly, making it even harder for disabled people to obtain employment.</p> <p data-bbox="1245 389 2011 571">This extends a number of existing contracts by 6 months so that these services can be post the current pandemic and covers including intensive home visiting service, advisory services within GP surgeries, and to finance the cost of uniforms for crossing patrols.</p> <p data-bbox="1245 611 1984 788">This is a non-essential service and cannot easily be provided other than when there is direct contact with individuals. Advice on entitlement and assistance remains available via the Council's Welfare Rights Service</p>

## Equality Impact by Protected Characteristic/ community/ vulnerable groups

### Age

#### Older People

As probably the most vulnerable group to contracting Coronavirus, and also one of the Council's main groups in terms of services, older, and especially disabled and frailer older people are being impacted by the changes to our services, although they are also the key group for which our services are targeted and expected to benefit from. The Council's focus on sustaining social care services to people living in its care homes, mitigating and monitoring the impact of increased isolation due to restrictions on visitors and ensuring alternative support is available for those living outside these establishments whose services have been reduced or cut, and monitoring impacts, will be helping to ensure that they are protected and supported.

However, many of the services which have been suspended are also used by older people, perhaps more broadly across the age cohort, and as such issues such as isolation, difficulties accessing day to day services, will be affecting older people adversely. The cumulative nature of the different services will affect older people differently depending upon the extent to which they rely upon or use different services.

Adults with eligible needs will continue to have their needs assessed and monitored and every effort will be made to secure alternative provision for them, where their services have been reduced or suspended.

The actions taken to help mitigate against the worse impacts must also be mentioned since these are important in helping to soften any adverse impact, and help people survive safely and healthily until it is safer for everyone to travel and access services. The various volunteering programmes which have and are being set up, including those managed or supported by the Council, are important to helping older people stay at home, have access to the food and medicines they may need and reducing levels of isolation which could have a negative impact on their mental well-being, especially since many will be unable to have physical access to their families, including grandchildren. Ideally, a bit more detail about these actions?

## **Young People**

Young people are directly affected through the closure of nurseries, schools and colleges but also amongst workers in the service sectors, especially in catering outlets, where employment can be temporary, part-time and now unemployed as these places of employment have closed. The suspension of GCSE and A Level exams was also of concern and although the results will now be based on teacher assessments, the closure of universities and colleges and uncertainty about when they may re-open will be affecting young people contemplating their futures, leaving them uncertain whether they will start their degree and other qualification course in the autumn.

The closure of schools will also be having a significant impact on the ability of school pupils to sustain their studies across the curriculum, and to maintain levels of learning. This will be especially acute for children in households where parents do not have the capacity to support them in their learning and in poorer households without access to technology to access online resources. The Government's recent announcement that they will ensure that pupils will have this same access through the provision of IT equipment and funding for the costs of internet charges will go some way to even this out.

Arrangements over daytime meals may also be affected for those children who previously received free school meals, as arrangements are put in place to replace this with additional financial support. The health and well-being of children may be affected adversely where the food being prepared has poorer nutritional value. This will affect the development, growth and well-being of children if sustained over a long period of time.

The suspension of the services from Children's Centres will impact on infants and younger children, especially those from poorer backgrounds, and from those families where additional support and input from professional services are helping children to stay safe and thrive. The number of children who may be at risk of further intervention from Children's Services could increase in the face of reduced support from those services which have a preventative role. A risk assessment of all cases open to social care and early help children's services have been undertaken and regular contact is being maintained with those families virtually or if necessary via home visiting. Should families require additional support then they are either sign posted to community facilities or children's services will support directly whichever is most appropriate. Referrals are continuing to be received via Call Derbyshire/Starting Point for families not previously known to the service and following triage an assessment of need made be required to be undertaken. All Children's Centres have advice notices posted on the doors of the centre with advice of where families are to contact should they need any help.

There are also some concerns over the position of disabled children and those requiring SEN support. These children are affected by not being able to be in school if in a mainstream school and will have less access to the people who support them. Additionally, the challenges for parents will be increased with children not able to go to school, requiring more intensive support for longer within an environment which may not be always suitable, and with the added difficulties of not being able to go to places and spaces which can help prevent stress and anxiety for all members of the household. Parents awaiting SEN Statements may also be affected adversely if these statements cannot be completed or processed, thus restricting access to some support services.

There will of course be some potential benefits for children, especially younger children, from having more time with their parents or guardian, and with siblings. Those parents working at home are often providing more time, sharing childcare and education tasks, albeit having to balance this with work commitments. For some families, where a parent is having to take time off from work duties, or where they have been furloughed or dismissed, then the consequences could include greater financial hardship.

A small number of children, those of key workers, continue to attend school and may be more able to engage with other services accordingly. This situation may help those children and the families concerned to cope with the additional challenges and worries

that they may have, especially where parents carry out roles through which they have direct contact with people infected with the virus.

### **Disability including mental health and learning disability/ autism**

The cumulative impact of the various closures and changes to our services could impact significantly on disabled people, although this will depend upon a number of other factors including which disabilities they have, their general health, ability to look after and support themselves, the need for our different services, and their income and financial position. Those who are more vulnerable, have higher levels of need for care or support, and who use our services more will be impacted more by the changes which have needed to be made.

The lockdown and requirement to stay at home will, on the one hand help protect them if they are more vulnerable to illness, but could also lead to greater isolation, poorer mental health, and social exclusion.

Persons assessed as having eligible needs will continue to have their needs and their welfare assessed and reviews and every effort will be made to secure alternative provision for them, where for health reasons their current services are reduced or suspended.

It is also important that services seeking to assist and support disabled people are mindful of their access requirements and preferences when transferring services online, and when working with other sectors and partners, and help ensure that alternative access is retained for disabled people to provide for their basic and health needs, to ensure equality in access and treatment. This could require the Council and its partners to make reasonable adjustments when it is re-arranging how it delivers services, or if it suspends services.

For example, this might include increasing the amount of information on the Council's website in BSL, having easy forms and alternatives to web based request systems, and continuing offering opportunities for disabled people to talk directly to staff over issues.

Carers for older people or disabled people (association with disabled person)

A significant number of people in Derbyshire provide care to a relative or someone else, including many people who themselves are over 60 years of age. Many of these carers do this without the involvement of the Council or with support or services from the Council. For those who already receive support or those who would come to the Council, the suspension of services could cause additional hardship and difficulties. For example, the lack of advice and support, or the lack of respite care, may place additional stress and challenges for carers.

Following the advice issued by Government to stay home and not to have contact with other people may also prove problematic, for those carers who care for someone outside the same accommodation/ outside the immediate household, resulting either in increased risk for both of contracting the virus, or the risks associated with withdrawing the care.

This is most likely to affect older and disabled people, and those carers already under some stress.

Carers assessed as having eligible needs will continue to have their needs and their welfare assessed and reviews and every effort will be made to secure alternative provision for them, where for health reasons their current services are reduced or suspended.

### **Gender Re-assignment**

People who are undergoing or who have undergone gender re-assignment feature in relatively small numbers amongst people using the Council's services, and the Council does not have any specific services targeted at this group of people within the population. However, despite this, where they do, then services will need to be mindful of any additional needs or requirements arising out of the gender identity and how this impacts on how they use services, and to make reasonable adjustments for this. People with this protected characteristic, if visibly identifiable, also feature amongst the groups of people who experience hate incidents, and whilst the lockdown will remove the opportunity for some of these, it is possible that they could require assistance more in their local neighbourhood if abused. The provisions with partners to report and gain assistance with hate crime incidents is being maintained, with Covid-19 incidents being monitored.

### **Marriage and Civil Partnership**

Of the Council's many different services, it is the Registrations Service which is most likely to impact, when people use it to get married or to undergo a civil partnership ceremony. With the service closed and being provided through an appointment systems, the nature of these ceremonies are likely to be very different and less common. From what we know the changes which have been made to services are not expected to impact more adversely upon people with this protected characteristic in order to observe social distancing and the current lockdown. It is anticipated that many people will be holding off with these ceremonies until they can have guests and ceremonies at venues of their choosing.

### **Pregnancy and Maternity**

Expectant mothers and new others feature amongst people using a range of Council services, especially for services which are designed to support them and to ensure the health and well-being of newly born infants, such as some of the services provided through Children's Centres. Expectant mothers also feature amongst those groups who may be at a higher risk should they contract Covid-19, so as employees of the Council may need to be supported to stay safe, such as by having less contact with the public or by working from home, if they are well.

### **Race and ethnicity**

Black and minority ethnic communities, including White Minority communities

It can be difficult to identify the full and an accurate picture of how the Council's services impact upon and are utilised by all our BME communities. The Council's contact via the BME Community Forum provides a useful insight, especially in relation to older people, and some aspects of children and families, because of the nature of the work done by the different groups within the forum. This does not however, necessarily mean that we know about the interactions of households who are not linking into these community groups and organisations. Many of the county's BME communities are not distributed in such a way that they live in distinct geographical communities, with the exception of a handful of locations, and this can mean that contact with services is on and as and when needed basis, or not be recognised, for say universal services aimed at the general public. Ramadan commenced on 23 April in 2020 and could mean that the authority will need to consider this when supporting its frontline employees and customers, especially those using care and more personal services, since people may be choosing to fast during the day, and need to worship more often. Departments are encouraged to consult any affected customers and employees in order to ensure treatment is respectful and takes account of their preferences.

It is however, likely, that BME individuals and communities are being affected by service closures and new arrangements to some degree in the same way as White communities, in that their older people may need care and support, their children attend schools which are closed, and they may depend upon services in their daily lives such as public transport, using the local library, and having access to general services and information.

What is not yet clear is whether some specific communities are being affected and how, by the Coronavirus. In the national media, it has been highlighted that BME people feature disproportionately amongst those being infected and dying due to the virus, and amongst NHS workers on the frontline. The county's largest single BME community are those people who have moved to Derbyshire from Eastern Europe. It is reported that prior to lockdown many people from these communities were returning to Eastern Europe, and many more will now be without work, often working in less secure employment in places such as Shirebrook. For our Asian Sikh community in Stenson Fields, the relationship this community has with Derby is likely to be a determining factor regulating contact with some services. For the Chinese community, probably one of the most dispersed geographically, we are aware that there has probably been a spike in hate incidents, as ignorant and ill-informed people take out their frustrations on this community, encouraged by populist right win politicians such as Nigel Farage. In terms of these incidents, the partners which make up Safer Derbyshire have set up a means of monitoring all crime and anti-social behaviour incidents linked to Coronavirus, although it is likely to be a while before there is a picture of how the virus is playing out in terms of crime and anti-social behaviours, and which communities are being affected, and how. A further concern which has been highlighted is the potential disproportionate impact upon communities and individuals economically, either because BME people are frontline workers in areas such as health and social care, or because their occupations are particularly impacted such as the food sector, taxies, or because they work in less secure employment and have been dismissed rather than furloughed.

Officers from the Council continue to engage with the BME Community Forum over issues where there may be a limited data, with the aim of identifying any issues which require a response or further action. Going forward the Council will need to continue to build its intelligence in relation to its BME population and people using its services, in order to ensure it can meet the PSED.

### **Religion and belief, including non-belief**

There are no specific indicators which suggest that any of the Council's recent urgent decisions will have impacted more adversely upon any religious communities, although as detailed above under race and ethnicity, a number of communities are experiencing greater difficulties due to the pandemic and attitudes towards some communities, including continuing Islamophobia and abuse towards the Chinese and Far East communities. This reflects the national situation where Chinese and some Asian businesses are being boycotted by consumers, and with an increase in hate and abuse incidents towards the Chinese



community. Some of the rhetoric of right wing politicians in the US, UK and Europe have been fanning these unhelpful attitudes over the source of the pandemic, and the risk posed by people who may have links with outside the UK.

## **Sex or gender**

Women/ girls

A recent report from the LGiU has highlighted the high impact upon women of Coronavirus and public services nationally. Women feature heavily as both service users for local government and health, and as employees within those services, often carrying out frontline roles, in areas such as care related work and within the NHS. Women are more likely to be represented amongst people living in our care homes, amongst users of our libraries and children's centres, amongst the families being assisted through public health programmes, and as those providing paid and unpaid care or childcare, working in libraries and children's centres, amongst those employed as cleaners by the Council, amongst school meals staff, working as teachers and teaching assistants within county schools, and amongst staff working from home. The current situation may be compounding levels of gender inequality which already exist nationally and within communities within Derbyshire. Mitigating and monitoring?

## **Sexual Orientation**

Lesbian, gay or bisexual

There are few signs that suggest that anyone from the LGB community is experiencing additional adverse impact arising out of the decisions which the Council has recently made. A number of services are known to have more contact with this community and in these areas there will be some additional impact, such as the registrations service, and through partnership work on community safety.

## **Non-Protected Characteristic Groups**

### **Rural Communities**

Derbyshire is a largely rural county made up of market towns, villages, some more densely populated areas but also some sparsely populated areas, often in the western half of the county. The very nature of these areas often meant that before Covid-19, it could be more difficult for some people to directly access some services, as often, than their urban counterpart. The

decisions which have recently been made will in some ways further add to the challenges faced by people living in rural areas, such as the decision to close libraries, and the closure and movement of some services online. For people without their own means of transport, but still needing to travel to work, or to access services, there are some additional challenges due to the reduced number of bus services, although some of these will be offset by services set up on a voluntary basis to assist those who are more vulnerable. The Council has also been mindful of the impact of Covid-19 upon SMEs, and self-employed individuals, and some of the actions it has taken, in Trading Standards, to offer grants, and to defer business rents may be helping to mitigate the position for these businesses, especially those in rural locations.

### **Thriving Communities**

The Council's work within the Thriving Communities has been made more challenging by the pandemic, the resulting lockdown and the requirements over social distancing. Much of the work which has been taking place benefitted from face to face contact with people in the community, direct conversations and relationships with volunteers and organisations in these areas. All of this is more difficult when officers cannot work in this way. As with other areas which experience socio-economic difficulties and deprivation, people living in the Thriving Communities areas will be experiencing additional hardship and anxiety. Recent national research suggests that people living in disadvantaged communities are also more likely to be at risk from Covid-19, further illustrating how inequality impacts on life chances.

The decisions made by the authority in recent weeks will have impacted on people in these areas, making life more difficult for some, whilst some of the services and steps taken may also be helping to mitigate against the additional hardship and risk.

### **Social-economic inequality/ deprived communities and groups of people**

Those who experience most inequality are likely to live in deprived areas, and also likely to be amongst groups with a protected characteristic such as old age or have young children; have a disability or long-term limiting illness; work part-time or be out of work; experiencing poor health or have a greater need for care, support or advice type services; and be in financial difficulties or debt.

Many of the services provided by the Council may be targeted at these people, and the closure, cessation, temporary withdrawal or reduction of services is likely to affect them more adversely than people from other areas. They are more likely to face additional stress or anxiety, and be at risk of mental health difficulties, made worse by the pandemic. It is therefore important that the Council has sought to take action to mitigate the worst impacts arising from the decisions it has had to make to protect

everyone from the spread of the virus. Some of the most important services are continuing to try and provide a level of service, advice, assistance or support and this is important in softening the impact upon these areas and communities.

### **Employees of the Council**

The Council employs around 13,000 people doing different roles across the county. A significant number of these employees work in frontline services, often working part-time, on lower grades, and in direct contact usually with members of the public. These workers are at greater risk from Covid-19, but are also those workers whose absence has the worst impact upon the residents of Derbyshire. This is especially illustrated through those workers in the Council's Homes for Older Persons. These workers provide direct care to older vulnerable people in a confined environment, where the risk on passing on the virus is greater. They are most often female and work part-time, or work on a shift rota, and are concentrated on lower pay grades. They are more likely to live near to the community in which they work. Many other employees, those whose role is not frontline, or who work in services which have been closed to the public, are more likely to work at home or be able to work and observe social distancing, They are also more likely to be a mix of full and part-time workers, and more likely to be paid a higher salary. The high number of women working for the Council also means that many of our employees are likely to have additional caring roles when they go home from work, either caring for children, jointly with a partner or on their own, or have a role caring for or assisting an older relative, and trying to balance work and home demands. For these workers, the presence of children at home will also be providing an additional challenge when seeking to carry out their jobs.

### **Voluntary and community organisations and groups**

The VCS support needs of communities in a variety of ways, including: providing medical support, assisting those in poverty, supporting families in need, providing mental health support and guidance and providing education, The demand on the VCS is high. People are turning to them and their usual 'over and above' response and 'added value' has really been apparent across the county. It is likely that many groups are being challenged by COVID 19 not only through increased demand but also through many of their income streams being significantly hampered with charity shops having to close and fundraising events cancelled. The Council has worked with providers that it funds or contracts in the sector, to support them, allow flexibility around delivery of contracts and to understand their concerns and issues during the current situation. The Council and the Government have given additional funds to support the sector, however inevitably, some VCS groups have been better placed to mobilise and take advantage of this financial and other support than others. Impacts on this sector are likely to affect the more vulnerable residents

of Derbyshire, in particular those with low incomes, older people, people with disabilities and people requiring practical support within their homes.

### **Businesses and partners, including organisations with commissioning arrangements with the Council**

Due to the social distancing restrictions in place since March 2020 a number of businesses have been temporarily unable to operate or have substantially changed their operating models to comply with restrictions. According to a recent ONS Survey around 25% of companies in the UK have temporarily closed because of the coronavirus lockdown and the majority of those still operating have reported lower turnover. The lockdown has resulted in widespread headcount cuts. According to the survey, more than 40 per cent of the businesses that continued trading said they were reducing staff levels in the short term. Another 29 per cent said they were reducing working hours. As a result some people have seen their incomes fall either through being furloughed or through lack of work, particularly those who are self-employed. At the time of writing it is not clear how long the current restrictions will remain in place, however it is clear that the longer they do the greater the impact on businesses will be. The Council and Government have put in place a number of financial support packages to help both business and employees directly. As the Council has had to reduce or cease its services as a result of the current situation it is likely that some businesses that either provide services for the council or who are part of the Council's supply chain will be adversely affected. Some businesses will benefit from the requirements for increased purchasing by the Council. The Council has also been mindful of the impact of Covid-19 upon SMEs, and self-employed individuals. The Council is committed to paying its suppliers and creditors in an expedient and timely manner and some of the actions it has taken to offer grants, and to defer business rents may be helping to mitigate the position for these businesses.

**Derbyshire County Council**  
**Equality Impact Analysis Record Form 2018**

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Care Act Easement – Releasing of Home Care Hours in Short Term Services to support Covid-19 Response
Chair of Analysis Team	Dominic Sullivan – Assistant Director Adult Social Care and Health

**The Public Sector Equality Duty**

The Council is required to exercise its functions having careful regard to the need to:

- (1) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
- (2) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the PSED is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

## **Stage 1. Prioritising what is being analysed**

- a. Why has the policy, practice, service or function been chosen? (rationale)
- b. What if any proposals have been made to alter the policy, service or function?

The Short Term Service ( which includes the provision of 'at home care' ) delivered by Derbyshire County Council's Adult Social Care and Health Department has been identified as a service area that can be amended on a temporary basis in line with the Care Act Easement guidance arising from the Coronavirus Act 2020. The focus being the releasing of hours of care currently provided to some clients on a temporary basis to ensure sufficient capacity to meet the expected demand arising from the ongoing Coronavirus pandemic, in particular from increased hospital discharges in order to create acute bed spaces. NHS leaders asked the Council to be in a position to accept increased hospital discharges, swiftly and efficiently, in order to enable the NHS to create more acute bed spaces, leading up to the expected peak of the pandemic, in Derbyshire, or around the 5 June 2020. The Council agreed to assist. That meant that the Council needed to be in a position to provide increased hours of home care, each week, to enable patients to be safely discharged from hospital into the community. In short, the Council was unable to achieve that, without reducing the hours of home care that it provided to some persons e.g. those with lesser eligible needs and/or who were able to cope on a temporary basis with a lesser risk. That remains the position.

At the end of March 2020, Council officers originally assessed that the Council would be unable to provide about 682 hours of home care per week, based on the total number of hours of home care provided by the Council at that time (about 56,016 per week), NHS forecasts of increased hospital discharges (requiring about 1,196 additional hours per week), the numbers of hours of home care that needed to be provided to persons who had been assessed and who were waiting for provision to be made (about 1,117 hours per week) and the numbers of additional hours that the Council was able to obtain from existing staff and contracts (about 1,631 per week).

Those figures have been updated, but have not substantially changed. The NHS forecasting has not changed and the shortfall, the number of hours that the Council is unable to provide, is still at 682 hours per week.

As indicated in the figures above, the Council sought to address this gap by increasing its ability to provide home care services, in order to avoid having to reduce services.

That proved impossible, because the workforce available to the Council had reduced by around 28% to 30% in terms of personnel, partially because of the Coronavirus. The Council has been able to persuade existing staff (directly employed and contracted for) to work increased hours, and the Council employed more agency staff. Having done all it could

to obtain increased staff hours, in this way, the Council was able, broadly speaking, to maintain the hours of home care that it was able to provide each week. In other words, the Council's best efforts at countering the reduction in its available workforce, caused by the Coronavirus, resulted in it being able to provide around the same hours as previously, but no more.

That remains the position today.

The Council also initiated a recruitment exercise, although it is recognised that given the current circumstances, recruitment is proving difficult and so far the exercise has not been successful.

In conclusion, the Council faced, and continues to face, a gap in its ability to comply with its duties under the Care Act, specifically, its duty to meet eligible needs for home care services. If the Council had not taken action to address that gap, it would have likely resulted in urgent or acute needs not being met, potentially risking life, in that the NHS would not have had the acute beds that it required and in that, without careful planning, social care staff unable to meet demand would be likely inadvertently not to meet urgent or acute needs, potentially risking life.

That remains the position.

It was considered that the most proportionate response was to plug the home care gap by reducing the provision of home care in cases of lesser eligible needs and/or lesser risk from a temporary reduction in provision. All other adult social care services were unaffected.

That remains the position.

The decision has been reviewed every two weeks since it was reached and is now being reviewed every week, with a view to restoring full service at the earliest possible opportunity.

The Council developed a methodology designed to minimise any adverse impact on service users as far as possible.

Based on discussions with providers, and the Red, Amber and Green classification found in the Secretary of State's recent statutory guidance, the Council identified that out of the home care it provided each week, of about 56,016 hours, about 4,800 hours fell within the Green category.

Assessment staff from within the Prevention and Personalisation team then began to speak directly with individuals that were identified as receiving care falling within the Green category, and where appropriate their family members, to establish whether that was in fact the case, and to explore whether the individuals concerned would be able to cope if some or all of their care was withdrawn.

Those conversations were recorded and have been monitored by senior officers, to ensure that they were carried out fairly and sympathetically having regard to the

imbalance of power between social care professionals and those in need of care and support.

It transpired that some of those interviewed either actively no longer wished to receive home care, for the time being, in order to minimise the risk to them of becoming infected, or were able to cope with the assistance of close family members, for example, where close family members had been furloughed. In the event, in every single case where a discussion took place, the service user concerned agreed that it was appropriate and acceptable for their "Green" services to be reduced or withdrawn in accordance with a revised, short-form assessment document. Whilst it is acknowledged that there is the potential for parties to have different understandings and perceptions of discussions the continuing audit process would highlight if there was a concern regarding this.

In each case where services falling within the Green category were temporarily withdrawn, social workers agreed a sequence of reviews with the individuals concerned, and a package of measures to mitigate any risks and to make life easier (for example, through the use of shopping and medicine collection schemes).

The process was vetted and agreed to by, among others, the Principal Social Worker, the lead Cabinet Member and the Director of Adult Social Care.

Thus far, the Council has not received any complaints from any person affected by these measures.

### **National Context**

The Care Act 2014, promotes the adoption of strength-based approaches to assessment and care and support planning which first seeks to mobilise an individual's strengths, resources, networks and communities as a means of supporting personal outcomes. Where local authority resources are utilised to meet eligible outcomes these should focus on supporting people to engage with their local communities and live independently wherever possible.

The Care Act places duties on local authorities to assess people's needs for social care support, and if they are eligible, to develop a support plan with individuals that promotes the use of personal budgets, direct payments and maintaining options and choices for individuals through effective commissioning and the provision of information and advice on possible services.

When arranging services, local authorities must consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to arranging services support and promote the wellbeing of people receiving those services.

Local Authorities are also required by the Care Act to make information and advice available for all people, and put in place universal services which are aimed at preventing, reducing or delaying care and support needs in the context of community wellbeing and social inclusion. Preventative approaches foster a holistic approach that includes accessing universal services, early intervention, promoting choice and control, and the development of social capital.



Care Act easements under Section 15 and Section 12 of the Coronavirus Act 2020 introduces, subject to a number of safeguards, provisions by which local authorities can seek to suspend elements of the Care Act in order to manage the anticipated unprecedented demand on front line care services arising from the pandemic

The provisions fall into four key categories, each applicable for the period the powers are in force:

- Local Authorities will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements. However, they will still be expected to respond as soon as possible (within a timeframe that would not jeopardise an individual's human rights) to requests for care and support, consider the needs and wishes of people needing care and their family and carers, and make an assessment of what care needs to be provided.
- Local Authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements. They will, however, have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessment. This will ensure fairness between people already receiving care and support before this period, and people entering the care and support system during this period.
- Local Authorities will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. They will however still be expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned, particularly those providing care and support, often at short notice. Where they choose to revise plans, they must also continue to involve users and carers in any such revision.
- The duties on Local Authorities to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs, except that (see below) all needs must be met where necessary to avoid any breach of a person's human rights. In addition, local Authorities will still be expected to take all reasonable steps to continue to meet needs as now. In the event that they are unable to do so, the powers will enable them to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce other care provision.

The overriding purpose of these easements is to ensure the best possible provision of care to people in these exceptional circumstances. In order to help ensure that they are applied in the best possible way, with the greatest regard towards the needs and wishes of care users and their carer's.

The easements took legal effect on 31 March 2020, but should only be exercised by a Local Authority where this is essential in order to maintain the highest possible level of services e.g. because the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable to comply with the pre-amendment provisions and where to continue to do so is likely to result in urgent or acute needs not being met, potentially risking life. They should comply with the pre-amendment Care Act provisions and related Care and Support Statutory Guidance for as long and as far as possible.

They are temporary. The Secretary of State will keep them under review and terminate them, on expert clinical and social care advice, as soon as possible.

All assessments and reviews that are delayed or not completed will be followed up and completed in full once the easements are terminated.

Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.

Other important duties on Local Authorities remain in place:

- Duties in the Care Act to promote wellbeing and duties relating to safeguarding adults at risk remain in place.
- Duties under the Mental Health Act (1983) in relation to the assessment of adults experiencing acute episodes of mental ill health
- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place. Guidance on the operation of DoLS during this period will be published separately
- Local Authorities' duties relating to prevention and providing information and advice also remain in place. The provision of information and advice for public reassurance will be particularly important during this period. To aid good communications, Local Authorities should continue to draw on their helpful relationships with trusted partners in the voluntary sector as well as on a full range of digital and other channels which help reach people with differing needs and in different circumstances during this period (for example to make up for the closure of libraries)
- Duties imposed under the Equality Act 2010 also remain, including duties to make reasonable adjustments, the Public Sector Equality Duty and duties towards people with protected characteristics. These should underpin any decisions made with regard to the care and support someone receives during this period

### **Local Context**

As set out above, in response to the Coronavirus pandemic Derbyshire County Council Adult Social Care and Health (ASCH) have been working in conjunction with our health Colleagues including the hospitals and the CCG to ensure that hospital capacity can be maintained through the pandemic by activities which prevent admission in the first place and facilitate early discharge of people no longer in the acute phase of any health need. This builds on existing and long-established joint protocols.

In addition to this established approach Derbyshire County Council ASCH has been reviewing the modelling undertaken in conjunction with our Health colleagues which has predicted an increase in demand for hospital care with a slightly delayed but similar knock on effect on social care a few days later

As set out above, in addition to this expected surge in demand ASCH has also been experiencing a reduction in the availability of frontline care staff in both its domiciliary and residential care provision thereby reducing the capacity to respond to both existing and anticipated increased demand for services; although the Council has countered this,

and effectively negated it, by persuading staff to work longer hours and by contracting with additional agency staff as far as it was possible to do. There is also an ongoing recruitment exercise. As set out above, however, the net result was a still a shortfall in the numbers of hours of home care provision that were needed, and the number of hours that the Council was able to provide..

Consequently, in order to ensure it has sufficient capacity available in its Short Term Services to meet an expected rise in demand for people being discharged from hospital, or presenting from the community, who are symptomatic, have tested positive, or are recovering from Covid-19, ASCH sought to apply elements of the Care Act easements.

In order to create this additional capacity at pace an Officer Decision was taken to prioritise home care services to those with the most pressing needs (Red and Amber in the government's recent statutory guidance) whilst temporarily reducing or withdrawing home care services for those people who, through individual consultation with their Social Worker, agreed to such measures being taken, and had the lowest level of needs (Green needs) and were at the least risk in the event of a suspension of their service (see further below).

Prior to applying the easements, a baselining of all home care packages across Derbyshire was established to assist in the prioritisation process. This was based on the risk to the individual if elements of their care package were removed.

Under the Care Act (2014) there is no priority of need with eligibility based on the impact of failure to meet a person's individual outcome in two or more of the ten outcome domains on that person's wellbeing. This does not enable prioritisation of one need over another and in effect all care is deemed essential.

Instead of this approach, the Care Act easements in the context of a Global pandemic which requires the targeting of finite resources toward the most vulnerable enables a consideration of a person's needs in the context of their priority. In essence, this enables some needs to be considered as having greater priority over others particularly those that support life and limb and as such are similar to the concepts established by A. Maslow (1970 Motivation and Personality, New York, Harper and Row) who deemed some types of need more important than others. However ASCH has been very mindful that at this stage of the pandemic it did not seek to apply a blanket hierarchy of need but instead explore with each person whether alternative arrangements could meet certain needs through the use of equipment, informal carers or community and voluntary support. Consequently the process was as follows:

- All recipients (and family carers or representatives as appropriate including the use of advocacy services where people lacked capacity) of ASCH direct care services were initially contacted to ascertain and review their current situation and level of need establish what the impact would be if elements of their service were not able to be delivered and to explore with them how elements of their care might be met in alternative ways
- A risk rating (Red Amber Green) was then applied to each person's service dependent on the consequence of ASCH not being able to deliver that service, the practicality of supporting support that individual through alternative arrangements including use of community and informal care and the sustainability of any such arrangements.

- To support this approach a new Covid 19 Review and contingency plan document and workflow was created in ASCH Mosaic client record system. This would provide a record of the discussions and the resulting arrangements and provide the person with an agreed care plan which could be reviewed

This process was undertaken in accordance with the Ethical Framework for Adult Social Care, published on 19 March 2020 as well as emphasising the strength-based person centred approaches of the Care Act 2014. The intention was to identify the potential to free up capacity within in-house provided services only.

- Once a decision was taken to enact the easements the relevant clients were again contacted and if agreement reached on any reduction of cessation of services the contingency review/plan was completed and a review schedule agreed with the client and/or their carer at a frequency of no less than 2 weeks. In addition, where required and/or requested, a package of mitigating measures was agreed e.g. through the use of shopping and medicine collection schemes.

In having these discussion ASCH approach has been assisted by a number of factors. These include:

- Some clients wanting to reduce their care to minimise the possibility of contacting Covid 19 from care staff who would also be working with other clients
- Families of clients who have been furloughed and are able and willing to increase the amount of informal care they are able to provide
- Some clients choosing to move into the homes of family members or have family move in with them to enable continued support without compromising travel and social distancing recommendations

In order to ensure the quality and equity of our approach the responsible Prevention and Personalisation (social work/assessment) Service Managers have been asked to audit 5 cases per locality per week, to ensure that interviewing has been fair and consistent, and has mitigated the imbalance of power between social care professionals and those in need of care and support. Across the county this equates to 120 cases per week.

Notwithstanding the issues of power in conversations between professionals and clients/carers (as identified in later section below) we are satisfied that every effort has been made to ensure that any temporary suspension of service has been made with the full agreement of the effected person and/or their carer.

c. What is the purpose of the policy, practice, service or function?

### **Short Term Services**

The Short Term Service supports individuals to live in their own home and to learn or re-learn necessary skills for daily living. The aims of the service are to:

- prevent or delay the need for people to use home care services;
- reduce the level of home care services needed by clients who need ongoing support;
- reduce the number of clients who are admitted to hospital or a care home;
- make sure clients are discharged from hospital in a timely manner;

- provide a rapid response for clients in a crisis situation

People who are assessed as being able to benefit from short term care will, subject to service availability, be referred to one of the area home care teams for a period of assessment.

The service will also be available to people who are already receiving support arranged by the Council, but whose needs have changed, and where assessment identifies short term care and support would be beneficial.

The service is flexible and responsive to a person's needs. Support packages are personalised to take account of lifestyle, preferences and choices. The role of family members and carers is also respected and valued, and the importance of their contribution to short term care recognised.

There are an estimated 168,700 (ONS 2017 Mid-Year Estimate) people aged 65+ in Derbyshire of which it is estimated that 23,500 are eligible for care and support from the Council as set out in the Care Act 2014.

As at 31 March 2020 when consideration was being given to reducing care home hours there were 24,261 Hours of home care being delivered by Derbyshire County Council with 950 open care packages. In total, including private providers, there were 62,548 hours of home care being provided across 4,268 care packages. These figures were a snapshot as at the 31 March 2020, and provision of care and support packages varies on a day-to-day basis. The monitoring section at the end of the EIA will be updated to take account of any changes in these figures.

d. Are there any implications for employees working in the service?

Employees of the Short Term Service are not being asked to work differently other than to adhere to appropriate Public Health England guidance on the use of Personal protective Equipment (PPE) in line with the Council's own Infection and Prevention Control measures to reduce the risk of spreading the Coronavirus across a vulnerable cohort.

The work required of Social Work staff to undertake conversations with service users about reducing home care hours is in line with standard Care Act compliant working practices concerning the assessment of need based on a conversation that looks at an individual's strengths, informal support arrangements etc. The difference between this specific work and how this would normally be conducted relates to the timescales and need to undertake this enmass as opposed to an ongoing basis. Consequently it has been necessary to introduce a new recording tool and workflow which enables a lighter touch approach to recording the plan and any subsequent reviews. However, all clients will be regularly reviewed within a minimum two-week period by Social Work staff.

## Stage 2. The team carrying out the analysis

<b>Name</b>	<b>Area of expertise/ role</b>
Dominic Sullivan	Assistant Director Adult Social Care and Health
Graham Spencer	Group Manager Adult Social Care Transformation

John Cowings	Senior Policy Officer Equalities
Jane Lakin	Assistant Director Legal Services
Vanessa Ward	Principal Social Worker

### Stage 3. The scope of the analysis – what it covers

<p>This analysis will:</p> <ul style="list-style-type: none"> <li>• Examine whether implementing the releasing of home care hours in the Short Term Service on a temporary basis is likely to disproportionately affect particular groups of people, including those currently accessing services and staff; and whether these groups of people are likely to have protected characteristics and experience other inequality, in line with the requirements of the Equality Act 2010;</li> <li>• Seek to highlight any concerns over the possible impacts for groups of people and communities in Derbyshire, where these are likely to be negative, adverse or could be deemed to be unfair or discriminatory; and</li> <li>• Where adverse impacts are identified, the EIA team will suggest suitable mitigations to negate or minimise the impact(s) found.</li> </ul>
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### Stage 4. Data and consultation feedback

#### a. Sources of data and consultation used

<b>Source</b>	<b>Reason for using</b>
Client Vulnerability Rating Tool (in-house Adult Social Care Tool)	To identify the most vulnerable clients in receipt of Short Term Services and those who could have hours of care released.
Covid 19 Contingency Review/Plan data	Identify those who have had their care services changed and review frequency
Derbyshire Observatory	Demographic data
Newton Europe: Assessment of the Older Adults and Whole Life Disability Pathways Across Derbyshire	Provides details of the opportunities for ensuring equitable provision of services

### Stage 5. Analysing the impact or effects

#### a. What does the data tell you?

<b>Protected Group</b>	<b>Findings</b>																				
Age	<p>The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.</p> <table border="1"> <thead> <tr> <th colspan="4"><b>Population of Derbyshire</b></th> </tr> <tr> <th><b>Age</b></th> <th><b>Population<sup>1</sup></b></th> <th><b>Known to DCC<sup>2</sup></b></th> <th><b>%</b></th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>136,713</td> <td>6,722</td> <td>4.9</td> </tr> <tr> <td>16-17</td> <td>16,559</td> <td>809</td> <td>4.7</td> </tr> <tr> <td>18-64</td> <td>471,187</td> <td>4,561</td> <td>0.9</td> </tr> </tbody> </table>	<b>Population of Derbyshire</b>				<b>Age</b>	<b>Population<sup>1</sup></b>	<b>Known to DCC<sup>2</sup></b>	<b>%</b>	0-15	136,713	6,722	4.9	16-17	16,559	809	4.7	18-64	471,187	4,561	0.9
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0-15	136,713	6,722	4.9																		
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65-74	96,829	2,729	2.8
75-84	53,961	4,459	8.6
85+	20,893	4,502	21.8
N/K	0	25	0
Total	796,142	23,807	3

Sources:

1-ONS Mid-2017 Population Estimates

2-DCC management information teams

The council currently supports 11,715 people over the age of 65 – 72% of Adult Social Care and Health’s total work. There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. By 2039 it is estimated that this number will have increased to 249,000 - an increase of 58%, and the number of people ages 90+ will have increased threefold. In total, the number of people aged 65+ will increase to three in every ten (30%) and clearly indicates the potential future demand for services and need to ensure the equitable delivery of the pathways.

In addition to age, life expectancy is a factor that can indicate how services will be used in the future. Public Health England report that life expectancy in Derbyshire is 79.3 years for males and 82.8 years for females.

Healthy life expectancy is also being used as a potential indicator of demand for services, and shows a much lower age of 63 for males and 62 for females, whilst estimated dementia diagnosis rates average 71% of people above 65 years old.

#### Life expectancy by area

Area	Male	Female
Amber Valley	80.0	82.9
Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

In terms of the age profile of people reiving a Short term Service provided by Derbyshire County Council 86% of care packages being delivered on 31 march 2020 were for people aged 65 or over, with only 14% being provided to people under 65.

There are 545 assessors in Adult Social Care and Health Prevention and Personalisation teams who are all involved in working with people to support them to meet their goals and outcomes.

Staff conducting assessments are of a variety of ages, with the majority (58%) being in the 40-59 age range. The table below provides more detail.

<b>Division</b>	<b>16-19</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>	<b>Totals</b>
<b>Adults</b>	1	56	119	153	162	53	1	545
<b>Percentages</b>	<b>0%</b>	<b>10%</b>	<b>22%</b>	<b>28%</b>	<b>30%</b>	<b>10%</b>	<b>0%</b>	<b>100</b>

Source: Adult Social Care and Health Management Information Team

This means Derbyshire residents benefit from skilled and experienced staff teams. However, we do know, following an assessment undertaken by Newton Europe in Spring 2019 that there are some challenges for area teams and staff of all grades involved in ensuring a consistent and equitable application of the Care Act in order to improve outcomes for people in receipt of services, or those who may need service in future.

It can be concluded that the equitable application of Care Act assessments and associated systems will have more of an impact on people aged 40-59, but assessors from other age groups will also be similarly affected.

However, with the right support in place - such as training for continual professional development - it is believed the impact will also be positive for assessors as they continue to work in partnership with people to identify needs and co-produce care and support plans.

### **Conclusions**

There is a higher incidence of older people receiving care and support when compared with the general population or other specialist characteristic groups being considered in this EIA. Therefore, a greater number of older people will be involved in the implementation of the proposal to temporarily release home care hours.

The impact they might experience could relate to additional risk of ill-health, falls or a need for higher level care, by not having regular face to face contact with care staff; additional isolation; and being without an alternative source of care, such as from a family member, given the need for social isolation/ distancing, and the known increased risk of infection for older people.

Any reduction in the provision of services to meet eligible needs poses a risk that a person's eligible needs will not be met, that the statutory outcomes will not be met and that there could be an adverse impact on the person's health or well-being, or that the person concerned will experience pain, distress or anxiety in attempting to meet their own



needs, or when their needs are met by a third party e.g. a family member. The precise nature of the risk depends on what the person’s needs are and what services are withdrawn or reduced.

The Council’s aim is to reduce services consensually in every case and so far this aim has been achieved. There are a number of service users who have contacted the Council who do not wish to receive services for the time being, because of the Coronavirus and/or have alternative assistance available from family members, in particular family members who have been furloughed.

There is a risk that some service users/family members may feel pressured and this risk has been addressed by requiring interviews to be recorded and monitored with spot checks, to ascertain that all interviews are fairly and sympathetically conducted, ensuring that a person’s rights are promoted, taking into account the imbalance of power and any lack of capacity or difficulty in understanding that may be involved.

There is a risk that some service users/family members may take on more than they are able to cope with, and this risk has been addressed by limiting any reductions to services falling within the “Green band” and where there is the least risk involved, making available schemes such as help with shopping and medicine collection, by providing for reviews to take place no less than every two weeks and by providing contact information in case of any difficulty arising. Carers are supported to have access to appropriate advice and information.

No such cases have as yet arisen, but where a reduction in services is not consensual, all the above risks apply and will require even more careful consideration and monitoring, in each individual case.

**Disability**

Across ASCH all disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and associated mental health conditions, when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice.

The table below details the Primary Support Reasons (PSR) for people accessing ASCH support. Over half of the adults (53%) require physical support, a total of 8,718.

**Adult Social Care & Health primary support reasons**

Primary Support Reason	Number	%
Physical Support	8,718	53.6

Learning Disability	2,189	13.4
Mental Health	901	5.5
Memory & Cognition	825	5.1
Sensory Support	452	2.8
Social Support	354	2.2
Non-PSR	2,321	14.3
PSR - Other	516	3.2
Totals	16,276	100

Source: Adult Social Care and Health MIT

Note: "PSR - Other" includes Children's cases in transition

It must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, they do not give us an accurate picture of people's support needs because they only record the primary need, which may change over time.

Despite this, the PSRs do give us an indication of the current utilisation of services and we can see that over 9,000 people are recorded as having a disability, over one third of the people currently in receipt of support from the council, who could be affected by any changes to their existing services or support. There has also been a notable increase in the number of people diagnosed with Autism – an estimated 20-25 each week.

ASCH gathers data on the number of conditions people have, in addition to the primary reason for support. The accuracy of this information is adversely affected by people not always disclosing conditions but it does help us to understand the health challenges facing many people, in addition to the primary reason for support.

#### Number of people with additional health conditions

	Adults	%
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
<b>Totals</b>	<b>7,527</b>	<b>100</b>

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing ASCH have between one to five health conditions, however, these may not constitute a disability.

The number of employees who have declared a disability account for approximately 3% of the Council's total workforce. This has remained relatively unchanged over the last ten years. Levels of disability vary across departments but are higher in ASCH with 5% of staff working in assessment teams with a declared disability.

It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus – e.g. working from home, social distancing if making any formal visits etc.

### **Conclusion**

People of all ages with a disability will be affected by the proposals.

The potential risks, and mitigating measures, are essentially as set out above, in relation to persons with the relevant protected characteristic of age.

There are particular risks involving persons who lack capacity or who have reduced capacity, first in terms of them and their family members understanding to and agreed to what is proposed in terms of a reduced service. From the beginning of the process, staff are aware that there may be a power imbalance between their perceived role as a professional and the client's (or carers) perceived position as a recipient of care and support services. This has been emphasised by reference to the ethical framework for social care published by the Department for Health and Social Care. In addition advocacy services continue to be used.

Second, such persons may not understand or may have difficulties understanding the need for social distancing and if their care is reduced they may lack assistance to go out into the community and may be at greater risk of breaching the law. Initial conversations that took place to establish the baseline position, for identification of clients who could have care reduced, took into account the needs of the most vulnerable cohort of people. We have sought, where possible, to exclude people in this group. We have also increased the care for those people who we have identified as the most vulnerable. This has included those with cognitive impairments. We are using day service workers from service that have been suspended to provide outreach services and we have also opened a learning disability day service for a small group of clients who present with the most challenging behaviour. Potential increased risks would be included in the direct conversations and used to inform RAG rating decisions and

contingency plans. Multi-disciplinary conversations would be considered to manage actual and potential risks.

The impact may also depend upon the type of disabilities each individual has. Many people receiving the service, or potentially in need of the service, will by virtue of their age, be more likely to have a disability relating to mobility, visual and hearing impairment, and may have conditions which mean they are at a higher risk of infection. The way in which the current service is delivered enables the Council to identify specific additional support relating to disabilities, and where necessary provide these, such as the services provided by the Deaf team, for example. If the changes mean that people using the service will be less likely to be identified and provided with specialist services, support or advice, then there is clearly an additional adverse impact for them from the proposals.

There are not expected to be any adverse impacts for disabled staff undertaking these reviews.

Gender (Sex)

The overall population of Derbyshire consists of 2% more women than men – 17% are 15 or below, 61% aged 16 to 64 and 22% are over 65 (Derbyshire Observatory infographic based on ONS Mid-Year projections 2018).

Projections published by the ONS in 2018 suggest the following overall population figures for Derbyshire by gender. The figures show a relatively small deviation in numbers between men and women up to age 64, and beyond 65 the difference increases as women outlive men.

**Population of Derbyshire by Gender and Age**

Age	Male	Female
0-14	65,709	62,723
15-19	20,877	19,930
20-64	225,129	230,091
65+	78,455	89,338
All ages	390,170	402,082
Total	792,252	

Source: ONS Mid-Year Projections 2018

The gender split for people in receipt of in-house Short Term Services shows that 64% of care packages delivered as at 31 March 2020 were to females, with 35% to Males. There are a small number of records where no gender has been recorded.

Gender	Number of in-house care packages	%
Female	611	64.32%
Male	336	35.37%
Not recorded	3	0.32%

	<p><b>Total</b> <span style="float: right;"><b>950</b></span>  Source: Adult Social Care and Health MIT</p> <p>It can, therefore, be concluded that women are more likely to be affected by any adverse impacts resulting from the implementation of the proposals. It is also likely that many of the female service users will live on their own, having survived a partner or spouse, which means they are without other family to offer support within their homes. The same could be for male service users, where they are living alone.</p> <p>As to the nature of the risks, they are essentially as set out above in relation to elderly and disabled persons. In addition, it is likely that an increased burden of care will fall on women, who in the Council's experience are more likely to perform caring roles within families. The Council's mitigating steps are though as set out above in relation to elderly and disabled persons. These are designed to limit risks to consensual risks and to minimise them in all cases, and to monitor them carefully, including where there is an increased burden of care on women</p> <p>Women make up almost 80% of the total Council workforce and a similar majority of the many part-time workers we employ, when considering assessment teams the figure is even higher. The data shows that 85% of assessors in Adult's services are female and just 15% are male, a ratio of 5.5:1.</p> <p><b><u>Conclusion</u></b>  It can be concluded from the figures above that women are more likely to be disproportionality affected by the proposal to reduce home care hours provided directly by the Council. However, it should also be noted that any review of a care package should be undertaken within the Care Act principles and not discriminate on the grounds of gender (or any other protected characteristic).</p>
Gender reassignment	<p>The Council does not collect data relating to this protected characteristic with reference to adults or people with a disability in Derbyshire. However, there will be people who use our services who will be represented under this protected characteristic.</p> <p>Assessments and services are offered to people in Derbyshire regardless of their gender status</p> <p><b><u>Conclusion</u></b>  It is assessed that the proposal to reduce home care services for some people should not have an additional adverse impact on persons with this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>

<p>Marriage and civil partnership</p>	<p>The Council does not collect data relating to this protected characteristic with reference to adults or people with a disability in Derbyshire. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.</p> <p><b><u>Conclusion</u></b> It is assessed that the proposal to reduce home care services for some people should not have an adverse impact on this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>									
<p>Pregnancy and maternity</p>	<p>The Council does not collect data relating to this protected characteristic with reference to adults or people with a disability in Derbyshire.</p> <p>Recent legislative changes have extended the rights of parents to share parental leave. The Council has developed a clear policy for supporting employees who take shared parental leave and other support, such as flexible working, is available to some staff to support their work-life balance.</p> <p><b><u>Conclusion</u></b> It is assessed that the proposal to reduce home care services for some people should not have an adverse impact on this protected characteristic, beyond those considered above. Again, if any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>									
<p>Race</p>	<p>At just 4.2%, Derbyshire has a lower than average population of people from a BME background. The population is spread across a broad range of different racial and ethnic groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities.</p> <p>The following table details the number of care packages provided by BME group as at 31 March 2020. In line with the BME population of Derbyshire 0.53% of packages are delivered to people who have their ethnicity recorded as being non-white with the majority being White British.</p> <p><b>Ethnicity of people in receipt of a Short Term Service (in-house)</b></p> <table border="1" data-bbox="411 1809 1393 1989"> <thead> <tr> <th data-bbox="411 1809 890 1877">Ethnicity</th> <th data-bbox="890 1809 1129 1877">Number of Care Packages</th> <th data-bbox="1129 1809 1393 1877">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="411 1888 890 1921">Asian or Asian British Indian</td> <td data-bbox="1129 1888 1153 1921">1</td> <td data-bbox="1281 1888 1393 1921">0.11%</td> </tr> <tr> <td data-bbox="411 1921 890 1989">Black or African or Caribbean or Black British Any Other</td> <td data-bbox="1129 1955 1153 1989">1</td> <td data-bbox="1281 1955 1393 1989">0.11%</td> </tr> </tbody> </table>	Ethnicity	Number of Care Packages	%	Asian or Asian British Indian	1	0.11%	Black or African or Caribbean or Black British Any Other	1	0.11%
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Black or African or Caribbean Background		
Mixed or Multiple Any Other Mixed / Multiple Ethnic Heritage	2	0.21%
Mixed or Multiple White and Black Caribbean	1	0.11%
Not Stated Information not yet obtained	18	1.89%
NULL	26	2.74%
White Any Other White Background	3	0.32%
White British	895	94.21%
White Irish	3	0.32%
<b>Grand Total</b>	<b>950</b>	

Source: Adult Social Care and Health MIT

Across Derbyshire some districts have a higher than average BME population, for example Chesterfield at 5.1% and Erewash at 4.8%, this must be considered in terms of communicating the implementation of the proposals as English may not be a first language in these communities.

Around 1.7% of the Council's total workforce is from a BME Community and this rate is not expected to change. At 6%, there are a higher number of people from BME communities working in the various assessment teams, the table below provides more information.

#### Ethnicity in assessment teams

	Adult Social Care and Health	%
White	505	92.66%
Asian or Asian British	6	1.10%
Black African / Caribbean / Black British	17	3.12%
Mixed or Multiple	13	2.39%
Other Ethnic Group	1	0.18%
Not stated	3	0.55%
Unknown	0	0.00%
<b>Totals</b>	<b>545</b>	

Source: Adult Social Care and Health MIT

#### Conclusions

	<p>The majority of people who could be affected by the proposal are “White British” (94 It is nonetheless a concern that both BME staff and service users could be disproportionately adversely affected. In terms of staff, there is a concern from newspaper reports that BME care workers, and others, may be particularly at risk from the Coronavirus. It is essential that this risk is addressed as soon as possible, if that is not already being done. The writer of this report is making enquiries.</p> <p>In terms of service users, while the risks and mitigating steps set out above also apply in the case of BAME service users, such service users may be at a particular risk from the Coronavirus, are statistically at greater risk of detention under the MHA 1983, or being referred to mental health services.</p> <p>In addition, while social workers will already be aware of the need to ensure that BAME service users are not disadvantaged to any extent and are treated equally in the provision of care services, it would be beneficial for this principle to be underlined to social workers.</p> <p>It is also important that consideration be given to whether people from BME communities using this service require any additional or variation to the service to take account of their cultural needs, or whether they are also in receipt of services from BME based community organisations, which provide additional support.</p>
<p>Religion and belief including non-belief</p>	<p>The Council does not collect data relating to this protected characteristic. However, there will be people who use our services who will be represented under this protected characteristic.</p> <p>Assessments and services are offered to people regardless of their religion or belief.</p> <p>In Derbyshire, according to 2011 Census data, 63.6% of people are Christian, 0.2% are Buddhist, 0.2% are Hindu, 0.0% are Jewish, 0.3% are Muslim, 0.3% are Sikh, 0.4% are of other religion, 28.8% of people have no religion and 7% have not stated their religion. This is not a significant consideration for the analysis as the service is offered to all people irrespective of religious choice.</p> <p>Accessing religious services and practicing specific faiths or beliefs can be successfully achieved outside of DCC’s services.</p> <p><b><u>Conclusions</u></b></p> <p>It is assessed that the proposal should not have an adverse impact on persons with this protected characteristic, other than those identified above</p>



Sexual orientation	<p>The Council does not collect data relating to this protected characteristic with reference to adults or people living with a disability in Derbyshire.</p> <p>Assessments and services in Derbyshire are offered to people regardless of their sexual orientation and it is assessed that the proposal should not have an adverse impact on this protected characteristic other than those identified above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p> <p>Lesbian gay, bisexual and other non-heterosexual LGBTQ workers make up around 2% of the workforce, and are represented across the authority, with slightly higher proportions working in ASCH and CS, there is no evidence to suggest that the proposal will have an adverse impact upon this protected group</p> <p><b><u>Conclusions</u></b> It is assessed that the proposal should not have a specific adverse impact on this protected characteristic.</p>
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Other- non statutory

Socio-economic	<p>Derbyshire has a high variation between households who are affluent and those which experience deprivation or socioeconomic disadvantage. Many services provided by the Council are designed to support people who have fewer resources (low income or in receipt of benefits) and may experience poorer health, or have lower life chances. In addition, older carers may (if they previously worked) have retired and also be in receipt of a low income from benefits and/or a state pension.</p> <p>According to quarterly benefit statistics from May 2018, there are 7,943 individuals in receipt of Pension Credit Guarantee Credit in Derbyshire. Analysis by district is summarised below.</p> <p><b>Number of people in receipt of benefits, by Derbyshire locality</b></p> <table border="1" data-bbox="411 1624 1190 2004"> <thead> <tr> <th>Local authority area</th> <th>Nº of people</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>1,258</td> </tr> <tr> <td>Bolsover</td> <td>941</td> </tr> <tr> <td>Chesterfield</td> <td>1,289</td> </tr> <tr> <td>Derbyshire Dales</td> <td>583</td> </tr> <tr> <td>Erewash</td> <td>1,154</td> </tr> <tr> <td>High Peak</td> <td>873</td> </tr> <tr> <td>North East Derbyshire</td> <td>1,138</td> </tr> <tr> <td>South Derbyshire</td> <td>706</td> </tr> <tr> <td><b>DERBYSHIRE</b></td> <td><b>7,943</b></td> </tr> </tbody> </table> <p>Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.</p>	Local authority area	Nº of people	Amber Valley	1,258	Bolsover	941	Chesterfield	1,289	Derbyshire Dales	583	Erewash	1,154	High Peak	873	North East Derbyshire	1,138	South Derbyshire	706	<b>DERBYSHIRE</b>	<b>7,943</b>
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Changes to pensions for couples where one person is of retirement age but their spouse is working were introduced in May 2019, but they did not affect pre-existing claimants. Those claiming since May 2019 can only access support through the working age benefit system, replacing access to Pension Credit, pension age Housing Benefit and working-age benefits.

There have also been problems encountered by claimants experiencing the roll-out of Universal Credit across Derbyshire, the negative impacts of this are still being felt by people accessing ASCH and their family's financial situations will need to be considered when being assessed under the Care Act.

Content for the table below comes from the Index of Multiple Deprivation (2015) and gives an insight into which areas of Derbyshire are less affluent than others. For example, a more affluent area such as the High Peak District has considerably less deprivation than the more urban Chesterfield Borough.

#### **Deprivation by Area**

<b>Area</b>	<b>Population deprivation by area</b>
Amber Valley	10%
Bolsover	21%
Chesterfield	29%
Derbyshire Dales	2%
Erewash	16%
High Peak	5%
N.E. Derbyshire	6%
South Derbyshire	3%

Source: 2015 – Index of Multiple Deprivation, MHCLG

The Council employs people from across Derbyshire, including many workers who live in poorer and deprived communities. Additionally many such workers will work in the same or a nearby community to that they live in. The proposal does not include making any changes to the terms and conditions for staff.

#### **Conclusions**

It is assessed that the proposal will not have an adverse impact on this area of people's lives.

However, it is essential that the council continues to support people to maximise their income and support opportunities to promote greater independence and wellbeing, whilst reducing financial inequality.

Rural

People living in more rural locations may be affected more by the proposals than those living in urban areas. The number of people living in rural or urban areas and accessing ASCH are detailed in the table below.

**People accessing services by rurality**

Rural Urban classification	People accessing services	
	No.	%
A1 – Major conurbation – Urban	18,391	77
B1 – Minor conurbation – Urban		
C1- City and town – Urban		
D1 – Town and Fringe – Rural	4,931	21
E1 – Village – Rural		
F1 – Hamlets and Isolated Dwellings – Rural		
No information	485	2
<b>Total</b>	<b>23,807</b>	<b>100</b>

Source: Adult Social Care and Health Services MIT

It is likely that the 21% of people who live in more rural locations will have fewer services nearby to meet their various needs – requiring them to travel further afield to maintain relationships and access wider community facilities and activities.

However, travelling and overall mobility is also affected by location. Rural areas often experience reduced regularity or availability of transport and there is an associated increase in the cost of travelling further afield and/or reliance on family for transport. This in turn may further limit opportunities for people, particularly those with a disability and/or being in receipt of a low income.

Staff living in rural areas will experience the same limitations as people approaching services for support but are more likely to be able to travel independently, and their existing personal arrangements are unlikely to change as a result of implementing the proposal.

**Conclusion**

It is assessed that the proposal to ensure equitable delivery of the pathways should not have a specific adverse impact on this particular characteristic, beyond those identified above, because the impact of rurality will be considered as part of any assessment with people, particularly if the lack of services or mobility impacts on the support available to people.

- b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

On 23 January 2020, Cabinet were presented with a report that outlined the outcomes of the Council’s budget consultation exercise. This had been undertaken in support of formulating budgetary proposals for the Revenue Budget for 2020-21 and for refreshing Council Plan priorities for 2020-21. The consultation asked members of the public six questions relating to the Council’s budget to establish their views on what the Council’s top and bottom three priority services should be and why they had chosen these.

In considering this information it should be noted that in total 3,763 residents completed the survey. The average age of respondents was 53 with the age range for respondents being 14 to 101. Of those responding 42% were male and 58% were female. Both Derbyshire Dales and the High Peak were over-represented, in terms of correlation between response rates and population, with Erewash and South Derbyshire under-represented.

The feedback below includes comment and conclusion from Newton Europe (NE), gathered during an assessment of Older People’s and Disabled Children’s Services between February and April 2019. This feedback includes comments from staff in Social Work assessment teams as part of team and staff shadowing, workplace assessments, and a survey undertaken at feedback sessions to staff in April 2019.

A review of the most recent annual ASCH comments and complaints reports from 2016-17 and 2017-18 has not showed any specific issues relating to Short Term Services. Where complaints have been raised these are along themes such as punctuality of staff or communications relating to changes in appointments. However, these are contrasted by compliments for the quality of the service and the care shown by staff to people.

<b>Protected Group</b>	<b>Findings</b>
Age	<p>Support for Older Adults was listed as one of the top three Council services overall (21% share of the overall vote). However, when reviewing the responses by age, it was more popular with people aged 45 and over, with people aged between 16 and 44 not perceiving as high a priority as other services.</p> <p>This is perhaps reflective of the nature of the service, with the majority of recipients of home care services being aged 65 or over (84% as at 31 March 2020).</p> <p>The assessment work undertaken by NE found that where Social Work assessors were asked to review older people’s care and support needs in ASCH on their own there was variation and less independent outcomes for people (i.e. placements to residential care). However, when assessors from a variety of disciplines reviewed cases collectively the discussion resulted in the most independent outcomes, i.e. living at home with either formalised, or informal support in place.</p>

	<p><b><u>Conclusion</u></b> The support provided to older people in Derbyshire is valued by the public, particularly those aged over 46 as shown in the recent budget consultation survey. Whilst this support covers a broad-range of services, home care is part of this service. There is, therefore a risk that if reviews of client's home care is not undertaken in a strength-based and person-centred manner – or with support from Social Work colleagues, then there is a risk that older people will be unduly impacted by the proposals. However, given that these proposals are for a temporary period (to be defined), but will be reviewed on a regular basis, this risk should be kept to a minimum.</p>
Disability	<p>A total of 15% of respondents to the consultation indicated they had a disability, which is slightly lower than the overall adult population in Derbyshire with a disability or long-term illness (20% Census 2011). However, a breakdown of responses by disability was not provided in the consultation report so it is not possible to determine what their priority services were.</p> <p><b><u>Conclusion</u></b> Whilst a large proportion of people in receipt of ASCH have some form of disability, there is insufficient consultation information available to address any concerns for this protected characteristic other than those already identified in the previous section.</p>
Gender (Sex)	<p>There were marginally more females than males responding to the budget consultation (52% against 48% respectively). Which is broadly in line with the makeup of the Short term service client base – which sees a 64/35 percentage split in favour of females (there are a small number of records with no gender recorded).</p> <p>Overall, male respondents had not indicated support for older people as a top three priority issue, but females did. Given the number of people in receipt of home care services to be older people and female this is perhaps to be expected.</p> <p><b><u>Conclusion</u></b> Whilst the majority of people in receipt of ASCH are female there is insufficient consultation information available to address any concerns for this protected characteristic other than those already identified in the previous section.</p>
Gender reassignment	No comments have been received with regards to this protected characteristic.
Marriage and civil partnership	No comments have been received with regards to this protected characteristic.
Pregnancy and maternity	No comments have been received with regards to this protected characteristic.

Race	A total of 97% of respondents to the consultation indicated they were from a White ethnic background. This is marginally higher than the percentage of ASCH clients in receipt of a Short Term Service (95.85%). However, a breakdown of responses by ethnicity was not provided in the consultation report so it is not possible to determine what their priority services were.
Religion and belief including non-belief	No comments have been received with regards to this protected characteristic.
Sexual orientation	<p>No specific comments have been received with regards to this protected characteristic.</p> <p>A response by the charity Stonewall to a press enquiry (c2018/19), asking about the challenges facing people from LGBT communities when accessing health and social care services, elicited the following response:</p> <p><i>“Lesbian, gay, bi and trans people in later life often experience specific forms of discrimination that go unnoticed by others around them. This can lead to isolation and even going back into the closet. It’s concerning that this may lead people to avoid accessing the services they need. It’s vital (that) health and social care staff are trained to understand and meet the unique needs of older LGBT service users.”</i></p> <p>The above response clearly indicates that people from LGBT communities experience discrimination when using services and there is clearly much work to be done at a national level to eliminate such behaviour across the population.</p> <p><b><u>Conclusion</u></b> The proposal is not expected to adversely impact on people’s sexual orientation.</p>

#### Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Carers are not listed as a protected characteristic group, however, the proposals may have a degree of impact upon those undertaking a caring role, particularly if the person being assessed chooses to reduce their care package hours temporarily placing additional demands on their carer. Carers will continue to be entitled to an assessment of their need in their own right as per the Care Act 2014

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH management information teams confirms there are 25,002 carers (328 are under 18) known to services in Derbyshire at this time. The table below provides more detailed information.

**Number and ages of carers known to the Council**

Age	Totals	%
0-15	277	1
16-17	51	0.2
18-64	11,459	46
65+	7,165	28.6
Unknown	6,050	24.2
<b>Totals</b>	<b>25,002</b>	<b>100</b>

Source: Adult Social Care and Health MIT

Carers of all ages could be affected by the proposal if they created adverse impacts, but it is believed that the most vulnerable groups are the under 18s and over 65s, who are more likely to have support needs of their own, such as educational or health needs.

**Conclusion**

The impact of choices made by people in receipt of support, on their carers, must be considered and mitigated against as they become known.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Data in relation to the following protected characteristics: <ul style="list-style-type: none"> <li>• race and ethnicity,</li> <li>• religion and belief including non-belief,</li> <li>• marriage and civil partnership,</li> <li>• pregnancy and maternity</li> <li>• sexual orientation, and gender re-assignment</li> </ul>	Review how data can be improved for any future analysis

## **Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations**

- Empowering and supporting staff to best make decisions that reflect Care Act principles around strength and asset based working through the provision of training and professional development opportunities and effective leadership from senior practitioners and management. This will ensure that staff are able to use their knowledge and skills to prioritise any service users who could be put at additional specific risk due to the service being suspended.
- Involve staff in reviewing team performance by the provision of appropriate information (e.g. financial / performance data). By ensuring that relevant and important information is available to care staff and managers to redirect care or support to people who may need this during the suspension of the service.
- Reducing assessment variations throughout Derbyshire by increasing consistency of decisions and service provision, including ensuring that regular monitoring of decisions is taking place to ensure fairness and to ensure that people whose needs increase are assisted.
- Build on existing multi-divisional and multi-disciplinary approaches to promote more consistent communication, decision making and outcomes for people of all ages. This includes working with other services, including community based support, to help mitigate against the suspension of the service.
- Improve service delivery at appropriate levels which do not limit or stifle independence, by working in partnership with people to identify their preferred goals and outcomes so less support can be provided to improve independence. If the suspension of the service reduces independence then there will need to be some measures for enabling this – in a way which does not increase risk, including risk of infection
- Ensure the consistent use of preventative approaches enabling people to be as involved as possible in the decision making relating to the services they receive to support their independence.
- The Derbyshire Welfare Rights Service will continue to support people to maximise their income (where possible) to mitigate against any socio-economic impacts. This may include assisting with specific financial difficulties which would usually have been dealt with through the care package and assessment.
- Consider the impact of the decisions made by people in receipt of support, on their carers. Carers can request to have their own assessment and this should be reinforced during assessments of people with family carers. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).



## **Stage 7. Do stakeholders agree with your findings and proposed response?**

As these proposals are being introduced on a temporary basis under emergency powers introduced via the Coronavirus Act 2020 and are intended to be reviewed on a regular basis it has not been possible to undertake formal consultation with stakeholders on the proposals beyond the Adult Social Care and Health Senior Management Team and Council's Cabinet. The Chair of the Health and Wellbeing Board has been kept informed of the proposals and the Health and Wellbeing Board Members have been alerted to the use of the easements. The CCG was involved in discussions relating to the use of the easements.

The mitigations proposed should provide sufficient assurance that the Council takes the matter seriously and is only undertaking this emergency action in order to ensure there is sufficient home care capacity across Derbyshire to support the wider health and social care system. No clients will be forced to accept a reduction in service, nor will it be imposed upon them. As this EIA has outlined, the people in receipt of home care in Derbyshire are elderly and vulnerable people with one or more health conditions that affect their daily living. An incorrect application of the Care Act assessment and review process for these clients could result in a loss of independence which is something the Council is keen to avoid.

## **Stage 8. Main conclusions and recommendations**

This document was completed in order to analyse the potential impacts of implementing Care Act Easement guidance relating to the reduction of in-house home care hours for some clients. This is to enable an increase in the Council's capacity and ability to respond to the Coronavirus outbreak and expected demand in home care services arising from those accepted by the virus (whether directly in the community or following an acute episode). This decision has been taken in response to the emerging risks posed by the pandemic, and in accordance with the ethical framework for social care.

The proposals will have an impact on older, older disabled people, disabled adults and their families and carers. The temporary suspension of a service, and the assessment process supporting it brings with it the potential for greater risks to those currently and potentially needing these services, since it will be more difficult in some ways to monitor well-being, identify needs, and provide services to meet these needs, which may also change over time. For some people, they will not have an alternative means of receiving direct care and support, and for others whose health and well-being deteriorate during this time. It is also likely to be the case that many of those who would benefit from these services will be less likely to be connected digitally, so the usual alternative means of providing services, is available to a lesser degree.

**Stage 9. Direct action to be taken.**

<b>Objective</b>	<b>Planned action</b>	<b>Who</b>	<b>When</b>	<b>How will this be monitored?</b>
Reduce Home Care Hours for those in receipt of a Short Term Service provided by Derbyshire County Council	Identify service users for contacting about possible reduction of their care package.	Management Information Team / Better Lives (Transformation) Team	March / April 2020	Through daily reporting to the Adult Social Care Gold Command – a senior management team in place for the duration of the Covid-19 response work.
	Identified clients (or their carer/advocate) to be contacted by Social Worker staff to ascertain whether their informal support arrangements would be sufficient if care hours reduced. Where reduced clients to be reviewed within a fortnightly rolling basis. Where services can be reinstated and/ or increased if necessary	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	<ol style="list-style-type: none"> <li>1. Social work staff will complete a weekly review document for effected clients;</li> <li>2. Service Managers will review a random sample of 5 cases per work per team (a total of 120 samples per week across the County)</li> <li>3. Area Group Managers to undertake regular audits of cases via Client Covid Contingency Plan reviews to ensure consistency in the application of the process.</li> </ol>

				<p>4. Assistant Director completing monthly random sample of 35 cases.</p> <p>Learning from sampling to be shared with both frontline staff and ASCH Senior Management Team</p>
	<p>Fortnightly (increasing to weekly) reviews of Officer Decision taken to introduce the proposals.</p>	<p>Helen Jones</p>	<p>Every Two Weeks (increased to weekly) during Covid-19 response period.</p>	<p>Through Derbyshire County Council's Monitoring Officer.</p> <p>Will also be informed by above learning from the audits and EIA.</p>

## **Stage 10. Monitoring and review/ mainstreaming into business plans**

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

The proposed implementation is in line with wider Council Plan 2019-21 priorities concerning the increase in independence for older people. However, these proposals are only temporary and learning from this exercise will be used to develop work being undertaken through the Better Lives programme which includes a workstream concerning ways to promote independence and less reliance on support services for current and potential users of Adult Social Care Services.

Better Lives is a joint programme between Adult Social Care and Health and Children's Services. The programme's focus is about seeking better, more innovative ways of supporting staff and the individuals and families they support and care for.

Aims of the programme include work to support older people to live as independently as possible, to remain in their own homes and return home safely after a hospital stay. Other work will aim to give children and adults with disabilities will the chance to learn new skills and live in the most independent way possible.

This programme of work has been developed in response to a 'diagnostic' (or assessment) Over the Spring of 2019 we ran a diagnostic to understand whether ideal outcomes were being achieved for individuals. This work was undertaken through workshops, case reviews, interviews, surveys, shadowing colleagues and data analysis, in order to review the outcomes that people were receiving. The findings showed that at that time we were not delivering as many ideal outcomes as we would like to. Further information on that work can be found in a report to Cabinet on 11 July 2019 (Item 6 e – Minute Number 135/19). It should be noted that a Full Equalities Impact Analysis was undertaken in response to the diagnostic work and proposals to procure an external partner in supporting the delivery of the Better Lives Programme. This is attached as an appendix to the aforementioned Cabinet report.

## **Stage 11. Agreeing and publishing the completed analysis**

Where and when published?

The EIA will be considered by Cabinet when considering the reviews of the Officer Decisions relating to this issue.

### **Decision-making processes**

**Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures**

**Attached to report (title):**

**Urgent Officer Decisions**

**Date of report: 23 April 2020**

**Author of report: Emma Alexander**

**Audience for report e.g. Cabinet / date: 23 April 2020**

**Web location of report:**

<https://democracy.derbyshire.gov.uk/documents/s3238/Officer%20Decisions%20inc%20Appendices%20-%20Final%20updated.pdf>

### **Outcome from report being considered**

That Cabinet:

To note decisions made under urgent delegated powers arising from the Covid-19 virus pandemic

And from the specific report into reduction of home care hours:

Cabinet are asked to:

- i. Approve the temporary suspension of 'non-essential' homecare services to adults with immediate effect from 9 April 2020.
- ii. To note that this decision is subject to a minimum of fortnightly review by senior managers as part of ongoing capacity modelling across the health and social care system in Derbyshire and in response to national guidance

### **Details of follow-up action or monitoring of actions/ decision undertaken**

As at 13 May 2020 the Mosaic case record system the council has so far reviewed the provision of domiciliary care provided to 402 people.

From this we have so far reduced the provision of home care services falling within the Green category by **799** hours. This equates to an average reduction in care of less than 2hours per person.

Within that figure it is not possible to say how many of these have been reduced by service users cancelling their service as they are choosing to isolate as it requires going through each individual record.

However a quality assurance exercise using a random sample of 35 cases undertaken by the Assistant Director of Adult Social Care has identified the following:

- Regular reviews of the contingency plans are taking place for everyone
- 10 people have stopped services of their own volition due to concerns of carers bringing Covid into the home. In these cases the person either lives with an informal carer, has had a family member/s move in with them or has moved in with their family
- Other samples highlighted that packages were continued or increased or reinstated at review to support safeguarding and/ or meet the needs of the assessed client..

In addition, the Council has managed to reduce its waiting list from 179 clients (and around 1,700 hours) to 39 clients (around 380 hours), to reduce the time taken to discharge patients from hospital from 4.6 days to 1.1 days, and to provide home care to an additional 20 people discharged from hospital.

**Updated by: Dominic Sullivan, Assistant Director Adult Social Care**

**Date: 14 May 2020**