



The Public Sector Equality Duty

The Equality Duty requires public bodies to have **due regard** to the need to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Protected Characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (elimination of discrimination only)
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Due Regard means consciously thinking about the three aims of the Duty as part of the process of decision-making. For example:

- How they act as employers
- How they develop, evaluate and review policy
- How they design, deliver and evaluate services
- How they commission and procure from others

Advancing equality of opportunity involves considering the need to:

- Remove or minimise disadvantages suffered by people because of their protected characteristics
- Meet the needs of people with protected characteristics
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is low

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed in discrimination law. This could mean making use of an exception or positive action provisions in order to provide a service in a way that is appropriate for people who share a protected characteristic.

Officers should:

Keep an adequate record showing that the equality duties and relevant questions have been actively considered.

Be rigorous in both inquiring and reporting to members the outcome of the assessment and the legal duties.



Final approval of a proposal, can only happen after the completion of an equality impact assessment. It is unlawful to adopt a proposal contingent on an equality impact assessment

Title of the Assessment:	Pilot day opportunity services in the Ampthill area	Date of Assessment:	July 2018
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Stage 1 - Setting out the nature of the proposal and potential outcomes.

Stage 1 – Aims and Objectives
<p>1.1 What are the objectives of the proposal under consideration?</p> <p>The overall Day Offer project will review the provision of Day Services across Central Bedfordshire to create more personalised solutions that meet the needs of a range of care and support needs (e.g. dementia, profound and multiple learning disabilities).</p> <p>In developing the offer to all people who currently use day services, there will be a detailed review of the options for older people who receive day services at Ampthill Day Centre for Older People.</p> <p>Stage 2 of the review will see the evaluation of pilots in spring 2018 that were set up as potential alternatives to the current day centre in Ampthill and the launch of a formal consultation on proposals for the future of Ampthill Day Centre for Older People.</p> <p>The proposal is to introduce a ‘hub and spoke’ model where it is envisaged that the ‘hub’ for customers with all needs would operate on five days a week, and the ‘spokes’ for those with lower needs would operate across the five days between them. Thus, on any given weekday the same number of customers that currently attend Ampthill Day Centre, could attend either a hub or a spoke depending on their needs or preferences or the activities on offer.</p> <p>Pilots have been running at two sheltered housing schemes and are running at Silsoe Horticultural Centre.</p> <p>During stage 1, the Council co-produced with customers, carers and families and other stakeholders a set of key components and principles that should direct the development of the day offer.</p> <p><u>Key Components</u> These have been identified as important outcomes that should be achieved through a future day offer both for customers and their carers. A. Meet customer outcomes for social interaction and physical and mental stimulation. B. Meet carer outcomes for respite and peace of mind. C. Meet care and support needs.</p> <p><u>Principles</u> 1. Promote and maintain independence in a way which is personalised, flexible and responsive 2. Promote learning in a stimulating and supportive environment</p>



3. Greater integration and partnership with local communities
4. Maximise the use of community facilities that can be accessed by older people and adults with disabilities.

1.2 Why is this being done?

The Social Care, Health and Housing Directorate operates eight day centres for adults. Six are larger units – four primarily for older people and two for people with learning disabilities. All were originally built in the 1970's and 1980's and in many ways no longer reflect the needs and aspirations of their customers. This is reflected in their usage. All of the sites are in the ownership of the Council, and some co-located with other council facilities.

The older people's centres support some 325 older people and adults with a physical disability, with an average of 120 daily attendances. Occupancy levels have been declined in many centres with the older people centres generally operating at about 70% of their original capacity, and learning disability centres about 30%.

Since the inception of Central Bedfordshire Council, it has been recognised that the provision of day services to all customer groups needs to be modernised. This has been part of the core strategy set in terms of improving outcomes for vulnerable people and moving from institutional to personal solutions.

Implicit in the transformation of services from the current to the new Day Offer is the need to effectively manage Council resources and deliver improved value for money whilst achieving the transformation objectives.

Following initial engagement activities, it was agreed that the eligibility requirements to access day opportunities could be widened beyond those customers who have been assessed as having eligible care and support needs. Instead the new Day Offer could also appeal to people who do not meet eligibility criteria and, so long as there was an appropriate charging regime in place for such customers, this could offer opportunities for both expanding the range of activities available whilst being cost neutral.

1.3 What will be the impact on staff or customers?

The hub and spoke model would meet the needs of people with disabilities as there would be at least one option appropriate for all customers regardless of their care needs.

The hub option would be primarily for customers with the highest needs and for whom care and support needs would need to be delivered within a building base. The hub option would also be appropriate for customers with lower care needs.

The hub option would be an improvement on the current provision because it would be delivered out of a smaller building which improves opportunities for social interaction and reduces anxiety for customers with dementia that prefer a more homely space. The delivery of the service 5 days a week would ensure consistency and continuity of care which reduces stress, especially for customers with dementia. The range of activities available would be wider than that currently offered and based on customers' preferences.



The buildings used during the pilot for the spoke options were most appropriate for people with lower care needs due to the facilities available. Other options are being sought to improve the range of services for people with higher care needs but there is no guarantee that spoke services at this stage could meet these needs.

Spoke services provide the opportunity for customers to attend less formal services run by a wide variety of providers and delivered locally in existing community facilities. There is also the option for customers to seek their own bespoke day opportunities through the use of direct payments.

Many of the existing day centre users are vulnerable either due to frailty or their disability and have been using services for a long time. Carers also benefit from these services as respite. Potential changes to the service could therefore cause concern to users, carers and their families. To reduce the impact of this concern the first phase of the project to develop the offer had a strong element of involvement and co-production with the customers, relatives, carers and staff.

For Ampthill specifically, the anticipated impact of the hub and spoke model are:

Existing customers

- The five day a week hub provision to cater for those with greater care and support needs would ensure that an option is available for customers that require specialist changing facilities with hoists and larger toilets. This provision would also benefit customers with dementia or other cognitive impairments who may require the consistency of the same venue each day.
- Customers with higher care needs may not be able to access all spoke day opportunities as the equipment and adaptations required is not normally available in other community settings. This may reduce the opportunity for these customers to maintain friendship groups with other customers that prefer to meet in spoke services. However, whilst the pilots in Spring 2018 were not set in fully accessible venues, efforts are being made to identify spoke opportunities that would be available to all customers.
- Customers' choice would be the same as currently experienced at Ampthill Day Centre, as one hub option is guaranteed to meet all care and support needs. The offer within the hub however would be improved with fully accessible buildings in a more homely environment and an improved range of activities.
- Due to the increase in day opportunities in spoke venues, customers with lower care needs would have more choice than those with higher care needs.
- The location of spoke services will be based on the results of mapping the location of existing customers, to check where services are best located to meet demand from the local area. As a result, some customers will benefit from shorter journeys to the pilot day services as there will be options spread around the Ampthill area, rather than one base in Ampthill as is the current case. This would aid the development of local community and friendship groups.
- The venues for the spoke services will provide a more homely, comfortable, and less institutional setting.
- Some services that are currently available at Ampthill Day Centre may not be available in every spoke service, such as a hairdressers, bath and laundry. The council will seek to enable these within the spokes where possible or signpost customers to alternative options where required. For example, extra care schemes such as Lavender Court have assisted bathrooms where baths can be provided, and the day service uses peripatetic hairdressers who are able to come to where individuals are.



Wider community

- There is the opportunity to develop work experience schemes for people with learning disabilities who could work at the schemes.
- As the spoke services may be based in sheltered housing schemes, where scheme tenants can also join the session, there will be a wider mix of ages accessing the service. Customers will also benefit from the establishing community at the scheme.
- There are more opportunities to embrace local community resilience and social assets through local spoke services.

Staff:

- Staff have been engaged throughout the process to understand and mitigate adverse impacts where possible.
- In the development of future services, an assessment will be carried out on whether the building and staffing levels meet the needs of customers to ensure the safety of staff, e.g. lifting customer without a hoist.

1.4 How does this proposal contribute or relate to other Council initiatives?

The proposed action supports all the Council's priorities, listed below:

- Great resident services
- Protecting the vulnerable; improving wellbeing
- Creating stronger communities
- A more efficient and responsive Council.

The other projects and processes that the Day Offer project relates to are:

1. Houghton Regis Central
2. MANOP (Meeting the Accommodation Needs of Older People) project wider developments of care homes and extra care facilities
3. Dunstable Leisure Centre
4. Biggleswade Integration Project
5. Independent living offer for vulnerable people
6. Integrated Services Review
7. Direct Services Review.
8. Sheltered Housing Review



1.5 In which ways does the proposal support Central Bedfordshire’s legal duty to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act

Services provided and commissioned by the Council must follow equality legislation to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act and there are existing training, policies and procedures in place to support this which will continue and/or be extended to any new services which may result from this review.

A component of the Day Offer is ‘Meet care and support needs’. Those entitled to care will still have their needs met. The service may also be extended to those who do not meet eligibility criteria through an appropriate charging regime.

A hub and spoke model ensures that all customers will be able to access a day service. Customers with higher care needs that require specialist equipment or facilities will initially have the choice of one hub option (as they do currently) but this is anticipated to improve as the day offer is developed to include fully accessible spoke services and other hub options in other area of Central Bedfordshire.

An assessment would be carried out before a customer can access a service to check that the building and staffing levels are appropriate to meet the client’s care needs. Customers are involved in making decisions about activities at the centres to ensure they are appropriate. The client’s support plan also includes details around the client’s preferences such as any culturally specific meal requirements.

Advance equality of opportunity between people who share a protected characteristic and people who do not share it

Current day services are based on a model that is difficult to personalise and meet the specific needs of individuals. An aim of the project is that at its completion there will be a better ‘match’ between the needs of the people using day services and the service(s) they are using. This will give customers a better opportunity to access services that meet their individual needs.

A key principle that will advance equality is to ‘promote and maintain independence in a way which is personalised, flexible and responsive’. This will ensure people can have a choice, make decisions, feel involved and valued and able to make a meaningful contribution where able and recognise and respond to current and changing care and support needs.

Foster good relations between people who share a protected characteristic and people who do not share it



The current day offer model can be seen to segregate customers from the wider community. The review has the opportunity to consider how services can be better provided to foster improved relations between people who do not share a protected characteristic.

A key principle is to ‘Aim for integration and local community cohesion’, specifically to:

- encourage involvement of a wider range of people including across generations and the community
- develop opportunities that bring people together with a variety of needs and interests where possible and desirable.

The Ampthill pilots showed that there are a range of benefits for the wider community such as work experience schemes for people with learning disabilities, volunteering opportunities for local residents and an opportunity for a wider age range of tenants and service users to engage and enjoy day centre activities together.

1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?

Carers and service users have raised the concern that changes to services could lead to the loss of existing friendships leading to social isolation and loss of support networks. Older people and people with disabilities are at increased risk of isolation and so a change in service that impacts on service users’ opportunity to maintain existing friendships could have a disproportionate effect on those with these protected characteristics.

Specifically, for Ampthill, the project recognises the importance of maintaining friendship groups. The project will aim to maintain friendship groups where possible. However as customers with higher care needs may not be able to access all spoke services in the Ampthill area, it is possible that customers with lower care needs may choose to access a spoke service and therefore not meet in their established friendship group as frequently. Lower care needs customers would however be able to access hub services, subject to capacity and prioritising customers with higher care needs.

Stage 2 - Consideration of national and local research, data and consultation findings in order to understand the potential impacts of the proposal.

Stage 2 - Consideration of Relevant Data and Consultation

In completing this section it will be helpful to consider:

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? / Who should be using the service? Why aren’t they?

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- **Appropriateness** – Does the service meet people’s needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?

2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.

Internal desktop research

	Place survey / Customer satisfaction data	x	Demographic Profiles – Census & ONS
	Local Needs Analysis		Service Monitoring / Performance Information
x	Other local research		

Third party guidance and examples

x	National / Regional Research	x	Analysis of service outcomes for different groups
x	Best Practice / Guidance		Benchmarking with other organisations
	Inspection Reports		

Public consultation related activities

x	Consultation with Service Users	x	Consultation with Community / Voluntary Sector
	Consultation with Staff	x	Customer Feedback / Complaints

Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces

Consulting Members, stakeholders and specialists

x	Elected Members	x	Expert views of stakeholders representing diverse groups
	Specialist staff / service expertise		

Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc

Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.

**2.2. Summary of Existing Data and Consultation Findings: - Service Delivery
Considering the impact on Customers/Residents**

- Age: e.g. Under 16 yrs / 16-19 yrs / 20-29 yrs / 30-44 yrs / 45-59 yrs / 60-64 yrs / 65-74 yrs / 75+



Current profile

Amphill Day Centre user age profile (May 2018)

Age groups	Count of customers accessing services	% customers
Under 65	0	0
65-74	9	20%
75-84	15	33%
85-94	17	38%
95+	4	9%
Grand Total	45	

Key findings from stage 1 engagement

- All five of the principles set out in the original day offer will benefit older people most in need of the service and younger people who find age-appropriate services difficult to access.
- There are likely to be concerns about the perceived loss of particular services or centres and this could have a disproportionate effect on people that are vulnerable due to their age.
- There are concerns that changes to provision could disperse friendship groups, which could increase a sense of loneliness, which older people are at most risk from.
- No 16-24 year old customers took part in the consultation; therefore the views of those services users recently transitioning from Children’s Services to Adult Social Care have not been captured.

Key issues affecting people with protected characteristic

As people live longer at home the prevalence of dementia and other long-term conditions increase.

For older people there are likely to be concerns about the perceived loss of particular services or centres.

Assumptions are sometimes made that it’s natural for older people to have lower expectations, reduced choice and control and less account taken of their views (DOH).

In 2006, 63% of people aged 65 to 74 reported having a longstanding illness and 38% said longstanding illness limited their ability to carry out daily activities. 70% of people aged 75 and over reported having a longstanding illness and 50% said longstanding illness limited their ability to carry out daily activities (Office for National Statistics – ONS).

Scores of three or more depressive symptoms were more likely among older respondents (of both genders) and higher scores were more prevalent in those reporting LLTI and mobility problems. Around 25% of those over 65 had significant depressive symptoms in 2005. The comparable figure in the general population is around 10%.



Strategic commissioning - Research undertaken for the Department of Health looking at age equality in Health and Social Care highlighted that good information on health, care and wellbeing needs was seen as an essential first step in ensuring that service planning and delivery are fair and proportionate. People who can experience multiple discrimination such as older people from minority ethnic groups can be overlooked. Commissioning must be informed by data that is broken down and analysed by age and other factors. Public involvement in commissioning decisions is crucial. Representatives of patient, service user and public groups observed that their role needed to cover planning and design stages and also the delivery and evaluation and review stages. LAs needed to use age appropriate means of engaging different groups, especially different communities of older people.

The Foundation for People with Learning Disabilities carried out desktop research in 2010 for an Equality Scoping Study to understand the how Valuing People Now, the government's LD strategy, had improved the fairness of services (with a focus on the protected characteristics). In relation to age, the study found that "some of the issues raised highlight a dilemma: to what extent should older people with learning disabilities be included in older people's services? And what reasonable adjustments would be needed to such services in recognition of the different life experiences that people with learning disabilities may have had? It seems likely that the policy of some councils (moving people at age 65 from learning disability services to older people's services, with a resulting reduction or change in support) will be open to challenge on grounds of age discrimination. Other key issues include the importance of planning ahead with older families and ensuring that policy on older people (including dementia care and future funding of social care) is sensitive to the specific needs of older people with learning disabilities and older family Carers."

Joseph Rowntree Foundation published *Older people with high support needs: how can we empower them to enjoy a better life* in 2010. This found that the group of older people with high support needs is growing, becoming increasingly diverse and changing, as new sub-groups emerge and the prevalence of some conditions, such as dementia, increases. There is limited evidence about what older people with high support needs want and value and ageism acts as a key barrier to hearing their voices. Improving quality of life for this group is often about making simple changes to how existing services are run. Personalisation, assistive technology, and the development of user involvement in commissioning present opportunities as well as challenges.

Age UK published *A summary of Age UK's Index of Wellbeing in Later Life* in 2017 which showed that the factors that have the highest level of impact on wellbeing in later life are:

- Creative and cultural participation
- Physical activities
- Thinking skills

The report concluded that "the most striking finding from this Index is the importance of maintaining meaningful engagement with the world around you in later life – whether this is through social, creative or physical activity, work, or belonging to some form of community group. Taken together, these forms of participation contribute in excess of 20 per cent of wellbeing".

Stage 2 - Pilot evaluation feedback

Wingfield Court tenants

81% of the 21 Wingfield Court sheltered housing scheme tenants and local residents that responded to the evaluation survey stated that would be happy for the pilot to continue. Eight



respondents regularly took part in activities and four occasionally and the activities were judged to be good by six respondents, excellent by four and two did not answer this question. Three people who took part regularly said that they enjoyed the day and meeting other people. Two people commented that it made the scheme feel like a residential / nursing home and it was not what they agreed to when signing their tenancy.

Wingfield Court pilot service users (all respondents aged 75+ and all consider themselves disabled)

- 5 of the 8 respondents felt that there had been more physical activities at the pilot service
- All 8 felt that there had been more social activities,
- All 8 had made more friends,
- 3 (38%) felt that they had been able to take part in activities that promote learning new skills, the other respondents felt it had not made a difference.
- All felt that the facilities met their care and support needs,
- All 8 felt that the pilot was flexible and took their needs and choice in to consideration.

A respondent said: “more socialisation due to smaller group”. A carer said: “Due to X’s hearing the smaller environment is beneficial. X has settled and interacts much more than at the [Amphill Day] centre.”

Gale Court pilot service users (all respondents aged 75+ and all consider themselves disabled)

- 3 of the 5 respondents felt that there had been more physical activities at the pilot service
- All 5 felt that there had been more social activities,
- 4 had made more friends,
- 3 felt that they had been able to take part in activities that promote learning new skills
- Of the 4 that responded to this question, all felt that the facilities met their care and support needs,
- All 5 felt that the pilot was flexible and took their needs and choice in to consideration.

A response on behalf of a service user stated “x has enjoyed the small space, due to his hearing and dementia the space and environment is better”, the service user’s carer also said that “x has settled really well, very convenient to bring him”.

Some tenants were unhappy as their room is usually used every day for a coffee morning and some tenants felt that they can not use the space freely now.

- Disability: e.g. *Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

Current service user profile

The primary support reasons for Amphill day opportunities customers to receive care and support are below.

Variety of disabilities/ support reasons of customers using Amphill older people day centre (May 2018)

Primary support reason	Amphill Day Centre count	Amphill Day Centre %	All OP day centres%
Mental health support	3	7%	5%
Learning Disability Support	1	2%	2%
Memory & Cognition Support	6	13%	13%

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Physical disability	26	48%	62%
Sensory disability	1	2%	1%
Social - Social Isolation/Other Support	8	18%	11%
Other	0	0%	4%
Grand Total			100%

The table¹ below shows the number of customers that have dementia (in 2015) at each centre. In Ampthill 49% of service users have dementia, compared to 46% overall.

Centre	Number of attendees	Number of attendees with dementia
Ampthill	72	35
Biggleswade	82	34
Houghton Regis	80	38
Leighton Buzzard	72	35
Totals	306	141

Data from 2015.

Key findings from stage 1 engagement

- All five of the principles set out in the original day offer will benefit people with disabilities.
- A higher proportion of customers with physical disability support needs will be impacted by a change to CBC day centre provision as 96% of day services in day care establishments are met by CBC day centres, compared to 69% of customers with LD support needs.
- There are likely to be concerns about the perceived loss of particular services or centres and this could have a disproportionate effect on people that are vulnerable due to their disability.
- Changes to service provision can have a disproportionate impact on people with dementia, autism, those suffering from depression, anxiety, impaired eyesight and/or hearing and reduced mobility.
- There are concerns that changes to provision could disperse friendship groups (especially among LD customers). This could increase the risk of social isolation, which disproportionately affects disabled people.

Key issues affecting people with protected characteristic

Disabled people do not always have the same opportunities or choices as non-disabled people. They can experience discrimination, lack of respect and unreasonable barriers to participation in society on an equal basis.

Around 1 in 5 people in Britain have an LLTI/disability (over 10 million), which is strongly associated with self-reported poor general health

¹ Day Opportunities Vision Paper 160605



The proportion of people with Limiting Long-Term Illness (LLTI) or disabilities rises with age, so that a large proportion of people over 75 report these conditions.

The likelihood of having such impairment is not evenly spread across the population. Women are more likely than men overall, and people from some ethnic and religious groups – especially some Asian Muslims – appear more likely to report an LLTI or disability. In both cases, the differences tend to become more accentuated at older ages, so for example nearly 2 in 3 Pakistani and Indian women over 65 had a LLTI or disability in 2001.

15% of those with a learning disability reported their health as not good. The rates were highest for those who were unemployed, socially isolated, older and from an ethnic minority community.

Social care services are vital in order to progress equality for disabled people. If these services are not part of the solution in actively removing the barriers to living independently that disabled people face, they can become part of the problem in creating barriers to equality (The then Commission for Social Care Inspection, now Care Quality Commission.)

Disabled people said they experienced the following barriers to equality in social care services:

- Physical barriers were the most common barriers to disability equality addressed by sample of services (24% of 400 services). Environmental barriers, such as poor access to or within buildings, can be significant, but they were experienced by the lowest number of disabled people (17% of the 307 disabled people taking part in our survey and 37% of people with physical or sensory impairments).
- Communication barriers were experienced by a majority of disabled people responding to the survey, with only 38% agreeing that all staff communicated well. These barriers were not always related to the disabled person's impairment, for example providing information in accessible formats, but could be due to the communication skills of staff.
- Social inclusion barriers - only 29% of disabled people living in care homes felt that the service had helped them to challenge disabling barriers in the community, e.g. transport or inaccessible community facilities, compared to 43% of people using home care and 44% of people using Direct Payments.
- Attitudinal barriers were the most common barriers that people faced. 55% of all disabled people, and 65% of people living in care homes, had experiences of social care staff who did not respect their right to be treated equally with non-disabled adults; for example patronising attitudes or a lack of regard for the disabled person's rights to make choices about how care was delivered.

Disabled people are more than twice as likely to be out of work as non disabled people. (Family Resources Survey - 2006/07)

Only one in two disabled people are likely to be in employment compared with four in five non disabled people. (Government Equalities Office).

Disabled people travel one-third less than non disabled people and physical access to public transport can be difficult. (Disability Rights Commission)

The Foundation for People with Learning Disabilities 2010 Equality Scoping Study found that “despite some examples of good practice, efforts to improve opportunities [to reduce loneliness and encourage friendships] are being hindered for many people by the lack of clarity about



whether it is the job of services to support friendship and tensions with approaches to safeguarding. There will also be concern that one effect of the public sector recession may be to limit support for activities seen as ‘optional’. Addressing these issues will be vital if the ‘social capital’ component of personalisation is to be taken seriously.”

Stage 2 - Pilot evaluation feedback

See age section.

- Carers: A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem

Current profile

The table² below shows the number of customers that attend the service in older people centres that also provides respite for their carer:

Centre	Number of attendees	Respite	% carer support
Amphill	72	39	54%
Biggleswade	82	29	35%
Houghton Regis	80	39	49%
Leighton Buzzard	72	52	72%
Totals	306	159	52%

Based on 2015 data.

Key findings from stage 1 engagement

- BME customers will especially benefit from a day offer based on:
 - Principle 1 - Promote and maintain independence in a way which is personalised, flexible and responsive
 - Principle 3 - Aim for integration and local community cohesion
 - Principle 4 - Maximise and support existing community capacity
- Further research is required to understand why BME customers are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

Key issues affecting people with protected characteristic

Over 2 million people become carers every year (Carers UK). Every day, another six thousand people take on a caring responsibility and 3 in 5 people will become a carer at some point in their lives.

By 2026 more than 10% of the population will be over 75 and significant numbers of the workforce age 45+ will have caring responsibilities.

² Day Opportunities Vision Paper 160605



Over 65's account for around a third of those carers providing more than 50 hours of care a week, including many who provide informal care for grandchildren. Many also look after older relatives as well (Department for Work and Pensions).

Only 25% of carers receive a Carers Assessment and only 14% say that it has led to a change in support. 33% of local authorities are providing services to less than 6% of the carers within their area (The Princess Royal Trust for Carers).

1 in 9 carers are looking after someone with dementia (National Carers Strategy).

One in five carers report that their health suffers as a direct result of caring. (Carers UK)

BME carers in England:

- There are 503,224 BME carers in England;
- 10% of carers are from a BME background;
- Indian carers are the largest BME group (2.2% of all carers)
- Black Caribbean carers represent 0.9% of all carers, or 44,402 carers;
- Every year, 180,000 BME people become carers.

BME carers and health:

- 60,120 BME carers in England are in poor health;
- This is slightly higher (by 0.6%) than white British carers.

BME carers and employment:

- The majority of BME carers are of working age;
- Nearly a quarter of a million BME carers (241,320) juggle work and care;
- This is 9.74% of all carers in England.

England's half a million black and minority ethnic (BME) carers save the state a staggering £7.9 billion a year which is 41% of local authority total spend on social care – in stark contrast to the investment that is there to support them. Research by Carers UK shows that BME carers provide more care proportionately than white British carers, putting them at greater risk of ill-health, loss of paid employment and social exclusion. Certain groups also experience greater levels of isolation, namely Pakistani and Bangladeshi carers. Some of the key challenges identified in the research include:

- language and literacy barriers, which continue to be a challenge for some BME carers, especially for older and new immigrant communities of BME carers;
- Cultural barriers which hinder access to services because they can place huge restrictions on BME carers coming forward to receive services, for example, notions of duty to care for relatives;
- Lack of incorporation of BME carers' voices, and as a result of which, services may not be commissioned in the right way, or BME needs can be overlooked.

Three of the principles set out in the day offer will specifically benefit the carers of those receiving the services, through better access to services and support to maintain independence:

- Promote and maintain independence in a way which is personalised, flexible and responsive
- Maximise and support existing community capacity



- Maximise the use of community facilities that can be accessed by older people and adults with disabilities

- Gender Reassignment: *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

Key issues affecting people with protected characteristic

- 1 in 10,000 people suffer from the recognised medical condition known as gender dysphoria, generally referred to as being transgender or transsexual.
- Recent research estimates that 7% of the trans population are aged 61 or over (Equalities Review).
- Research undertaken in the areas of employment, health provision, social exclusion and hate crime indicates that Transgender people experience disproportionate levels of discrimination, harassment and violence. This includes bullying and discriminatory treatment in schools, harassment and physical/sexual assault and rejection from families, work colleagues and friends.

Social attitudes towards trans people - Although social attitudes have become more accepting towards trans people, there is a persistent assumption that there are only two genders (female and male) and that one's gender is assigned from birth and cannot be changed. Trans people still face prejudice. This continues to limit their employment opportunities (despite legislation prohibiting discrimination); their personal relationships; their access to goods, services and housing; their health status; their safety in both public and private spheres; and their access to health and social care. (Department of Health Guidance).

Mental Health:

- Trans people are susceptible to depression and at risk of suicide. (Department of Health)
- 33% of Trans Adults in the UK attempt suicide at least once. (Press for Change)
- Localised and small-scale survey data suggest that levels of poor mental health may be higher in the transgender population. One 2006 study of 819 LGBT people in Brighton and Hove indicated higher levels of the following disorders in the transgender population as compared to the LGB population over the past five years: insomnia, fears and phobias.

- Pregnancy and Maternity: *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

No identified impacts.



- **Race:** e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other

Current service user profile

Ethnicity of Ampthill Older People Day Centre users (unknown removed)

Ethnicity	Ampthill Day Centre count	Ampthill day centre %	All OP day centres %
White British	38	84%	93%
BME	7	16%	7%

16% (7) of customers using Ampthill Older People day care centre, where ethnicity is known, have black and minority ethnic backgrounds (all OP centres 7%). In 2011 the Central Bedfordshire population had 10% BME population.

Key findings from stage 1 engagement:

- BME customers will especially benefit from a day offer based on:
 - Principle 1 - Promote and maintain independence in a way which is personalised, flexible and responsive
 - Principle 3 - Aim for integration and local community cohesion
 - Principle 4 - Maximise and support existing community capacity
- Further research is required to understand why BME customers are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

Key issues affecting people with protected characteristic

BME people are twice as likely as the overall population to have no savings at all, and are less likely to own their own homes.

BME people are less likely to have a private pension. For example, Bangladeshi, Chinese and Pakistani people are roughly half as likely to have a private pension as white British people.

All BME groups experience higher rates of pensioner poverty than the rest of the population. For instance nearly 1 in 2 Bangladeshi and Pakistani pensioners live in poverty compared to 1 in 6 white pensioners.

The experience of black and minority ethnic people using social care services is still very variable. Whilst the majority of BME people say that they would recommend the service to another black or minority ethnic person and that staff were suitable, only around 50% felt that their needs as a black and minority ethnic person were adequately considered at their last assessment. 25% said that they had faced prejudice or discrimination when using services, with over half the people aged under 60 reporting this.

Examples included both direct discrimination such as verbal abuse and indirect discrimination such as the failure of services to provide information in the person’s preferred language or assumptions being made on assessment.



Many, particularly older people, had low expectations of services, were uncertain whether discrimination had occurred or were reluctant to report concerns - so providers are not necessarily getting the feedback that they need to improve.

- Religion or Belief: e.g. *Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

Current service user profile

Data not available.

Key issues affecting people with protected characteristic

- A lack of awareness about a person’s religious or other beliefs can lead to discrimination. This is because religion can play a very important part in the daily lives of people. In addition there is often a perceived overlap between race and religion which needs to be taken into account:
- Discrimination can occur if specific requirements are not taken into account for example:
 - Diet / fasting, e.g. some groups are vegetarian; others require animals for consumption to have been slaughtered in a particular way, e.g. Muslims and Jews.
 - Dress / Jewellery
 - Religious observance / prayer and festivals
 - Customs and practices to be followed in the case of birth and bereavement
 - Cultural stereotypes for maleness and femaleness

There is evidence of a disparity in effectiveness of social care services for people of different ethnicities:

- 54.8% of Asian people and 60.4% of Black people said that equipment they had received from services had “made their quality of life much better”, compared to an average of 68.5% across all ethnicities;
- 69.2% of Asian people said they were “very happy” with the way people who discussed their needs had treated them, compared to an average of 87.1% across all ethnicities;
- older Asian people (including Indian, Pakistani, Bangladeshi and other Asian groups) are less likely to live alone: while among White men aged 85 and over the proportion living alone was 42%, it was only 16% among Asian people and 23% among the Chinese or Other group;
- among African Caribbean men over 50, the risk of a potentially life threatening ailment is more significant than other groups. Yet the frequently present at a time when the chance of preventative intervention is too late.
- the Health and Social Care Information Centre Personal Social Services Adult Social Care Survey, England 2010 -11 found that services from the White ethnic group reported having a higher quality of life than users from the Mixed, Asian and Black groups (Adult Social Care Outcomes Framework Equality Analysis, DoH, 2010).

- Sex: e.g. *Women / Girls / Men / Boys*



Key findings from stage 1 engagement:

- The following principles will specifically help deliver services that meet the needs and preferences of men and women:
 - Principle 1 - Promote and maintain independence in a way which is personalised, flexible and responsive
 - Principle 2: Promote learning in a stimulating and supportive environment (especially for men)
 - Principle 3 - Aim for integration and local community cohesion
- The feedback shows that whilst the similar proportion of men and women access all day centre services, they do so for different reasons and outcomes. Men and women appear to value different elements of what a day centre can offer and thought should be given to when designing services how these different needs can be met in a group environment. Older people day centres deliver to a higher proportion of female customers than male and vice versa for LD day centres, again understanding this preference will be important in designing future services.

Current service user profile

The sex of CBC Older People Day Centre users (2015)

CBC OP day centre	Female		Male	
	Count	%	Count	%
Ampthill Social Centre (Day Care Establishment)	46	22.12%	31	29.81%
Biggleswade Day Centre (Day Care Establishment)	44	21.15%	18	17.31%
Houghton Regis Social Centre (Day Care Establishment)	69	33.17%	23	22.12%
Leighton Buzzard Day Centre (Day Care Establishment)	49	23.56%	32	30.77%
Grand Total	208	100%	104	100.00%

Key issues affecting people with protected characteristic

Women’s level of reported LLTI was statistically significantly higher than men’s in the Health Survey for England (22% of men and 25% of women)

There is evidence across a range of health services that patterns of access, uptake and treatment diverge between women and men. The patterns are, however, complex, so that both men and women appear to be disadvantaged in some areas of healthcare.

Isolation: the emerging crisis for older men - A report exploring experiences of social isolation and loneliness among older men in England published by Independent Age found that:

- A growing generation of older men is facing a future of increased isolation.
- The number of older men aged 65+ living alone is projected to rise by 65% between now and 2030.
- Older men are more socially isolated than older women.
- Older men have significantly less contact with their children, family and friends than older women.
- The number of older men outliving their partners is expected to grow.

The report recommended that men approaching later life need to make efforts to retain and build their social network among friends, families and interest groups and that befriending and support services should be designed with older men’s interests in mind.



- **Sexual Orientation:** *e.g. Lesbians / Gay men / Bisexuals / Heterosexuals*

Key issues affecting people with protected characteristic

- It is estimated that 5 to 7% of the population in the UK is LGB (Stonewall)
- Some older people choose to self-exclude and are likely to continue to do so even after civil partnerships legislation: they may have lived their whole lives discreetly, even secretly, and therefore feel unable to make what would be a very public declaration of their sexual orientation.
- Older people are overwhelmingly perceived to be heterosexual; consequently, older lesbian, gay and bisexual (LGB) people have often been invisible in-service provision for older people. Older LGB people’s needs may be, in some respects, no different from those of other older people: for example, their safety and physiological needs may be addressed by physical adaptations to their home. However, other needs are often overlooked in planning care, such as opportunities for maintaining social networks. Older LGB people may have a greater need for health and social care services because, compared with their heterosexual contemporaries, they are:
 - two-and-a-half times as likely to live alone;
 - twice as likely to be single; and
 - four-and-a-half times as likely to have no children to call upon in times of need.

- **Other:** *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*

Socio-economic status and carers

There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.

One underlying issue is the extent to which they are able to meet this extra need by drawing on family help when conditions are not great enough to trigger local authority support, and the consequences this reliance on family may have on economic and social prospects.

The provision of informal care in later life is associated with socio-economic status: people aged 55-69 from lower occupational groups are more likely to be caring for a spouse than those from higher ones. This is linked both to a higher incidence of disability among those in lower occupational groups, and to the inaccessibility of support for those without the resources to pay for it.

2.3. Summary of Existing Data and Consultation Findings – Employment Considering the impact on Employees

- **Age:** *e.g. 16-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60+*



- **Disability:** e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement

- **Carers:** e.g. parent / guardian / foster carer / person caring for an adult who is a spouse, partner, civil partner, relative or person who lives at the same address

- **Gender Reassignment:** People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex

- **Pregnancy and Maternity:** e.g. Pregnancy / Compulsory maternity leave / Ordinary maternity leave / Additional maternity leave

- **Race:** e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other

- **Religion or Belief:** e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other

- **Sex:** Women / Men

- **Sexual Orientation:** e.g. Lesbians / Gay men / Bisexuals / Heterosexuals

- **Other:** e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership

2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?

Broadly, the main protected characteristics that define users of day services in Central Bedfordshire are age and disability. Any change to Ampthill Day Centre services will therefore have more of an impact on these groups – especially older people and people with a physical disability.

1. The current day services model can be seen to segregate customers from the wider community and seen to provide a one size fits all service.
2. The pilot spoke services were not accessible to customers with high support needs or appropriate for customers with wandering dementia and so it is not guaranteed that future spoke provision would be accessible to those with higher care needs due to the adaptations and space required. The hub and spoke model could therefore deliver the same level of choice (one venue) for customers with high support needs, whereas those with lower care and support needs would enjoy a wider choice. This could have an impact



on friendship groups if customers with lower care needs choose to access services in spoke venues, away from friends that can only access the hub service.

3. Change is likely to cause a level of anxiety for those currently accessing Ampthill Day Centre.

2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?

1. A principle of the day offer is to *Promote and maintain independence in a way which is personalised, flexible and responsive*. A review of the services provided will create the opportunity to develop new services that meet the needs of individuals that share a protected characteristic. The hub service would be set in a smaller venue than Ampthill Day Centre, which ensures that care staff and customers are closer to the customers and this engenders more social interaction. The 5 day a week service will also provide consistency to customers that may be adversely impacted by having to access services in a variety of settings such as those with dementia or other cognitive impairments.
2. A) The hub and spoke model aims to improve the current provision by providing more choice and flexibility through smaller spoke services. Potential options for future services have been tested as pilots and these were developed with service users, carers, staff and other potential users of future services and evaluated against the outcomes established in stage 1.

B) The piloted spoke services were delivered in communal rooms at sheltered housing schemes. The use of existing facilities in established communities has a number of benefits for the spoke service users and local community. Once a decision has been made on future service provision, options for long-term investment to enhance facilities would be considered to improve the accessibility of the venues and enable customers with higher care needs to access a wider range of services. Improving the accessibility of buildings will be proportionate to the demand for services in the area.

C) Whilst customers with high level needs may only be able to access hub services, the offer within the hub service would be an improvement on current provision as the building would be better able to meet care needs, the homely environment would be better for social interaction and there would be a better range of activities on offer that are based on customer preference.

D) An assessment criteria has been developed to ensure all buildings for future services meet standards and specification for customers with typical care needs. Staffing levels would also be assessed to ensure that there is sufficient staff to deliver a safe service that does not put customers or staff at risk.
3. Effective, appropriate and timely communication and engagement to plan and eventually implement any changes to provision will help to relieve the anxiety felt by customers, especially those vulnerable due to their age and disability. The day offer project has two key stages involving communication, engagement, consultation and co-production to come to a decision on the changes required to meet the outcomes of the project.



2.6. Are there any gaps in data or consultation findings

Evaluation of Silsoe Horticultural Centre pilot.
Feedback from stakeholders on the proposed day offer model.

2.7. What action will be taken to obtain this information?

Feedback is being collated during the Silsoe Horticultural Centre pilot and an evaluation report will be produced at the end of the pilot.
A consultation is planned for August 2018 to gain feedback on the hub and spoke model.

Stage 3 - Providing an overview of impacts and potential discrimination.

Stage 3 – Assessing Positive & Negative Impacts

Analysis of Impacts	Impact?		Discrimination?		Summary of impacts and reasons
	(+ve)	(- ve)	YES	NO	
3.1 Age	x			x	The overall project will affect older people most in need of the service and younger people who find age-appropriate services difficult to access. There are likely to be concerns about the perceived loss of particular services or centres and this could have a disproportionate effect on people that are vulnerable due to their age. There are concerns that changes to provision could disperse friendship groups, which could increase a sense of loneliness, which older people are at most risk from.
3.2 Disability	x			x	A higher proportion of customers with physical disability support needs will be impacted by a change to CBC day centre provision. There are likely to be concerns about the perceived loss of services or centres and this could have a disproportionate effect on people that are vulnerable due to their disability. Changes to service provision can have a disproportionate impact on people with dementia, autism,

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					<p>those suffering from depression, anxiety, impaired eyesight and/or hearing and reduced mobility. There are concerns that changes to provision could disperse friendship groups. This could increase the risk of social isolation, which disproportionately affects disabled people.</p> <p>The hub and spoke model would maintain the level of choice for customers with high care needs but with a better offer within the hub. There would be an increase the choice for those with lower care needs.</p>
3.3 Carers	x			x	Carers needs as direct customers of the services have been included in the overall offer.
3.4 Gender Reassignment				x	
3.5 Pregnancy & Maternity				x	
3.6 Race				x	
3.7 Religion / Belief				x	
3.8 Sex	x			x	Older people day centres deliver to a higher proportion of female customers than male. Services are designed with a person-centred approach to ensure individual preferences are understood and where possible catered for.
3.9 Sexual Orientation				x	
3.10 Other e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership	x			x	There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.



Stage 4 - Identifying mitigating actions that can be taken to address adverse impacts.

Stage 4 – Conclusions, Recommendations and Action Planning

4.1 What are the main conclusions and recommendations from the assessment?

The day offer's key components and principles provide a good basis for the development of personalised services that meet both carers and customers' needs. This places the individual's needs and preferences at the centre of planning for future services and thereby will take account of people's protected characteristics.

The main protected characteristics that define users of day services in Central Bedfordshire are age and disability. Any change to existing day centres and day services will therefore have a disproportionate effect on these groups – especially people that are older, have a physical disability, have a learning disability, dementia, autism and those suffering from anxiety or depression.

A higher proportion of customers with physical disability support needs will be impacted by a change to CBC day centre provision as 96% of day opportunities in day care establishments are met by CBC day centres.

There are concerns that changes to provision could disperse friendship groups and increase a sense of loneliness, which older people, disabled people and men are at most risk from.

The hub and spoke model has the following benefits:

- 1) Hub service would be delivered in a fit for purpose building with appropriate facilities that can meet higher care needs. The current setting of Ampthill Day Centre does not have an adequate changing place and the building is too large and institutional. The hub service would be delivered from a smaller setting that enables a more personalised service on several levels. The current hub pilot that is being tested at Silsoe Horticultural Centre has a more suitable and more comfortable environment, plus the care staff and customers are closer to the customers and this engenders more social interaction. The pilot also has a wider range of activities on offer.
- 2) The hub and spoke model would deliver services accessible to customers with higher care needs and provide consistency to customers that may be adversely impacted by accessing services in a variety of settings such as those with dementia or other cognitive impairments.
- 3) The spoke services would be smaller, locally based services that aids community cohesion and development of friendship groups and social assets. The spoke pilots were based in sheltered housing schemes and as some scheme tenants joined the session, there was a wider mix of ages accessing the service. Customers also benefited from the established community at the schemes.



- 4) Between them the hub and spoke services offer a wider choice and a more flexible and personalised offer.

The disadvantages to the hub and spoke model are:

- 1) The hub service will be the only option in the area that guarantees a venue accessible to all customers. This therefore limits choice to those that have a disability who require additional facilities or support to meet their needs. This could also have an impact on friendship groups as some customers will have a wider choice than others. However many customers are expected to mix and match spoke and hub opportunities so the impact on friendship groups should be limited. Further spoke options that are fully accessible are also being sought to seek to increase the choice of venues.

4.2 What changes will be made to address or mitigate any adverse impacts that have been identified?

The equality duty (Equality Act 2010) have been considered throughout the development and evaluation of pilot services as the principles and components of the day offer agreed with key stakeholders at stage 1 of the process, all link to the different elements of the equality duty. The principles and components will continue to guide future development of the day offer and the EIA is reviewed before key milestones to ensure that equality issues are highlighted and where possible mitigated throughout the development of the offer.

Communication, engagement and consultation activity ensures that customers, carers, staff and their families are involved in the development of proposals and the final offer. This ensures that personalised services meet the needs of key stakeholders.

Amphill Day Centre is the first older people’s day centre to be reviewed. As other day centres are reviewed, officers should consider the wider needs of customers that could potentially use hub services in all areas (should this model be approved). This would increase the choice for customers needing venues suitable for customers with higher care needs. In addition, in the development of spoke services (again, should this model be approved) opportunities for services to be delivered in fully accessible venues should be investigated, or the potential for venues to have facilities upgraded to meet the needs of those with higher care needs. This would increase the level of choice for all customers.

4.3 Are there any budgetary implications?

No.

4.4 Actions to be taken to mitigate against any adverse impacts:

Action	Lead Officer	Date	Priority
Consultation on the impact of the hub and spoke model	Engagement and Consultation Officer	November 2018	H

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Investigate further options to deliver day opportunities in fully accessible buildings in the Ampthill areas.	System Redesign Officer	December 2108	H
Include all customers with higher care needs, throughout Central Bedfordshire, their carers and families as stakeholders of future day centre reviews so that their views are heard in the development of additional hub services (subject to the approval of the hub and spoke model).	Engagement and Consultation Officer	Ongoing	H

Stage 5 - Checking that all the relevant issues and mitigating actions have been identified

Stage 5 – Quality Assurance & Scrutiny:	
Checking that all the relevant issues have been identified	
5.1 What methods have been used to gain feedback on the main issues raised in the assessment?	
<p>Step 1: Engagement activity took place to inform phase 1 which led to the development of the pilots. Feedback was sought from customers that took part in the pilots to understand how well the components were delivered to each individual.</p> <p>The EIA was discussed at the Day Offer Co-production meeting on 18th July 2018. This group involves carers, family, representatives from charities supporting customers and carers, the Older People’s Network as well as officers planning and delivering the services. The feedback was:</p> <ul style="list-style-type: none"> • The pilot at Gale Court may not continue as some tenants were unhappy that their communal space was being used for other purposes. To foster good relations between the younger tenants and older day service customers, another venue would be considered. • Data on non-users of the pilots was not included in the EIA or evaluation reports so we do not know why some customers chose to opt out of the pilots. Was it due to the accessibility of the venue or that the activities were not of interest? • Are there opportunities to delivery day services with integrated care hubs? • Is there flexibility to expand offer in future? • Silsoe Horticultural Centre is a work place and it is important to keep this identity as there are not many opportunities for people with learning disabilities to work and we do not want this lost. Is there capacity in the building to meet the needs of both customer groups? If the pilot is successful and becomes permanent service in the future, the transition to a 5 day a week older people’s day centre services there should taken slower and over a period of time so as not to disrupt Silsoe. Is it possible to add another building to Silsoe to increase capacity? • The Alzheimer’s Society provide a service to help with transition for people with dementia as change can be disruptive to this group of people. 	
Has the Corporate Policy Advisor (Equality & Diversity) reviewed this assessment and provided feedback? Yes	
Summary of CPA’s comments:	
18/07/18 The EIA is comprehensive.	

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On page 4 it states that *Some services may not be available in the spoke services that are currently available at Ampthill Day Centre, such as a hairdressers, bath and laundry. Instead customers will be signposted to alternative options.* Please provide further detail on what the alternative options are and how accessible they are. These issues can be very important for elderly and disabled people.

Action – EIA updated.

Step 2:

5.2 Feedback from Central Bedfordshire Equality Forum

N/A

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ne



Stage 6 - Ensuring that the actual impact of proposals are monitored over time.

Stage 6 – Monitoring Future Impact	
6.1 How will implementation of the actions be monitored?	Through the Day Offer project.
6.2 What sort of data will be collected and how often will it be analysed?	Demographic data of service users and their views at the end of the pilots.
6.3 How often will the proposal be reviewed?	There are various stages to the delivery of project which are reviewed against how well the components are delivered.
6.4 Who will be responsible for this?	Day Offer Project team
6.5 How have the actions from this assessment been incorporated into the proposal?	N/A

Stage 7 - Finalising the assessment.

Stage 7 – Accountability / Signing Off	
7.1 Has the lead Assistant Director/Head of Service been notified of the outcome of the assessment	
Name: _____	Date: _____
7.2 Has the Corporate Policy Adviser Equality & Diversity provided confirmation that the Assessment is complete?	
Date: <u>18/07/18</u>	