

Equality Analysis Report

<p>Title of activity / Budget Proposal title and number CEX/B – review of third sector grant funding and commissioning (not including Guild House and Bechar who each have a separate EA due to the proposed 100% cut to their funding compared to the approx. 10% cut to the services covered by this EA).</p>	<p>Committee meeting (decision maker) and date Executive Committee, 20 January 2016</p>
<p>Service area Adults Commissioning Service</p>	<p>Lead officer George Hunt, Head of Commissioning</p>
<p>Approved by Simon White, Assistant Director Commissioning and Business Services</p>	<p>Date of approval 14 January 2016</p>
<p>Description of activity: Children’s and Adults’ Directorate – Adults Commissioning</p> <p>The Adults Commissioning service deals with Voluntary Organisation contracts covering a range of client groups.</p> <p>The service ensures a suitable range of social care services are commissioned, within available resources, to meet the identified needs of vulnerable adults and carers in Bedford Borough. It acts to shape the various social care markets, promote efficiency and innovation from providers and support partnership working across health and social care. The Service also undertakes social care procurement, contract management and decommissioning in response to performance and changing needs.</p> <p>The Adults Commissioning Service currently provides funding to third sector organisations through a combination of commissioned services and grants. Generally, this funding is intended to enable third sector organisations to provide support services to residents that the Council would otherwise be obliged to provide directly under its statutory responsibilities.</p> <p>A review of the services currently funded has been conducted taking into account the requirement of the new Care Act 2014 which came into effect from April 2015. The review has identified that funding is currently provided to two organisations that are not providing services that the Council is required to meet under the Care Act. Therefore, it is proposed to discontinue the provision of funding for these services. The organisations that are affected are Bedford Guild House and BeCHaR. Separate equality analyses have been carried out to</p>	

consider the impact of the proposal on Bedford Guild House and BeCHaR.

It is proposed to continue funding for other services but to recommission services from third sector organisations on a competitive basis. It is anticipated that this will result in a saving in the region of 10% in comparison to current costs. The organisations which currently receive funding are shown below;

Organisation	Value of contract or grant value in 2015/16 £'s
Age UK	15,982
Alzheimers Society	33,329
Autism Bedfordshire	20,000
BRCC	53,402
Carers In Bedfordshire	234,000
Oakley Day Centre	21,281
Pohwer	143,000
Sight Concern	4,878
Stroke Association	20,871
Tibbs Dementia Society	30,283
MCAG	500
Total	577,526
10% Saving	57,753

Relevance Test

1. The outcomes of the activity directly and significantly impact on people, e.g. service users, employees, voluntary and community sector groups.	Yes	x	No	<input type="checkbox"/>
2. The activity could / does affect one or more protected equality groups.	Yes	x	No	<input type="checkbox"/>
3. The activity could / does affect protected equality groups differently.	Yes	x	No	<input type="checkbox"/>
4. One or more protected equality groups could be disadvantaged, adversely affected or are at risk of discrimination as a result of the activity.	Yes	x	No	<input type="checkbox"/>
5. The activity relates to an area where there are known inequalities.	Yes	x	No	<input type="checkbox"/>
6. The activity sets out proposals for significant changes to services, policies etc. and / or significantly affects how services are delivered.	Yes	x	No	<input type="checkbox"/>
7. The activity relates to one or more of the three aims of the Council's equality duty.	Yes	x	No	<input type="checkbox"/>
8. The activity relates to the Council's Corporate Plan objectives, is a significant activity and / or presents a high risk to the Council's public reputation.	Yes	x	No	<input type="checkbox"/>
9. An equality analysis of this activity is required.	Yes	x	No	<input type="checkbox"/>
This activity has no relevance to Bedford Borough Council's duty to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations. An equality analysis is not needed.				<input type="checkbox"/>
Explanation why equality analysis is not needed				

Scope of equality analysis

Who is / will be impacted by the activity's aims and outcomes?	People who are supported by the range of third sector services currently provided.
Which particular protected equality groups are likely / will be affected?	Older people, people with disabilities and carers.

Evidence, data, information and consultation

What evidence have you used to analyse the effects on equality?

1. Contract monitoring information detailing service user breakdown
2. Meetings to discuss the overall impact and equality impact of the proposal were offered with all organisations currently funded through commissioned services and grants. Responses from organisations are provided below.
3. Bedford Borough Joint Strategic Needs Assessment - available here
http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna.aspx.

Age UK Bedfordshire

Age UK Bedfordshire is commissioned to provide a variety of services for the over 50's in Bedford Borough, including rural areas, some are chargeable and some non-chargeable to the client. These services include home help, shopping, gardening and handy person. Age UK Bedfordshire also offer a broad spectrum of information and advice services including travel, welfare benefits, housing and care provision.

1. Contract monitoring information

Performance Measures 2014/15 for Bedford Borough Council					
	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Full Year 2014/15
Welfare Services Report					
A) Home Help & Shopping Service					
<i>Bedford Town & Kempston</i>					
Total Number of Hours Provided	2995	3049	2666	2762	11472
Total Number of People Supported/week in Quarter	229	234	205	188	856
Percentage from ethnic minority groups	9%	9%	8%	5%	9%

Bedford Borough Rural Areas					
Total Number of Hours Provided	1920	1994	1781	1914	7609
Total Number of People Supported/week in quarter	147	153	137	119	556
Percentage ethnic minority groups	4%	3%	3%	2%	5%
Total Hours Provided in Borough	4915	5043	4447	4676	19081
Total Number of People Supported in Bedford Borough/wk	376	387	342	307	383
B) Gardening Service					
Bedford Town & Kempston					
Total Number of Hours Provided	668	757	411	216	2052
Total Number of People Supported/week in Quarter	41	58	31	62	192
Percentage from ethnic minority groups	6%	6%	4%	6%	
Bedford Borough Rural Areas					
Total Number of Hours Provided	522	709	314	194	1739
Total Number of People Supported/week in Quarter	40	54	24	55	173
Percentage ethnic minority groups	4%	3%	2%	3%	4%
Total Hours Provided in Bedford Borough	1190	1466	725	410	3791
Total Number of People Supported in Bedford Borough/wk	81	112	55	117	102
C) Handyperson Service					
Bedford & Kempston -Total No of Hours Provided	23	132	55	45	255
Bedford & Kempston Total No of People Helped	14	61	44	55	174
Bedford Villages - Total No of Hours Provided	39	143	43	32	257

Bedford Villages -Total No of People Helped	16	72	34	33	155
Total Hours Provided in Bedford Borough	76	336	142	132	686
Total Number of People Supported in Bedford Borough/wk	30	133	78	88	329
Non Chargeable Services Report					
A) Total Number of Interventions	2742	2657	1961	2286	9646
A1) Total amount of benefit income achieved for clients	£192,149.66	£134,581.75	£103,256.95	£92,821.61	£522,809.97
B) Information and Advice					
Number of new cases in Quarter	292	339	267	432	1330
Number of ongoing cases	251	238	191	238	918
C) Integrated Care Support					
Number of new cases in quarter	19	16	8	17	60
Number of ongoing cases	67	58	35	35	195
D) Home from Hospital					
Number of new cases in Quarter	n/a	n/a	n/a	n/a	n/a
Number of ongoing cases	n/a	n/a	n/a	n/a	n/a
Number of readmissions	n/a	n/a	n/a	n/a	n/a
E) Ethnic Minority Surgery					
Number of new cases	13	5	5	2	25
Number of ongoing cases	11	10	10	11	42
Overall total number of new cases in quarter	324	360	275	449	1408

Overall total number of ongoing cases	329	306	236	284	1155
Total No of under 65s			66	74	140
Total No of people between 65-74			86	76	162
Total No of people between 75-84			81	91	172
Total No of people between 85 - 100			50	43	93
Total number of people over 100	n/k	n/k	n/k	n/k	0
Overall total number of ethnic minority cases			54	58	112
Breakdown of Issues Presenting & Identified Issues					
Health and Disability	12%	10%	15%	8%	11%
Residential Care	3%	3%	3%	4%	3%
Non Residential Care	6%	6%	6%	6%	6%
Help at Home	7%	5%	3%	4%	5%
Benefits	40%	40%	38%	40%	40%
Money	3%	4%	4%	4%	4%
Housing	9%	9%	10%	9%	9%
Legal Issues	3%	3%	5%	5%	4%
Family Issues	3%	3%	3%	2%	3%
Employment	0%	0%	0%	0%	0%
Nationality and Immigration	0%	0%	0%	0%	0%
Education and Leisure	2%	2%	1%	1%	1%
Travel	5%	6%	4%	4%	5%
Consumer Issues	4%	3%	3%	3%	3%
Misc	3%	5%	3%	8%	5%
	100%	100%	100%	100%	100%
Health & Wellbeing Issues as a % of people helped					

Dementia	3%	2%	2%
Living Alone	16%	11%	13%
Male	5%	22%	14%
Female	11%	26%	19%
Alcohol Dependant	0%	0%	0%
Drug Dependency	0%	0%	0%
Physically Disabled	28%	43%	36%
Mental Health Issues other than dementia	3%	2%	3%
Registered as Blind or Partially Sighted	2%	1%	2%

2. Meeting with the organisation

Tuesday 17th November 2015

Present: Karen Perry Age UK, Steve Perry Age UK, Roslyn Harding BBC Adult Services Commissioning Officer.

Notes:

- RH worked through the equality analysis document at Age UK's request. All sections were discussed and Age UK said that they understood what was required.
- Age UK highlighted the fact that they service a high number of people for the funding amount of funding which they receive.
- Age UK invited the Borough to look at the overall distribution of the third sector budget to ensure that the best use of resource is made making the biggest impact.
- Age UK felt that they were very good value for money as they support so many people. Age UK highlighted that they have secured £500,000 in benefits for their service users, which is a significant contributed to prevention, resulting in many people being able to remain in their own homes and out of high cost alternatives.
- Age UK explained that they have had to make staff reductions this year due to cuts in funding across partnerships. Although these were unrelated to BBC, there is an impact on service delivery as a whole. This has resulted in them eating further into their reserves. A further budget cut by the Authority is concerning for them.
- Age UK highlighted the 'added value' which their service offers. They are the only service which visits people in their homes. They felt

that these visits did a lot to address the issue of loneliness and isolation. In addition to this, the majority of third sector services for older people refer into Age UK who then, provide further support.

- The standard of training for staff is high which enables Age UK to spot safeguarding concerns and refer them to the Authority.
- Lastly, Age UK wanted to clarify which service users sat under the generic heading of 'physical disabilities' in the quarterly returns, as they were keen for the reviewer of consultation documents to have a clear understanding of services provided.
- Physical disabilities covers the following:
- Heart conditions, COPD, Arthritis, and other age related, long term conditions affecting mobility and health. This category constitutes 45% of Age UK's customer base.

Sharing of the EA template and request for comments

Age UK Bedfordshire said if cuts to our funding are made the following will be adversely affected:

- Service users (who are all residents of BBC and aged 50 years and over. They are, in the main older vulnerable people.)
- Client's families, friends and carers who rely on our support for their loved ones. Carers would especially be affected as we are the only charity in Bedford that make home visits, (despite what some organisations may advertise) in support of benefit claims. Last year our home visiting service assisted older people to complete complex benefit claim forms and as a result succeeded in achieving in access of £500k in additional benefits for older residents of the Borough.
- Staff of the organisation through cuts to working hours
- Volunteers of the organisation (less staff hours equates to less support for volunteers and volunteers are mainly older retired people. Our oldest volunteer is 92 this year and volunteers every week regardless of the weather)
- Reduction in training of staff and volunteers. Although we must maintain essential training, the training that brings added value to our service could be lost. Safeguarding Awareness and Health Living are two regular training sessions that we deliver to employees who visit over 500 vulnerable older people every week
- Housebound older clients who cannot visit us or make best use of the telephone, but need essential help.
- Bedford Social Services Team – They will need to pick up clients in acute need as we will be unable to help them as quickly as we do now. The resulting waiting times may then cause the client to suffer from the results of continued poverty. This then leads to less money for fuel and food, resulting in poorer health and wellbeing, resulting in issues with mobility, falls, isolation, mental health deterioration, and the Borough having to spend even more money.
- Bedford Hospital - number of older people admitted due to delays in support bringing about acute issues similar to those detailed for SS. Many of these issues are caused by the simple fact of not having enough money and social contact.
- GP's and surgeries will have greater numbers of older people as they will not have had the help they require as quickly as they need it.

(As we know people visit the GP when there is a lack of support around them, but not always purely medical issues)

- Safeguarding - as our clients are one of the most vulnerable sectors of the community, and safeguarding is a paramount importance and a priority for us and for the Borough, the lack of support will result in more cases of abuse, neglect and will lead to more instances of clients falling foul of the lack of safeguarding protocols we have in place. We have ongoing training and awareness for our team and this results in the timely intervention and reporting of abuse to lessen the instances of vulnerable older people suffering.
- Over 45% of our clients have some form of disability or age related long term health issue which affects their lives. The support that we give assists these people to live safely and well but further reductions in funding will obviously have a negative impact on what we can do to assist our clients.
- In the period 2014/2015 we procured over £522,810.00 in additional benefits to older people who live in Bedford Borough. A reduction in our ability to procure these benefits will impact on the health and wellbeing of clients causing more acute issues for older residents of the Borough. 50% of our clients are helped with finance and benefits.
- In the first 2 quarters of this financial year we have carried out 4,900 interventions through our Information, Advice and Support service. In Q2 of this year alone we visited an average of 426 older people per week providing practical assistance to help them remain living in their own homes.
- The additional benefits of companionship, social inclusion, a friendly but professional monitoring, and just a smile and a concerned approach, all help these people remain safe, healthy and well in their own homes. Reducing our ability to continue with these types of services will have a significant negative impact on those people who will then deteriorate and become a burden on the NHS and Social Services.
- Short term cuts to our funding will impact over the short, medium and long term with residents of the Borough. The older population is increasing year on year and lack of funding will reach a crisis point for clients, organisations such as ours and ultimately the services provided under the Care Act by the Local Authority. A long term vision of services for older people and longer term funding for our services will be an investment in the positive future of the BBC budget.

All our clients are asked to complete a survey of the help we have provided. The results show that without our help these clients would continue to suffer hardship both financially and in their ultimate health and wellbeing. The performance measures that we collate quarterly and send to our commissioning manager show the positive impact that we have on the older population of the BBC area. The results of a recent survey showed that 40% of the 372 people who responded to our survey said they thought we had provided a good service. More importantly, a further 57% said we delivered an excellent service. Sadly 3% rated us as fair. No one rated us a poor!

We survey all clients at point of entry to our services. We have the evidence that our services have made major positive impacts to their lives. Cuts to our services will therefore obviously have a negative impact on our ability to undertake our range of services with the numbers of clients who request our support. Longer waiting lists equate to more acute needs, equates to higher costs to BBC SS and

NHS. For example if a client has to wait for us to complete a benefit form, in the interim they do not have enough money for food and fuel, therefore their health suffers, and ultimately they may become ill or fall and this results in a hospital stay, followed by SS intervention, and possible care home admittance. On occasions they could miss the DWP deadline and have to re-apply causing far more distress. The evidence we gather shows the need for services that we provide and have provided over the last 20+ years. The evidence further shows that the known increase in the older population is set to continue and the impact on reduced services will only impact negatively on the Local Authority, NHS and SS. The value of our contract is disproportionate to the financial benefits we achieve. Ignore the more difficult to measure increase in health and well-being we bring to the older residents of our Borough but in purely financial terms, £15,982 in funding equates to a per capita cost of £1.50 per annum. Last year the exact amount of money we brought into the Borough was £522,810.00 and we are on target to exceed this amount for 2015/16.

As stated above the distribution of the total funds available to the sector across both funding streams would benefit, in our opinion, from a review. There is a substantial inequality of funding received, versus outputs and outcomes achieved. As one of the organisations who receive the least funding, but have very significant positive outputs/outcomes, we believe this review would be beneficial in the medium/longer term for clients and other organisations. We firmly believe it would also benefit the budget of Bedford Borough by providing excellent value for money whilst delivering what are after all, essential services for the health and wellbeing of many vulnerable people in Bedford and Kempston.

Alzheimers Society

The Alzheimer’s Society is commissioned to deliver services for people with dementia, and their carers and family members, which help them maintain a better quality of life in the face of their illness.

1. Contract monitoring information (detail to be added)

The table shows ethnicity of service users who have accessed the service throughout the monitoring period (March 2014 to April 2015)

Ethnicity	Bedford Borough people with dementia	Bedford Borough Carers
Indian	9	3
Other European	6	2
White British	175	204
White other	1	7
BAME not specified	2	3

Not known	56	208
Black Caribbean	2	3
Irish	1	
other		
White European	1	5
Pakistani	2	

The table shows age bands of service users who have accessed the service throughout the monitoring period

Age bands	Bedford Borough people with dementia	Bedford Borough Carers
Under 18		
18-35		5
36-50		19
51-65	10	62
66-80	113	108
81+	93	52
Not known	39	189

The table shows gender of service users who have accessed the service throughout the monitoring period.

Gender	Bedford Borough people with dementia	Bedford Borough Carers
Female	119	306
Male	136	129

2. Meeting with the organisation

Monday 23 November 2015

Present: Claire Stockwell-Lance, Operations Manager Cambridgeshire and Bedfordshire, Alzheimer's Society, Gillian Abbott, Commissioning Project Officer, Bedford Borough Council

Background to Alzheimer's Society Provision of Support for People with Dementia and their Families and Carers

The Alzheimer's Society is jointly commissioned by Bedford Borough Council, Central Bedfordshire Council and Bedfordshire CCG to deliver services to ensure that people with dementia, and their carers and family members, who are resident in Bedfordshire (excluding Luton), receive quality support services which facilitate them to achieve their desired outcomes, towards realising and maintaining a greater quality of life.

A joint commissioning exercise is currently taking place between Bedford Borough Council, Central Bedfordshire Council and Bedfordshire CCG to retender dementia support services in Bedfordshire. The new contract will be awarded with a start date of October 2016.

Implications of 10.2% budget savings and ways to reduce impact

1. Alzheimer's Society will look at the specifications of the contract against delivery. Where services are being delivered over and above the requirements of the contract a decision will be made to let groups that are coming to a natural end finish.
2. Alzheimer's Society recognise the national picture within which the cuts are being made. Will work to support people with dementia and their carers to ensure that their health and wellbeing are not affected by the cuts.
3. Funding cuts will lead to greater demand on statutory services and other third sector organisations who may be facing similar cuts.
4. Alzheimer's Society is pushing for greater use of personal budgets for people with dementia and their carers so they have greater choice about the services they use.
5. There are a number of national initiatives within the Alzheimer's Society which could be introduced in Bedfordshire – Dementia Connect Website – a resource which contains details of all dementia services across the country. Community building, Side by Side – a volunteer led service to help people with dementia reconnect with their community.
6. Alzheimer's Society suggests that better integration of statutory services and third sector would lead to improved service provision. Their dementia support workers could support statutory services at a lower cost.
7. Alzheimer's Society is a professional organisation with skills, expertise, experience and knowledge which could enhance statutory teams with the back up of a national charity.

Sharing of the EA template and request for comments

Summary of the Alzheimer’s Society responses:

- Older people, People with disabilities, Carers will be particularly affected. Feedback from people with dementia and their carers on services delivered says that services provided are valued and needed.
- The services help advance equality of opportunity by enabling people with dementia and their carers to live independently for as long as possible, reducing social isolation, encouraging community participation and access to services.
- Impact will include people with dementia and their carers having less opportunity to access services which will enable them to live well and independently and to access community activities and peer support.

Autism Bedfordshire

Autism Bedfordshire is commissioned to support adults with autism. To achieve this the organisation have developed a range of services to meet the growing need of adults with autism across Bedfordshire, they are:

- Skills Courses helps adults with Autism develop communication, employment, social and life skills needed to be a part of the local community, including being able to access college, voluntary/paid work and leisure facilities.
- Social Activity Groups helps individuals to learn social skills and gain greater self-esteem to help them better integrate into society.
- Employment Support - employment support for individuals with autism who are looking to move into employment.
- Adult Services Directory - a Directory of Services for adults with autism in Bedfordshire.
- Access to Work – for people in work where autism is having an impact.

1. Contract monitoring information

Referrals received

Ethnicity		
White British (A1)		18
White Irish (A2)		
White Any other of white background (A3)		1
White Traveller of Irish heritage (A4)		
White Gipsy (A5)		
Mixed White and Black Caribbean (B1)		

Mixed White and Black African (B2)		
Mixed White and Asian (B3)		
Asian Indian (C1)		
Asian Pakistani (C2)		1
Asian Bangladeshi (C3)		
Asian Any other Asian background (C4)		1
Black Caribbean (D1)		
Black African (D2)		
Black Any other Black background (D3)		
Other Chinese (E1)		
Other Any other ethnic group (E2)		
Refused (E3)		
Information Not Yet Obtained (E4)		17
Age		
18-24		12
25-35		14
36-50		4
51-65		1
66-80		1
81+		
Not disclosed		6
Gender		
Female		8
Male		30

2. Meeting with the organisation: a meeting was offered but not taken up. Instead a cover letter was submitted by Autism Bedfordshire, summarised here.

- The consequences of the proposed reduction in funding would mean that Autism Bedfordshire would need to draw a line in the sand and work more closely to the number of adults that are stipulated within our service level agreement. This would mean that for 2016-2017 approximately 33 Bedford Borough adults with autism would not be in receipt of a service from us. The implication of this would lead to increased social isolation, decreased wellbeing and an increase in the likelihood of those adults developing complex mental health conditions, forensic issues or risky unlawful behaviours. We would like to work together to prevent this hugely emotionally and financially costly void reoccurring. We welcome discussions/commissions around sustaining and increased financial support to meet this need.
- We have a great deal of local knowledge and strong relationships, and have a proven track record in supporting individuals to have a rewarding and fulfilling life. The high quality outcomes of our services have been recognised by our local authority partners, grants funders (Harpur Trust, Big Lotteries and Lloyds) and most importantly by the adults who benefit from our services and their families and friends. In austere times we recognise that ours, the third sector, is often looked to for picking up services/support of other service cuts. If Bedford Borough would like us to produce some financial summaries for expanding the existing commission for Autism Bedfordshire to provide all the services that we currently provide to Bedford Borough residents then we would be happy to do this for you.

Sharing of the EA template and request for comments:

Summary of Autism Bedfordshire's response:

- Who is impacted? Service Users, with eligible needs who either currently in receipt of AB's services or prospective members (incidents of Autism are 1 in 100. Those for whom, the 2010 Autism Act is aimed at protecting and support to ensure that they have a rewarding and fulfilling life. They include: Adults with moderate learning difficulties, identified Vulnerable Adults and those with complex needs.
- People with autism have the highest proportion as a group, statistically of all disability groups, of those who also have gender reassignment; identify as the opposite sex or are gay, transsexual, lesbian or bi-sexual.
- The National Autistic Society states autism affects 1-100 (or as new research shows 1:88) - the condition does not discriminate between ethnicities.
- Statistically, there are 124,000 adults in Bedford Borough and statistically this would suggest that there are 1,240 adults with autism. The resulting impact to the individuals with autism will be at risk from:
 - Increase in social isolation
 - Significant increase of risk in mental health issues

- Significant increase of risk in inappropriate and unlawful behaviours and activity
- Significant increase of risk in safeguarding incidents
- Significant increase of risk in families breaking down and reaching crisis point
- Significant increase of pressure on local authority health, social care and education departments
- Significant increase of pressure on emergency services
- Significant increase of risk in financial abuse.

Impact on equality groups

- Autism Bedfordshire's activities support older carers to cope with the pressures of supporting their adult son/daughter with autism. There are a growing number of older individuals with autism being diagnosed and who, having not been supported by a service previously are unsupported by social care teams and mental health services. Equal opportunities for all age groups from teenagers who are not in education, employment or training to older persons are provided, as person centred planned goals are tailored to each individual. We offer services across the ages and recognise the lifelong condition.
- A recent survey we conducted, revealed that less than 15% of adults with autism who in receipt of a personal budget, they cannot choose from a wider range of self-help support as they cannot afford it and have limited opportunities available to them. Our services enable them to have positive and supported choices.

BRCC

Bedfordshire Rural Communities Charity (BRCC) are commissioned to provide a Village Agents service covering the Borough's rural areas to act as a bridge between vulnerable and isolated people and the local support networks and services that can help them.

The Agents assist in early intervention and prevention, helping people to continue living independently at home with a higher quality of life, and reducing pressure on Bedford Borough Council services. Agents act as facilitators building local support networks, providing information, advice and guidance and promoting access to services.

1. Contract monitoring information

Just Ask! April 2014 to March 2015 year summary

	Q1	Q2	Q3	Q4	Year Total
Client contacts					

New clients		80	68	46	49	243
Existing clients		124	121	114	124	483
Total		204	189	160	173	726
Client breakdown						
Gender	Male	52	62	45	40	199
	Female	152	127	115	133	527
Total		204	189	160	173	726
Disability	Yes	81	88	91	83	343
	No	123	101	69	90	383
Total		204	189	160	173	726
Age	<60	24	25	15	19	83
	60-75	58	65	42	52	217
	76-90	122	99	95	91	407
	>90	0	0	8	11	19
Total		204	189	160	173	726

2. Meeting with the organisation Friday 20 November 2015

Present: Jon Boswell, Chief Executive, BRCC; Justine Hunt, Team Leader - Care and Support Services, BRCC; Gillian Abbott, Commissioning Project Officer, Bedford Borough Council

Background to Just Ask! Village Agents

The Just Ask! Village Agents project was initially started with funding from the Local Area Agreement. As well as the annual amount received from Adult Services Commissioning third sector budget, big lottery funding money is used to part fund the Village Agents – this source of funding comes to an end in October 2016.

In November 2014 BRCC highlighted that for the financial year 2015/16 they were facing a shortfall of around £5K for the Just Ask! Village Agents scheme and that this would increase in future years as costs rise and the lottery funding is phased out.

Bedford Borough Council currently funds BRCC to employ 7 part-time (10 hours/week) Village Agents covering all of the Borough's rural area to act as a bridge between vulnerable and isolated people and the local support networks and services that can help them. The Agents assist in early intervention and prevention, helping people to continue living independently at home with a higher quality of life, and reducing pressure on Bedford Borough Council services. Agents act as facilitators building local support networks, providing information, advice and guidance and promoting access to services.

Implications of 10.2% budget savings

1. BRCC would need to look at downsizing the scheme during 2016/17.
2. One option would be to reduce hours of all Village Agents – this is not viable as they the only have 10 hours each per week which is felt to be the minimum for them to operate effectively.
3. The most likely option will be to reduce to 5 Village Agent posts which would mean a redundancy process.
4. BRCC would aim to keep the current coverage but would mean that each of the current “Patch” sizes would increase for the 5 remaining Village Agents.
5. Would like to work with local charities and parish Councils.
6. BRCC accept that tough choices have to be made but would be difficult to meet current demand with less resources. The service is currently stretched
7. Village Agents currently undertake intensive pieces of work with some of their clients. There is a fear that with reduced funding it would become more of a signposting function.
8. The Village Agents enjoy the challenges of their current role – if this is reduced that the role may become less satisfying and motivation levels could drop.
9. With proposed cuts it would be difficult to maintain the proactive work the Village Agents currently – this may mean that some people currently under the radar of services will be missed. They may then present to statutory services much further down the line with more intensive needs than if the Village Agents had been able to carry our preventative work at an earlier stage.
10. Village Agents and the Good Neighbour Groups refer people to each others services. With a potential reduced service from the Village Agents this may leave the Good Neighbour Groups with nowhere to refer to.

Summary

- BRCC accept that tough choices have to be made but would be difficult to meet current demand with less resources. The service is currently stretched
- There should be investment in preventative services to protect statutory services. Redesign of health and social care structure.
- Cuts will have a negative impact. This is a unique service in the area and very important to isolated rural communities.

- If the overall objective is for a 10.2% cut it doesn't make sense to make a blanket cut of 10.2% to all third sector. There is the option of looking at all the services individually – some may be more important to continue funding than others.

Sharing of the EA template and request for comments

Summary of BRCC's response:

- A) Unlawful discrimination: BRCC statistical analysis shows that the impacts will have a disproportional impact on the women and older people who make up the majority of Agents' clients. Client feedback shows how much clients rely on the Agents for info and morale support to give them the confidence and ability to tackle the difficulties that they are facing.
- B) Equality of opportunity:
- 1) Health inequalities – Agents help clients to access health facilities; to maintain better mental health through increasing access to social opportunities and helping them to tackle issues causing them high stress levels; to maintain physical health through supporting them to take up healthier lifestyle choices; to keep warm in winter and hydrated and cool in summer; to avoid falls through home safety measures
 - 2) Economic inequalities – Agents help clients to boost their income, helping them apply for benefits they are entitled to, helping them access cheaper fuel tariffs and set up company direct debit or online discounts; helping them consider employment or training possibilities; helping them negotiate manageable debt repayments;
 - 3) Inequalities of independence, choice and control – Agents provide information and help clients feel equipped to make decisions re how and where they live; helping them remain in their own homes for longer, by helping them to gain access to home adaptations and by helping them to make their homes safer from fire and criminals; and by helping them plan ahead for the next stages of their lives
 - 4) Inequalities of social participation – Agents help clients take part in their local communities, helping them access social opportunities and also to take up volunteering opportunities that enable them to put something back into their communities.
 - 5) Transport inequalities – Agents help the rurally isolated and those with physically limited mobility to access services and to make the most of their own abilities, helping them to obtain blue badges to be able to park close to facilities, and helping them get to medical and social appointments by linking them to volunteer transport schemes
- C) Good Relations
- 1) The Agents help to link clients to Borough Council services, and have often had positive feedback from people previously under the impression that rural residents gained less from, and were less valued by, the council than their town centre neighbours. In many cases it was simply the case that the people had not known how or who to contact or what they were eligible for, and that once they were 'in the system' for services their appreciation of the council's services has been immense.

2) The majority of the Agents' clients are self-referrals or referred by local people such as neighbours or members of local groups. They have usually met their local Agent and felt comfortable trusting them with their issues. These are people that would otherwise slip through the net as they may either not know what professional help exists, they cannot travel to the bigger towns to access it, or they feel too embarrassed or ashamed to admit they need help. The Agents are skilled in talking through the issues in the privacy of the client's own home and in drawing out the particular strands of each problem. They are also able to do some of the initial work with the larger organisations that the client may feel too intimidated to approach themselves.

In the first six months of this financial year, the Agents have already received nearly as many referrals from the statutory and voluntary sector as they have in the whole of last year. Other organisations feeling the impact of the current funding climate are having to prioritise and take on less clients, and hope to pass on to the Agents the people not eligible for their own services or the people who need the extra more personal one to one services that they cannot provide.

The first six months of this financial year have been Spring and Sumer when Agents would normally expect client numbers to be lower due to people feeling healthier, warmer and more sociable. However, this year they are seeing numbers of older people more usual for Winter. If trends continue, it looks as if Agents can expect higher numbers this winter too.

Carers In Bedfordshire

Carers in Bedfordshire are commissioned by the Council to provide help to family carers and former carers to cope with the mental and physical stress arising from their role. They offer assistance such as practical help, advice, training, advocacy, support and information. Services include for example: carer's café's, peer support groups, welfare benefits advice and carers grants. Support is provided to both adult and young/sibling carers.

1. Contract monitoring information

New referrals 2014-2015 (1st April 2014-31st March 2015)

Total users 545.

Age split (age as at 14.01.2016)	
85+	20
65-84	134

50-64	108
30-49	139
18-29	18
0-17	126
Total	545

Ethnicity	
African	7
African Caribbean	5
Asian	53
Black British	6
British Mixed Race	14
North American and Canadian	2
South African	1
Traveller	1
West European	22
White British	405
White Caribbean	3
White Other	5
Unknown/prefer not to disclose	21
Total	545

Gender	
Male	184
Female	361
Total	545

2. Meeting with the organisation

Thursday 3rd December 2015

Present: Helen Satterthwaite, Sandra Rome, Roslyn Harding BBC Adult Services Commissioning Officer.

The meeting in large part involved explaining the equality analysis and responding to Carers in Bedfordshire's queries relating to the document. In particular, clarification relating to grant funding and clarification of Carers in Bedfordshire funding streams. These areas were clarified to Carers in Bedfordshire's satisfaction.

The remainder of the discussion has been largely captured in the areas highlighted below in the summary of Carers in Bedfordshire's equality analysis.

Sharing of the EA template and request for comments

Summary of Carer's in Bedfordshire's response:

- The 10% top slice cut may seem to be equitable but does not take account of the social return delivered by the organisations receiving funding, the value for money offered or the outcomes achieved by any grant/commission. We would prefer to see the authority taking outcomes and social return into consideration when assessing where best to achieve efficiencies, rather than just assessing by financial value.
- The hardship criteria concerns us – if a VSO (voluntary sector organisation) has exhausted all other options, a hardship fund is unlikely to achieve any sustainability and would not be appropriate use of funds. Reaching this point is not a sign of a sustainable organisation. Investment earlier on, to support an organisation to improve its sustainability, would be more appropriate and better practice.
- We consider that the assumption that the proposed alternative commissioning model will reduced administration for VCISOs (voluntary community sector organisations) is not necessarily well founded. Competitive procurement processes are expensive for organisations even if they result in a 3 year contract, it is not particularly a less costly process than grant application. Contract management and reporting also involves a lot of administrative time which incurs cost which can rarely be accurately reflected in tender response budgets
- We have a concern that a 'commissioned only' environment with no smaller grants to encourage innovation or new ideas will not fulfil the Borough's aspiration to develop the market.
- We know from our feedback from carers that a significant issue when we come to equalities analysis will be transport, access to services in rural areas, and the impact on access to our services.

Oakley Day Centre

Oakley Rural Day Centre is commissioned to provide local day care for older people, 3 days a week. Clients have the opportunity to participate in a range of activities that promote physical and mental well-being, engage and stimulate for example competitions, games, and arts & crafts with opportunities to learn new skills. A light exercise class helps to keep clients mobile which is crucial for their independence. Representatives from various services attend to provide information and give talks. A freshly prepared cooked meal is also provided.

Referrals come from a range of sources including self referral, family referral and adult social care and mental health teams.

1. Contract monitoring information

Oakley Rural Day Centre (Bi-annual return)

Standard Client Information	Age Bands	Gender Breakdown	Ethnic breakdown	
	Under 64	0	Male 16	White 52
	65 to 74	3	Female 36	Mixed 0
	75 to 84	14		Asian 0
	85 to 94	26		Black 0
	Over 95	5		Other 0

2. Meeting with the organisation

A meeting was offered but not taken up. Oakley day centre made a written response to the public consultation which has been taken account of here. In summary they would need to reduce their services if the cut goes ahead.

Sharing of the EA template and request for comment

Oakley Day Centre declined this.

Pohwer

POhWER is commissioned to provide:

- NHS Complaints Advocacy
- NHS Complaints Advocacy self-help tools
- Independent Mental Capacity Advocacy (IMCA), including Deprivation of Liberty Safeguards (DoLS) and Paid Relevant Persons Representative Services
- Independent Mental Health Advocacy (IMHA)
- Community Advocacy
- Care Act Advocacy

1. Contract monitoring information

Demographic Information Summary NHS Complaints Advocacy

Age of clients with new cases

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
0 - 15	0	0%	1	11%	0	0%	0	0%	1	3%
16 - 24	0	0%	1	11%	1	9%	0	0%	2	7%
25 - 29	1	14%	0	0%	2	18%	0	0%	3	10%
30 - 34	0	0%	1	11%	0	0%	0	0%	1	3%
35 - 39	0	0%	2	22%	2	18%	1	33%	5	17%
40 - 44	0	0%	1	11%	2	18%	0	0%	3	10%
45 - 49	3	43%	1	11%	2	18%	0	0%	6	20%
50 - 54	0	0%	0	0%	0	0%	0	0%	0	0%
55 - 59	0	0%	0	0%	1	9%	0	0%	1	3%
60 - 64	2	29%	0	0%	1	9%	2	67%	5	17%
65 - 69	1	14%	0	0%	0	0%	0	0%	1	3%
70 - 74	0	0%	1	11%	0	0%	0	0%	1	3%
75+	0	0%	1	11%	0	0%	0	0%	1	3%
Prefer not to say	9		2		3		2		16	
Total By Quarter	16		11		14		5		46	

Gender of clients with new cases

Gender	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
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Female	7	50%	5	50%	13	93%	2	50%	27	64%
Male	6	43%	5	50%	1	7%	2	50%	14	33%
Transgender	1	7%	0	0%	0	0%	0	0%	1	2%
Prefer not to say	2		1		0		1		4	
Total By Quarter	16		11		14		5		46	

Sexuality of clients with new cases

Sexuality	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Heterosexual	3	100%	3	100%	9	100%	3	100%	18	100%
Prefer not to say	13		8		5		2		28	
Total By Quarter	16		11		14		5		46	

Religion for clients with new cases

Religion	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Christian/ Catholic	4	80%	0	0%	4	44%	3	75%	11	58%
Hindu	1	20%	0	0%	0	0%	0	0%	1	5%
Muslim	0	0%	0	0%	1	11%	0	0%	1	5%
No religion	0	0%	0	0%	4	44%	1	25%	5	26%
Other	0	0%	1	100%	0	0%	0	0%	1	5%
Prefer not to say	11		10		5		1		27	
Total By Quarter	16		11		14		5		46	

General health profile for clients

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Acquired brain injury	0	1	0	0	1
Learning disabilities/difficulty	1	1	0	1	3
Long term illness/condition	0	1	4	1	6

Mental health	6	1	4	0	11
Physical Disabilities	0	1	3	0	4
Stroke	2	2	0	1	5
Other	1	0	0	0	1
Total By Quarter	10	7	11	3	31

General client profile

Client Group	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Employed	0	0%	0	0%	1	25%	0	0%	1	6%
None	4	100%	4	67%	2	50%	3	100%	13	76%
Older Person	0	0%	1	17%	1	25%	0	0%	2	12%
Prisoner	0	0%	1	17%	0	0%	0	0%	1	6%
Prefer not to say	4		2		2		0		8	
Total By Quarter	8		8		6		3		25	

Ethnicity of clients with new cases

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	3	43%	4	100%	5	56%	3	75%	15	63%
	Other White	1	14%	0	0%	0	0%	1	25%	2	8%
Mixed	White / Black Caribbean	2	29%	0	0%	2	22%	0	0%	4	17%
Asian / Asian British	Indian	1	14%	0	0%	0	0%	0	0%	1	4%
	Pakistani	0	0%	0	0%	1	11%	0	0%	1	4%
Chinese / Other Ethnic Groups	Chinese	0	0%	0	0%	1	11%	0	0%	1	4%
Other	Prefer not to say	9		7		5		1		22	
Total by Quarter		16		11		14		5		46	

Demographic information summary; Community Advocacy

Age of clients with new cases

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
0 - 15	0	0%	3	2%	0	0%	0	0%	3	1%
16 - 24	9	6%	12	7%	12	8%	6	5%	39	7%
25 - 29	10	7%	7	4%	8	5%	7	6%	32	5%
30 - 34	5	3%	15	9%	8	5%	6	5%	34	6%
35 - 39	6	4%	9	5%	7	5%	6	5%	28	5%
40 - 44	8	6%	10	6%	10	7%	8	7%	36	6%
45 - 49	15	10%	23	13%	14	9%	14	12%	66	11%
50 - 54	25	17%	22	13%	12	8%	15	13%	74	13%
55 - 59	11	8%	14	8%	20	14%	13	11%	58	10%
60 - 64	13	9%	10	6%	22	15%	11	9%	56	10%
65 - 69	15	10%	12	7%	7	5%	14	12%	48	8%
70 - 74	4	3%	3	2%	7	5%	8	7%	22	4%
75+	24	17%	31	18%	21	14%	12	10%	88	15%
Prefer not to say	26		19		29		34		108	
Total By Quarter	171		190		177		154		692	

Gender of clients with new cases

Gender	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Female	87	52%	90	48%	93	54%	83	58%	353	53%
Intersex	0	0%	1	1%	0	0%	0	0%	1	0%
Male	80	48%	94	51%	79	46%	59	41%	312	47%

Transgender	0	0%	1	1%	0	0%	1	1%	2	0%
Prefer not to say	4		4		5		11		24	
Total By Quarter	171		190		177		154		692	

Sexuality of clients with new cases

Sexuality	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Bisexual	0	0%	2	2%	1	1%	0	0%	3	1%
Gay male	1	2%	1	1%	2	2%	0	0%	4	1%
Heterosexual	63	98%	88	97%	80	96%	68	100%	299	98%
Prefer not to say	107		99		94		86		386	
Total By Quarter	171		190		177		154		692	

Religion for clients with new cases

Religion	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Buddhist	0	0%	0	0%	2	3%	0	0%	2	1%
Christian/ Catholic	26	46%	45	63%	24	38%	21	45%	116	49%
Hindu	1	2%	1	1%	1	2%	0	0%	3	1%
Muslim	5	9%	3	4%	2	3%	3	6%	13	5%
No religion	19	34%	20	28%	28	44%	18	38%	85	36%
Sikh	1	2%	0	0%	2	3%	1	2%	4	2%
Other	4	7%	3	4%	4	6%	4	9%	15	6%
Prefer not to say	115		118		114		107		454	
Total By Quarter	171		190		177		154		692	

Health condition of clients with new cases

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Acquired brain injury	4	2	3	6	15
Autism/ Aspergers Syndrome	2	3	4	6	15
Dependent child (under 18)	2	3	1	1	7
Detained under MHA	3	0	1	1	5
Learning disabilities/difficulty	39	38	47	39	163
Long term illness/condition	28	49	33	30	140
Mental health	51	58	55	45	209
Mental Health - Dementia	3	4	8	3	18
Multiple disability	2	6	4	5	17
Physical Disabilities	33	29	27	25	114
Sensory impairment	3	4	2	2	11
Sensory Impairment – Hearing	7	10	5	3	25
Sensory Impairment – Vision	7	6	4	5	22
Stroke	2	3	4	6	15
Substance misuse	3	1	3	2	9
Other	8	7	8	1	24
Total By Quarter	197	223	209	180	809

Ethnicity of clients with new cases

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date

White	British	103	82%	116	85%	97	78%	87	82%	403	82%
	English	4	3%	1	1%	1	1%	5	5%	11	2%
	Irish	1	1%	2	1%	3	2%	3	3%	9	2%
	Scottish	1	1%	2	1%	0	0%	0	0%	3	1%
	Gypsy / Traveler	1	1%	1	1%	2	2%	0	0%	4	1%
	Other White	4	3%	2	1%	9	7%	3	3%	18	4%
Mixed	White / Asian	1	1%	0	0%	0	0%	1	1%	2	0%
	White / Black Caribbean	1	1%	3	2%	1	1%	0	0%	5	1%
	Other Mixed Background	1	1%	2	1%	2	2%	0	0%	5	1%
Asian / Asian British	Indian	1	1%	2	1%	3	2%	1	1%	7	1%
	Pakistani	1	1%	1	1%	1	1%	1	1%	4	1%
	Other Asian / Asian British	3	2%	3	2%	2	2%	1	1%	9	2%
Black / Black British	African	1	1%	0	0%	1	1%	0	0%	2	0%
	Caribbean	2	2%	1	1%	2	2%	1	1%	6	1%
	Other Black / Black British	0	0%	1	1%	1	1%	2	2%	4	1%
Chinese / Other Ethnic Groups	Other Ethnic Group	1	1%	0	0%	0	0%	1	1%	2	0%
Other	Prefer not to say	45		53		52		48		198	
Total by Quarter		171		190		177		154		692	

Location of clients with new issues

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Bedford	98	113	118	100	429
Central Bedfordshire	75	77	75	60	287
No Fixed Abode/Homeless	2	0	0	0	2

Total:	175	190	193	160	718
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Case client profile data; Independent Mental Health Advocacy

Number of clients with new issues by section status

Section Status	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Community Treatment Order	3				3
Section 2 (civil assessment)	6				6
Section 3 (civil treatment)	20				20
Section 37/41 (hospital + restriction order)	1				1
Total:	30				30

Age of clients with new cases

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
0 - 15	0	0%							0	0%
16 - 24	3	16%							3	16%
25 - 29	1	5%							1	5%
30 - 34	1	5%							1	5%
35 - 39	4	21%							4	21%
40 - 44	0	0%							0	0%
45 - 49	1	5%							1	5%
50 - 54	1	5%							1	5%
55 - 59	4	21%							4	21%
60 - 64	1	5%							1	5%
65 - 69	0	0%							0	0%
70 - 74	1	5%							1	5%
75+	2	11%							2	11%
Prefer not to say	11								11	

Total By Quarter	30						30			
Gender of clients with new cases										
Gender	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Female	12	43%							12	43%
Male	16	57%							16	57%
Prefer not to say	2								2	
Total By Quarter	30								30	
Sexuality of clients with new cases										
Sexuality	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Bisexual	1	6%							1	6%
Gay male	1	6%							1	6%
Heterosexual	14	88%							14	88%
Prefer not to say	14								14	
Total By Quarter	30								30	
Religion of clients with new cases										
Religion	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
Christian/ Catholic	7	50%							7	50%
Hindu	2	14%							2	14%
No religion	5	36%							5	36%
Prefer not to say	16								16	
Total By Quarter	30								30	
Disability of clients with new cases										
Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date					
Detained under MHA	18				18					
Learning disabilities/difficulty	9				9					
Long term illness/condition	3				3					
Mental health	18				18					
Mental Health - Older Peoples'	2				2					

Physical Disabilities	2				2
Sensory Impairment – Hearing	1				1
Total By Quarter	53				53

Ethnicity of clients with new cases

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	17	71%							17	71%
	English	1	4%							1	4%
Mixed	Other Mixed Background	1	4%							1	4%
Asian / Asian British	Indian	1	4%							1	4%
Black / Black British	African	3	13%							3	13%
	Caribbean	1	4%							1	4%
Other	Prefer not to say	6								6	
Total by Quarter		30								30	

Client profile data: Independent Mental Capacity Advocacy

Age of clients with new cases

Age Range	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
0 - 15	0	0%							0	0%
16 - 24	5	8%							5	8%
25 - 29	0	0%							0	0%
30 - 34	3	5%							3	5%
35 - 39	2	3%							2	3%
40 - 44	0	0%							0	0%
45 - 49	3	5%							3	5%
50 - 54	2	3%							2	3%
55 - 59	2	3%							2	3%
60 - 64	3	5%							3	5%
65 - 69	7	11%							7	11%
70 - 74	5	8%							5	8%

75+	34	52%							34	52%
Prefer not to say	5								5	
Total By Quarter	71								71	

Gender of clients with new cases

Gender	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Female	27	53%			27
Male	24	47%			24
Prefer not to say	20				20
Total By Quarter	71				71

Sexuality of clients with new cases

Sexuality	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Heterosexual	8	100%			8
Prefer not to say	63				63
Total By Quarter	71				71

Religion of clients with new cases

Religion	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Christian/ Catholic	11	100%			11
Prefer not to say	60				60
Total By Quarter	71				71

Disability of clients with new cases

Client Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Autism/ Aspergers Syndrome	2				2
Learning disabilities/difficulty	12				12
Long term illness/condition	6				6
Mental health	13				13
Mental Health - Dementia	10				10
Other	2				2

Physical Disabilities	3				3
Sensory Impairment – Hearing	1				1
Sensory Impairment – Vision	1				1
Substance misuse	1				1
Total By Quarter	51				51

Ethnicity of clients with new cases

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year to date	
White	British	16	62%							16	62%
	English	4	15%							4	15%
Mixed	White / Black Caribbean	2	8%							2	8%
Asian / Asian British	Other Asian / Asian British	2	8%							2	8%
Black / Black British	Caribbean	2	8%							2	8%
Other	Prefer not to say	46								46	
Total by Quarter		72								72	

2. Meeting with the organisation: meeting was offered and declined.

Sharing of the EA template and request for comments:

The summary of Powher's response is that they will attempt to recruit more volunteers but feel that the contact value is already inadequate to meet demand and that the gap will grow with a budget cut.

Sight Concern

Sight Concern Bedfordshire is a charity that assists blind and partially-sighted people with support services and information to lead their lives with independence and dignity. They receive a small grant of less than 5k.

1. Contract monitoring information

Snapshot of clients on 31/12/15

AGE

Ages	Male	Female
15 - 19		
20 - 24		
25 - 29		
30 - 34	1	
35 - 39		
40 - 44		
45 - 49	1	
50 - 54	1	

Ages	Male	Female
55 - 59		
60 - 64	1	
65 - 69		2
70 - 74		
75 - 79		
80 - 84	2	
85 - 89		2
90+	2	2

ETHNICITY	Nos		Nos		Nos
White British	11	Black African		Bangladeshi	
White Irish		Black Caribbean		Pakistani	1
White Other		Black Other		Indian	
Mixed		Chinese		Other / Unknown	2

DISABILITY	
Severely Sight Impaired	7
Sight Impaired	2
VI Not registered	2

Not known / recorded	3
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2. Meeting with the organisation

Thursday 3 December 2015

Present: Nick Gibson, Sight Concern, Susan Hoath, Sight Concern, Ros Harding, Bedford Borough Council George Hunt, Bedford Borough Council

Background

Sight Concern Bedfordshire is a charity that assists blind and partially-sighted people with support services and information to lead their lives with independence and dignity.

Services include

- Benefit advice and support
- Provision of magnifiers and advice on aids and equipment and coping strategies to address reduced sight
- Social clubs
- Telephone befriending
- Talking newspapers
- I.T. clubs
- Quarterly newsletter with what's on, product information and local services etc.
- Telephone advice and information

While not possible to quantify, a reduction in Sight Concern activity may lead to an increase in demand (mainly associated with loneliness and isolation) for social services for people with sight loss in the Borough.

The recommendation from Sight Concern is that in the light of recent cessation of supported housing contract and next steps in that area currently being formulated, to suspend 10.2% cut at this time until future plans are clearer.

Stroke Association

The Stroke Association is commissioned by the Council to provide support to stroke victims and their families. They offer specialist stroke

related information and advice and stroke prevention guidance to encourage lifestyle changes. The service also provides support with discharge planning, working closely with other statutory and voluntary services. Stroke victims and their families can access welfare benefits advice and representation of views and wishes to the appropriate service.

1. Contract monitoring information

Stroke Prevention Service

Gender of Service Users	Qtr 1	Qtr 2	Qtr 3
Female	29	38	48
Male	29	38	41
Total	58	76	89

***Gender break down of beneficiaries (service users active for at least one day in the quarter).**

There is no obvious gender pattern for beneficiaries to report.

Age of Service Users	Qtr 1	Qtr 2	Qtr 3
less than 18	0	0	0
18 - 44	5	5	8
45 - 64	20	29	30
65+	33	42	51
Unknown	0	0	0
Error	0	0	0
Total	58	76	89

***Age breakdown of beneficiaries (service users active for at least one day in the quarter).**

There is significant proportion of 'younger/working age people' being affected by stroke.

NEW Ethnicity of Service Users		Qtr 1	Qtr 2	Qtr 3
Asian / Asian British	Bangladeshi	1	1	0

	Chinese	0	0	0
	Indian	1	4	6
	Other Asian	1	2	2
	Pakistani	0	2	2
		3	9	10
Black / African / Caribbean / Black British	African	1	1	0
	Caribbean	1	0	0
	Other Black	0	0	0
		2	1	0
Mixed / multiple ethnic group	Other Mixed	0	0	0
	White and Asian	0	0	0
	White and Black African	0	0	0
	White and Black Caribbean	0	0	0
		0	0	0
Other ethnic group	Any other ethnic group	0	0	0
	Arab	0	0	0
		0	0	0
Unknown	TBC at Review	0	0	0
	Unknown	22	15	15
		22	15	15
White	English/Welsh/Scottish/Northern Irish/British	27	46	59
	Gypsy or Irish Traveller	0	0	0
	Irish	0	0	0
	Other White	4	5	5
		31	51	64
Total		58	76	89

*Ethnicity of beneficiaries (service users active for at least one day in the quarter).

Service Users Living Alone	Qtr 1	Qtr 2	Qtr 3
Yes	19	25	27
No	38	49	59

Total	57	74	86
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***Number of beneficiaries living alone.**

People living alone may need more help from the SPS in making lifestyle changes than those with family members that can encourage and support.

Understanding more about who is accessing our services: Stroke Information, Advice and Support Service

Gender of Service Users	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Female	89	92	69	62
Male	105	115	104	79
Total	194	207	173	141

***Gender break down of beneficiaries (service users active for at least one day in the quarter)**

There is no obvious gender pattern for beneficiaries to report.

Age of Service Users	1	2	3	4
less than 18	0	0	1	1
18 - 44	12	13	9	7
45 - 64	57	63	62	48
65+	122	127	97	81
Unknown	3	4	4	4
Error	0	0	0	0
Total	194	207	173	141

***Age breakdown of beneficiaries (service users active for at least one day in the quarter).**

There is significant proportion of 'younger/working age people' being affected by stroke. Younger clients tend to need more additional support as they have more issues with return to work, liaising with employer, housing debt and multiple benefit applications (DLA, PiP, ESA, etc)

NEW Ethnicity of Service Users	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Asian / Asian British	5	12	10	9
Black / African / Caribbean / Black British	3	3	4	5
Mixed / multiple ethnic group	0	0	0	0
Other ethnic group	1	1	1	0
Unknown	72	49	29	31
White	113	142	129	96
Total	194	207	173	141

***Ethnicity of beneficiaries (service users active for at least one day in the quarter).**

Recording ethnicity is improving on new referrals into the service.

Service Users Living Alone	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Yes	78	72	50	38
No	111	120	97	80
Total	189	192	147	118

***Number of beneficiaries living alone.**

There are still significant numbers of people who were living alone prior to being admitted for their stroke, who could be quite vulnerable and reliant on services or who needs to address their living arrangements temporarily or permanently post discharge.

2. Meeting with the organisation:

The Stroke Association were invited to meet with an Adult Services Commissioning representative. Several email requests were sent with the consultation documents enclosed but no response was received. This was followed up with a phone call but no subsequent meeting date was agreed.

Sharing of the EA template and request for comments

Declined by the Stroke Association.

The Council's summary of EA in respect of Stroke Association is a reduction in funding may reduce the support available to some older people who have suffered a stroke and their carers. Due to the preventative nature of the service there may be an increase in the number of people requiring intervention from statutory services, as reduced access to the Stroke Association may result in a reduction in the mental and physical wellbeing of both stroke victims and their carers.

Tibbs Dementia Foundation

The Tibbs Dementia Foundation is a Community Interest Company that provides a range of accessible services and activities for people living with dementia and their family carers in Bedford Borough only. There is one employee (the Chief Exec) and 35 volunteers plus 5 trustees. Expertise to run groups etc is hired on a sessional basis. Most users of the services pay the suggested donation of £4 per session but there is a significant minority who don't and who TDF feel it is not appropriate to chase for payment.

1. Contract monitoring information

Referrals 2015-16 Q2

REFERRALS	PWD	15	Carers	13
BAME		7 %		8 %
Gender	Female	7	Female	10
	Male	8	Male	3
Age	18 – 35		18 – 35	
	36 – 50		36 – 50	1
	51 – 65	1	51 – 65	6
	66 – 80	6	66 – 80	5
	81 +	8	81 +	1
Ethnicity	Asian : Bangladeshi		Asian : Bangladeshi	
	Asian : British		Asian : British	
	Asian : Indian		Asian : Indian	

	Asian : Pakistani Asian : Other Black : African Black : British Black : Caribbean Black : Other Mixed Race White : British White : European (excl UK & White : Irish White : Other	1 14	Asian : Pakistani Asian : Other Black : African Black : British Black : Caribbean Black : Other Mixed Race White : British White : European (excl UK & White : Irish White : Other	1 12
Employment Status	Employed : Full-Time Employed : Part-Time Education : Full-Time Education : Part-Time Voluntary Work Unemployed Retired	 1 14	Employed : Full-Time Employed : Part-Time Education : Full-Time Education : Part-Time Voluntary Work Unemployed Retired	1 2 1 2 7
Disability	Mental Health Physical / Sensory Learning none	15 6 	Mental Health Physical / Sensory Learning none	1 3 9
Referrer	Self Primary Care Memory Clinic	6 6	Self Primary Care Memory Clinic	9 4

	CMHT	2	CMHT
	Social Services	1	Social Services

2. Meeting with the organisation

Thursday 3 December 2015

Present: Margaret Anne Tibbs Director TDF, Sarah Russell Chief Executive TDF, Chris Ryan NED TDF, Gillian Abbott and George Hunt, Bedford Borough Council

Background

Services offered include -

- Clear Voices - Weekly groups for people with significant memory problems or dementia to meet together, without their family carer, in a supportive facilitated environment.
- Music 4 Memory - Music groups for people with dementia and carers.
- Activi-Tea Club - A group for people with dementia to engage in cognitively stimulating activities and discussions. The group runs simultaneously with the Encompass group and offers an opportunity for social engagement whilst the carer attends the Encompass group.
- Walking Group - A fortnightly walking group for people with dementia to enjoy a walk around the local area in the company of local Sixth Form helpers and trained, experienced volunteers.
- Encompass Group - A weekly group for carers offering opportunities to meet to explore the emotional journey of closely supporting someone with a diagnosis of dementia.

While not possible to quantify it seems likely that a reduction in TDF activity may lead to an increase in demand for social services for people with dementia and carers in the Borough.

Implications of 10.2% cut from Adult Services.

1. Some sessions would reduce to fortnightly from weekly.

2. Planned additional Clear Voices group (for newly diagnosed members) would not take place.
3. Stronger linkage with Memory Clinic would not take place.

Sharing of the EA template and request for comments

Summary of Tibbs responses

- The fact that a significant number of people hear about us by word of mouth means that there may be a danger that we are picking up from one particular social group. There is also a danger that carers who are educated, articulate and confident (likely to belong to that group) are the voices which we hear. This applies across all the activities of TDS, including music and sporting groups. Everyone involved in providing services need to be made aware of this as an issue. We have no evidence apart from anecdotal to support this and we are a very inclusive community with people from a variety of social backgrounds brought together by dementia. But it may be affecting those who approach us. This would be a reflection of the common experience of all service providing organisations throughout the country probably.
- Related to this point is that many people who use our services also use the services of Alzheimer's Society and Carers in Bedfordshire. This means that this group of people with dementia and their carers are receiving an excellent service which is well above average in comparison with most geographical areas. If people wish to they can attend a peer support group every day of the week and on some days more than one.
- But this means that a large number of people are not reaching us.
- There is a serious gap in the way the dementia pathway is working between the Memory Clinic/Community Mental Health Team/Older people's social services teams and the potential service users. These service, of course see everyone who has been referred by their GP and represent a wide spectrum of social groups. We have so much anecdotal evidence about this that it cannot be ignored. The sense that, following the diagnosis and being given a large amount of information by the CMHT the person with dementia and their carer are left alone to navigate the pathway on their own is expressed too often to be ignored. It may be that a radical change to the system is required.
- Those living in the north Bedfordshire villages where the carer is an older person themselves for whom car travel into town is becoming a challenge. The very poor public transport links are the cause of this and cuts to public funding are having an unequal effect on this group of people
- People from BAME groups are also under represented in our groups. It may or may not be the case that separate groups are needed for them. We simply do not know enough about this as yet and we certainly must not fall into the trap of thinking that all groups should be treated the same.

We have concluded therefore that some adjustments need to be made in respect of the above points. Although we are a friendly and inclusive community which is able to adapt and welcome people from different backgrounds there is still a great problem for many people

in reaching us. As we grow and reach more people we will need to be more aware of equality issues and develop the skills to work in this often sensitive area.

MCAG(Mature Citizens Action Group)

Telephone call with chair to discuss impact. Minimal impact as small sum involved (£50). No analysis required.

What consultation did you carry out with protected equality groups to identify your activity’s effect on equality?

In addition to the consultation meetings with organisations (summarised above), this proposal was subject to public consultation from 19 October to 14 December 2015. In summary 135 response forms were received which ranked the proposal as follows:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / no opinion
17	12	5	7	93	1

The above included responses from Bedford CAB, ACCM, The Federation of Small Businesses, Great Barford Parish Council, BRCC and Bedfordshire & Luton Learning Partnership.

In addition written responses were made by the following organisations: CVS, Oakley Rural Charity, Autism Bedfordshire, Bechar (Prebend Day Centre) and Carers in Bedfordshire.

Three petitions were received in support of continuing the funding for the following organisations:

- Bechar (Prebend Day Centre) – 21 signatures
- Bedford Guild House – 245 signatures
- Shopmobility – 102 signatures

	<p>Written responses were also received in support of individual organisations as follows: Bedford Guild House (2 responses), Shopmobility (2 responses) and Autism Bedfordshire (1 response)</p> <p>As part of the consultation a consultation meeting was organised by CVS with voluntary sector organisations that might be affected by this proposal, Council officers were in attendance to outline the proposal and respond to questions (notes of this meeting are included in the Background Papers).</p> <p>Representations from, or in support of, individual organisations all argue for the importance of the services provided by the voluntary body concerned and the impact any reduction in funding might have. In view of the large number of responses it is not possible to list all comments here and members are directed to the Background Papers which contains full copies of all matters that have been raised during the consultation. There are though some key overarching themes from the consultation:</p> <ul style="list-style-type: none"> - Positive impact of service on individual's health and well-being and if reduced the additional pressure on Council (social care and housing) services; - Social value / return and general value for money of the voluntary organisations concerned for relatively small amounts of grant which in turn supports a vibrant third sector; - Importance of local knowledge for any services that are commissioned in the future; - Using some of existing (BRCC) grant to enable third sector infrastructure support service to be provided; - What about exploring three year grant funding process?; - Commissioning will be time consuming and will stifle innovation; - Procurement exercise must be fair and robust and could disadvantage smaller organisations who do not have experience of commissioning; - Importance of Council grants for attracting match funding; - Rather than commissioning suggest 'strategic grant' approach; - Smaller grants should remain in place; but support proposed transition arrangements; - Hardship Fund acknowledged but this is a last resort and might support organisations that are unsustainable; - Impact of reductions on services provided in rural areas; - Council needs to signpost organisations to other funders
What does this	That they benefit from the activities currently funded and will benefit less when the funding reductions are made

evidence tell you about the different protected groups?

because service reductions will follow.

Age

- A large number of older people accessing Age UK Bedfordshire services have benefits issues and the commissioned service has secured over £500,000 in benefits for older people in Bedford Borough.
- 45% of Age UK Bedfordshire clients have physical disabilities.
- Housebound older clients are likely to be most affected by reduced services
- Over half of all people supported in rural areas through BRCC are aged 76-90 years old.
- Older people who volunteer with organisations that are funded may be affected if reduced funding results in less paid employees to support volunteers.

Disability

- Commissioned services help advance equality of opportunity by enabling people with dementia and their carers to live independently for as long as possible, reduced funding will likely and subsequent services will likely mean people with dementia and their carers having less opportunity to access services which will enable them to live well and independently and to access community activities and peer support.
- A reduction in funding for services for people with autism will mean over 30 adults in Bedford Borough would not access support from Autism Bedfordshire.
- Nearly half of all people supported in rural areas through BRCC have a disability
- The majority of people accessing support from Pohwer have a learning disability or Mental Health needs.
- People with disabilities who volunteer with organisations that are funded may be affected if reduced funding results in less paid employees to support volunteers.

Sex

- The majority of all people supported in rural areas through BRCC are women. Reduced funding and subsequent services may result in people presenting to statutory services later with much more intensive needs.
- The majority of carers accessing Alzheimer's Society services are women.

Other

- There is an increase demand in services for support in rural areas

	<ul style="list-style-type: none"> Equality monitoring data shows that there is a need within some commissioned services to explore increasing access to services for some under-represented groups.
What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the activity?	None

General Equality Duty

Which parts of the general equality duty is the activity relevant to?			
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity	Foster good relations
Age		The proposal to achieve 10% saving from the overall funding budget is relevant to ensuring access to services and support for older people whom the council has a statutory responsibility for under the Care Act 2014.	
Disability		The proposal to achieve 10% saving from the overall funding budget is relevant to ensuring access to services and support for adults with disabilities whom the council has a statutory responsibility for under the Care Act 2014.	
Gender reassignment			
Pregnancy and			

maternity			
Race			
Religion or belief			
Sex			
Sexual orientation			
Marriage & civil partnership			

Impact on equality groups

Based on the evidence presented what positive and negative impact will your activity have on equality?				
	Positive impact	Negative impact	No impact	Explanation
Age	<input type="checkbox"/>	x	<input type="checkbox"/>	<ul style="list-style-type: none"> • Will reduce availability of services that they currently benefit from. • All organisations said a 10% cut on their budget would negatively impact on services being delivered to older people. • Two organisations noted there will be a reduction in the number of people supported, with the capacity to only deliver support to the number of clients currently agreed in the contracts and not the additional clients currently supported. • One organisation said a reduction in staff for the project funded will likely change the service for older people from a direct, proactive support service to a signposting service. • Two organisation mentioned particular impact for older people in rural areas of the Borough who suffer isolation and lack of access to services due to

				transport issues. <ul style="list-style-type: none"> Two organisations mentioned particular negative impact for older people who are housebound.
Disability	<input type="checkbox"/>	x	<input type="checkbox"/>	<ul style="list-style-type: none"> Will reduce availability of services that they currently benefit from. (As above). One organisation said a reduction in funding will result in a reduction in the number of people who can be supported in the future
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	One organisation identified potential impact for older women living in rural areas if their service was reduced or changed as a result of a 10% reduction in funding.
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carers: Will reduce availability of services that they currently benefit from.

Commissioned services

What equality measures will be included in Contracts to help meet the three aims of the general equality duty?	The Adult Commissioning service uses the principles of equal opportunities outlined in the ADASS Easter Region contract.
What steps will be taken throughout the commissioning	

cycle to meet the different needs of protected equality groups?	
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Actions

	What will be done?	By who?	By when?	What will be the outcome?
Actions to lessen negative impact	Overall services will be reviewed and where necessary recommissioned to reduce negative equality impact.	Head of Commissioning	March 2016	There may be efficiencies to be gained where more than one organisation is serving the same client group, with less impact. However this is not clear cut at this stage and may not be an outcome of the review.
Actions to increase positive impact	Work with relevant organisations to develop equality action plans to increase representation of under-represented groups and to develop skills regarding equality issues.	Head of Commissioning	End of Quarter 1 2016/17	Increased access to services for under-represented groups.
Actions to develop equality evidence, information and data				
Actions to improve equality in procurement / commissioning				
Other relevant actions				

Recommendation

No major change required	x	Where equalities impacts have been identified for particular organisations these will be addressed by the production of a relevant action plan.
Adjustments required	<input type="checkbox"/>	
Justification to continue the activity	<input type="checkbox"/>	
Stop the activity	<input type="checkbox"/>	

Summary of analysis

In preparing this report, due consideration has been given to the Borough Council's statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010.

The equality analysis is based on evidence from contract monitoring information and service user data, public consultation and specific consultation with organisations funded.

Overall the analysis has shown that all organisations involved are delivering services to people with one or more protected equality characteristics. Where equality impact is identifiable then this will be managed with organisation specific action plans.

Monitoring and review

Monitoring and review Review of action plans.	Review date October 2016
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