Equality Impact Assessment (EqIA)

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (this includes lack of belief), gender and sexual orientation.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

The Equality Duty must be complied with before and at the time that a change to services or particular policy is under consideration or decision is taken. A public body cannot satisfy the Equality Duty by justifying a decision after it has been taken.

Please write in Plain English as this document, once approved, will be published on the Council's website.

Title	
Reduce Expenditure on Learning Disability & Mental Health Community Care	
Date	July 2011
Lead Officer for this assessment	Ellie Davies, Project Manager, Improvement Programme Karen Moss, Strategic Equalities & Diversity Officer Margaret Radford, Strategic Equalities & Diversity Officer
List of other officers/organisations involved in the assessment	Wendy Adcock, Group Manager, Disability South Cath Cameron-Jones, Commissioning Manager Tessa Diment, Group Manager, Mental Health Mark Douglas, Assistive Technology Project Manager Ian Haines, Commissioning Officer Mark Jennison-Boyle, Team Manager - Supported Living Commissioning Paul Johnson, Group Manager, Disability North Ian Masson, Group Manager - Residential Care & Support, Younger Adults Andrew Perrins, Contracts Officer

1a.	What is being considered and why? Explain rationale behind proposed changes and other options considered, if applicable.

Background
In November 2010 a series of group Equality Impact Assessments (EqIAs) were completed on service review proposals that form part of the Council's Improvement Programme. These group EqIAs were presented to at the 15th December 2010 Cabinet meeting. One of the group EqIAs undertaken was on the theme of *Community Care Services,* which assessed the overall potential differential impact of various service review proposals coming under this theme. This included the *Reduce Expenditure on Learning Disability & Mental Health Community Care* project.

From May to July 2011, once a more detailed business plan had been developed, a more detailed equality impact assessment was undertaken on this project. This involved assessing each of the delivery strands within the project so that their individual and combined impact on staff and service users could be identified. An initial screening exercise was undertaken on each strand, involving the relevant workstream lead, a strategic equality and diversity officer and a project manager from the Improvement Programme.

This was followed by a joint EqIA workshop at the end of May, attended by project workstream leads, strategic equality and diversity officers and officers from the Improvement Programme. This considered the joint impact of all of project workstreams. The information provided in this form is the outcome of the combined assessment process.

What is being considered
The *Reduce Expenditure on Learning Disability & Mental Health Community Care* project aims to achieve efficiency savings of £5.124 million over 4 years (April 2011 – March 2015), most of this coming from the Community Care and Support Budget (CCSB).

The project will be delivered in the following way:

1. Applying a 'care funding calculator' to all learning / physical disability and mental health residential care placements where current weekly fees are high. This is an Excel sheet used by several local authorities to provide transparency in the negotiation and placement of service users in residential care.

2. As part of a national drive to reduce reliance on residential care and facilitate more independent living, this work supports appropriate younger adults (aged 18-65) with learning disabilities currently living in residential care to move into supported living (ie support to help them live as independently as possible in their own homes).

3. Achieving efficiency savings from a £10.2 million budget that transferred into Nottinghamshire County Council from the Primary Care Trust from April 2011.

4. Re-commissioning care and support services within 8 residential care homes that house residents who have a moderate or severe learning disability (commonly known as 'Partnership Homes'). This is required as the current contract (with Royal Mencap and Nottinghamshire County Council's in-house Direct Services Team), is shortly due to expire. Successful providers will be required to remodel some or all of the 8 homes in order to better meet the needs of current and future service users. Due to the mixed

nature of the current service users, it is expected that a range of alternative options will be used to meet the needs of the existing service users which would include support for people living in their own homes, alternative residential care, nursing care, and potentially keeping some of the existing residential care provision.

5. Using Assistive Technology in order to promote the independence of care of younger adults (18-65) with learning disabilities, and to reduce the need for other forms of support (eg support staff cover at night).

6. Reviewing existing spend on 21 current providers of supported living and identifying with them opportunities to reduce their rates down.

7. Working with providers of supported living to identify whether service user needs have reduced over time, or whether support can be provided in a different way.

8. Re-commissioning supported living and supporting people services that are currently being delivered in-house to external providers who are approved under the authority's Supported Living Framework agreement.

9. Piloting a process, working with five individuals with learning disabilities who are also labelled as 'challenging' services, to test how we can better commission alternative support for them.

10. Identifying opportunities to reduce the number and cost of residential placements for mental health service users.

The project is informed by two further enabling strands, which do not have any savings targets assigned to them:

a). The *Transitions* strand aims to identify all young people approaching 18 years, including those approaching the end of full time education, who require access to Nottinghamshire County Council (NCC) commissioned Learning Disability and Aspergers services in adulthood.

b). The *Predicted Needs* strand involves considered estimates of additional resource requirements to support adult service users with learning disabilities and Aspergers (who have previously been cared for via other sources, eg families / carers) over the next 12 months in order to meet predicted demand.

Rationale for changes
Whilst Adult Social Care costs are rising at an average of 5% per annum nationally, learning disability costs are rising at 8% per annum. This cost base is a result of national policy drivers towards independence and personalisation over the last 10 years, together with a rising provider cost base within the care market.

Learning disability services numbers are increasing in line with national trends of 2% per annum, and the complexity of social care needs is increasing as people are living longer with high levels of disability. Performance indicators show that Nottinghamshire has high levels of performance in Mental Health and Learning Disability services, whilst costs are average in Mental Health services and above average in Learning Disability services.

In 2009 the Care Services Efficiency Delivery (CSED) Team, part of the Department of

Health, undertook an independent analysis of expenditure and activity in Nottinghamshire across all areas of Adult Social Care. At the same time, in Learning Disability services the department was undertaking an internal review of expenditure and activity to consider ways to deliver a more efficient use of resources. The CSED analysis, together with the departmental work, identified areas of potential efficiency savings, including:

1. Reduction in the number of permanent residents in residential care
2. Reduction in admissions to residential care
3. Use of the care funding calculator to determine fees
4. Increased use of supported living as an alternative to residential care
5. Increased use of assistive technology
6. Review of commissioned hours in supported living
7. Reduction in levels of night time support in supported living services

This analysis forms the basis for the workstreams that make up this project.

1b.	**What is the demographic profile of the community you are serving?** **What is the profile of your services users by protected characteristics, where information is available?**

The main demographic profile of service users affected by the project are younger adults (18-65) with learning disabilities. More detailed profile information specific to each of the project's workstream is provided in the *'Demographic Profile'* column within Annex I.

In Nottinghamshire the prevalence of learning disability in the adult population is 14,700 of which 3,281 have moderate/severe or profound learning disabilities that are likely to require social care support (*A Health Needs Assessment for Adults with a Learning Disability in Nottingham and Nottinghamshire*, NHS Nottinghamshire County, Nottingham City and Bassetlaw, April 2010).

1c.	**Consider whether all service users are affected equally:**
	(i) Are there any adverse or negative impacts on people with protected characteristics? Give details and justification below:

Individual Workstream Impact
The impact of each project strand on service users has been considered, to identify any adverse or negative impacts on people with protected characteristics as a result to the change in services proposed. The findings of this assessment are provided in Annex I. Any areas of potential adverse or negative impact are indicated in grey, and mitigating action identified.

Combined Project Impact
The combined impact of all project workstreams has also been considered. The only potential combined impact identified that might result in an adverse or negative impact is the combined impact of the reduction in the number of supported living support hours commissioned plus the reduction in the hourly rate negotiated with supported living providers. This may make it harder for providers to deliver the same level of services that they currently do (eg day trips).

To mitigate against this, the Framework Agreement that governs the relationship between the Council and providers of supported living requires them to provide and perform their services in accordance with the Person Centred Plans and Care and Support Plans which are in place for each service user. Any performance defaults identified during annual

contract review assessments must be corrected, following a Performance Improvement Plan including measurable timescales.

<u>Combined Impact with Other Projects</u>
The combined impact of this project and other relevant projects currently being undertaken within the Council's Adult, Social Care, Health and Public Protection (ASCH&PP) Department has also been considered. In particular, the following two projects, which have had independent EqIAs undertaken on them:
- Supporting People Budget, available at <u>Link to SP EqIA</u>
- Modernisation of Day Services, available at <u>Link to DS EqIA</u>

At this stage, no definitive adverse or negative impact, or differential impact, on service users has been identified. However, this will be reviewed, as part of the refresh of this EqIA (see Section 6a).

Age: *Will the change in your service / policy have an adverse or negative impact on different age groups?* Please see Annex I.
Disability: *Will the change in your service / policy have an adverse or negative impact on people with a disability or on people who are associated with someone who has a disability eg a carer?* Please see Annex I for each workstream's impact on service users with a disability. The project's impact on carers has also been considered, including the concern expressed from carers during the Authority's *Big Budget* Consultation (see Section 2a below) that if the current level of service for people with learning disabilities is not maintained, it will be detrimental to their health. In addition, during quarterly carer meetings (see Section 2a) concern has been raised on maintaining continued quality of care, following re-commissioning of in-house services to external providers. Concern has also been expressed on the financial robustness of external providers, and the long-term security of placements should an external provider hit financial difficulties. Please see Section 4a below for mitigating action to ensure such concerns are addressed.
Gender: *Will the change in your service / policy have an adverse or negative impact on different genders, pregnant women or breastfeeding mothers, people who have reassigned their gender and have a different gender identity to the one they were born with?* Please see Annex I.
Race: *Will the change in your service / policy have an adverse or negative impact on people of different races, ethnicity, colour or nationality?* Please see Annex I.

Religion or belief: *Will the change in your service / policy have an adverse or negative impact on people who practice a religion or belief or no belief?* Please see Annex I.
Sexual orientation: *Will the change in your service / policy have an adverse or negative impact on lesbian, gay or bisexual people?* Please see Annex I.
(ii) Are there any positive impacts on people with the above protected characteristics? Give details below:

The following summarises some of the positive impacts that the proposals will have on service users, carers, staff and external providers of services:

- Both the *Transitions* and *Predicted Needs* work results in a reduction in the number of unexpected / unidentified cases of individuals requiring access to learning disability and Aspergers services, and a more effective response to demographic changes. This helps to ensure that appropriate support packages for service users are pre-planned and the re-investment of savings, which in turn will benefit a wider cohort of service users with eligible needs.
- The application of the *Care Funding Calculator* will, in some instances, identify individuals who would be better supported in the community through supported living arrangements, thus promoting their levels of independence.
- The move of appropriate individuals from *Residential Care to Supported Living* will provide more housing security to them, and give them more control over where they live, who they live with and how they wish to be supported, in line with the *Valuing People* objectives (a Department of Health programme).
- The re-modelling work on *Partnership Homes* may identify individuals whose needs may be better met in a supported living environment, thus promoting their independence. In addition, the process brings potential to consider services to meet the changing needs of people with learning disability, such as specialist dementia care.
- The use of *assistive technology,* where appropriate:
  o Will improve the dignity of care for service users, through reduction in routine welfare checks in both residential care and supported living by using assistive technology to automatically alert when a person requires assistance.
  o Will improve the quality of life for carers, through reduced stress levels, primarily through the provision of night time epilepsy and bed leaving alarms to ensure that carers can achieve a better night's sleep safe in the knowledge that they will be alerted if the person they care for needs assistance at night.
  o Will enable appropriate individuals to move from residential care to supported living, thus increasing their levels of independence.
  o Similarly, it may defer the need for some individuals to go into residential care, thus allowing them to maintain their independence for longer and remain with their families in their own home.
- The *reduction in the number of supported living commissioned hours* may lead to increased independence and self-respect for some service users.
- For those individuals involved in the *challenging behaviour* pilot, they will benefit from person centred support appropriate to their needs, that delivers good outcomes such as more community presence, more contact with family members and friends and less physical interventions.

2a.	Evidence Sources (i) Give details of any data or research that has led to your reasoning above. (ii) Give details of how you have engaged with service users and how you have used any feedback to influence your decision.

(i) Section 1a provides information on the CSED and departmental analysis that supported the rationale for the project. At the workstream level, there is also the following rationale for change:

Supported Living Alternatives to Residential Care:
Nationally, 30% of people with a learning disability live in residential care. The *Valuing People* programme identified that more emphasis needed to be placed on alternative ways of providing the housing that people with learning disabilities want, and the support they need to live in it. Supported living is identified as providing a greater degree of choice and control for service users with learning disabilities and the Department of Health recognises a supported living tenancy as settled accommodation (as opposed to residential care which is classed as unsettled).

Developing AT Solutions
A survey of night time interventions in supported living in 2010 has identified that in some cases, waking and sleep in support staff are not actually required as often as originally thought. More detailed analysis is being undertaken of this survey data, but currently it suggests that for some service users, their privacy and dignity is affected by having levels of care and support over night in their homes which are not actually required. The use of assistive technology will enable this care to be provided in a less intrusive way, whilst still maintaining an appropriate level of service to manage risks.

Reduction in Supported Living Commissioned Hours:
The CSED analysis, already referenced, identified that the council needed to review the number of support hours commissioned in supported living, as there were possible patterns of over commissioning compared to other local authorities.

Alternatives for People who Challenge Services:
There is a range of evidence nationally that people with learning disabilities whose behaviour is perceived as challenging have not benefited as much as others from the personalisation agenda, the *Valuing People* programme (2001) and *Valuing People Now* (2009). They are marginalised, receive poor quality support and services, have poor health and are more likely to be placed in out of are provision with poor monitoring of outcomes.

In order to address this, this workstream is part of a regionally funded programme commissioned by the Challenging Behaviour Foundation (CBF) which will undertake a pilot delivery of a process for personalised support and services to named individuals with challenging behaviour.

(ii) See Annex III for details of consultation and engagement with service users at both the project level and with regard individual project workstreams.

(Complete this section where staff are directly affected:)

3a.	**What is the profile of your current staff by age group, disability, gender, race and ethnicity, religion or belief, sexual orientation?**

Please refer to Annex II.

3b.	**Give details of how the proposed service changes (if applicable) will affect staff? Will staff of any particular protected equality characteristic be affected more than any other?**

The project will impact on the following different staff groups:

- Those employed directly by Nottinghamshire County Council.
- Those employed directly by provider organisations the Council commissions to deliver its services.
- Those currently employed directly by the Council but, as part of those project workstreams requiring re-commissioning, will transfer to external providers.

The impact of each project strand on staff has been considered, to identify any adverse or negative impacts on people with protected characteristics as a result to the change in services proposed. The findings of this assessment are provided in Annex II. In summary, no potential differential impact has been identified, but some potential adverse or negative impacts have been identified.

4a.	**How will you continue to protect people where you have identified adverse or negative impacts?**

What adverse or negative impact did you identify in 1c and 3b? What actions are you planning that will mitigate this impact?

Annexes I and II provides the mitigating action that will be put in place, or which is already in place, where potential adverse or negative impacts on staff or service users have been identified.

Section 1c(i) *Disability* above identified some concerns that carers have raised during consultation about the project as a whole. The following provides detail on mitigating action in place to ensure such concerns are addressed:

- *"If the current level of service for people with learning disabilities is not maintained, it will be detrimental to their health":*
  - In the majority of cases, the level of services being delivered will not change as a result of the project's proposals.
  - With regard to the *Reduction in Supported Living Commissioned Hours workstream,* every existing service user will have their individual needs reassessed and they will receive services that will be appropriate to their needs; services will only be removed if individuals have been assessed as no longer requiring them.
  - The review process to be followed is transparent, following the authority's Self Directed Support Assessment mechanism.
  - Any changes to the commissioned support packages will be agreed before hand with service users and their circles of support where appropriate. Where required, advocacy and best interest decisions will be applied.
  - Any impact on service users as a result of any reduction in the number of commissioned hours will be managed through the care management and reviewing process. As all service users have a personal budget, if outcomes are different to predicted, this will be picked up when care packages are reviewed annually by social workers.

- o When considering whether an individual can be supported at home rather than, eg in residential care, the assessment will consider both the service user's needs and whether their carer is willing or able to look after them at home. Part of the assessment process considers if any support needs to be provided to carers to help them with this, eg a sitting service, respite care, carer breaks.
  - o We are also looking at where assistive technology can be used to assist carers. AT equipment can be used to alert carers (particularly alerts for night time needs) and reduce carer stress. For example, through the provision of night time epilepsy and bed leaving alarms to ensure that carers can achieve a better night's sleep safe in the knowledge that they will be alerted if the person they care for needs assistance at night.
- *"Concern that the same level of quality of care will not be maintained following re-commissioning of in-house services to external providers":*
  - o Carers have been notified of the upcoming Partnership Homes tender by letter and invited to a series of group meetings to address any concerns they have. Consultation around the key areas to take into account when selecting a new provider has formed part of these meetings, and will be reflected in the tender documentation. Similarly, carers have been notified of the re-commissioning of the Inhouse Supported Living Service, and invited to sit on interview panels.
  - o Part of the evaluation of returned bids for both re-commissioning processes assesses providers' ability to deliver quality services. This will also be tested during interviews with short-listed providers.
  - o The Framework Agreement in place with supported living providers, and the contract that will be put in place with the Partnership Homes provider(s) requires them to demonstrate and maintain a properly documented system of quality assurance, which the Council can monitor. This must continuously review and improve the standard of service delivery, and take account of service users' needs and preferences.
  - o In addition, commissioned providers will have to undertake an annual service review of performance and service user satisfaction, and consider whether outcomes identified in each service users' Person Centred Plans are being met. Providers must complete annual contract review proformas and questionnaires, for review by the Council. If required, Performance Improvement Plans must be developed.
  - o Providers must also have and make available a clear written procedure to deal with complaints, which must be integrated with the Council's procedure for dealing with complaints. Monitoring and evaluation of complaints/concerns (numbers and nature) will take place. We will act on any reports of poor practice that are brought to our attention.
- *"Concern on the financial robustness of external providers, and the long-term security of placements should an external provider hit financial difficulties":*
  - o The financial robustness of external providers is tested during the commissioning process. For those providers already on the Council's Supported Living Framework Agreement, this has already been done.
  - o The Council may terminate its Agreement with external providers if there is a material detrimental change in the financial standing and/or the credit rating of providers which adversely impacts on their ability to supply services under the Agreement.

4b.	How can this be measured/evaluated?

In order to measure whether mitigating action is being effective, and to identify any changes required, the following measurement / evaluation methods will be used:

- Analysis of consultation feedback, and any comments / suggestions received.
- Analysis of the number and type of any complaints received.
- Review of Individual Support Plans, which are the 'contract' that exists between each service user and their care provider, setting out their wishes and needs, and the outcomes that must be met, based on service user assessments.
- Depending on capacity, undertaking Service User (and carer) Satisfaction surveys as part of the AT Solutions workstream.
- Annual quality audits and periodic review of provider contracts.

This is in addition to the departmental monitoring on the following by equality group / protected characteristics:

- Take up or non-take up of services, as appropriate.
- Employment statistics.

5a.	Decision Log – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

Overall Project

Initial approval to proceed with the project was obtained at the 21st October 2010 Council meeting. The covering report is available at Link to Covering Report and the summary business case for this project is provided at page B56 of Annex B, which is available at Link to Annex B.

A further report was also taken to the 15th December 2010 Cabinet meeting. A link to this report is available at Link to Dec 2010 report. The equality impact assessment, which formed part of a group assessment on all proposals under the theme of *Community Care Services,* can be found at Link to Group EIA Form.

This Equality Impact Assessment was approved by Jon Wilson, Project Sponsor and Service Director - Personal Care and Support (younger adults), on xxxxx and published on the Council's website xxxx. It is available at xxx (insert link once available).

Workstream Level

Re-commissioning of Inhouse Supported Living Service
Approval for the procurement of community-based support services to adults with learning disabilities under a new framework agreement from April '11 was obtained at the 6th October 2010 Cabinet meeting. This can be found at Link to Report.

More specifically, approval for the re-commissioning of the services currently being delivered in-house was obtained at the 6th July 2011 Cabinet meeting. This is available at Link to July 2011 report.

Care Funding Calculator
Delegated Decision Record ref AC/2010/00098 dated 04.08.10, which gave approval for a contract officer post for 18 months to achieve the efficiency savings via use of the CFC. Link to DDR.

PCT Funding Transfer
Cabinet approval for the transfer of commissioning and funding responsibility for learning disability social care from the NHS Nottinghamshire County and NHS Bassetlaw to the County Council was obtained at the 26th November 2008 meting. This report is available at Link to Nov 2008 report.

Partnership Homes
Approval to go out to tender for the re-provision of care and support in the 8 partnership homes for approach taken was obtained at the 4th May 2011 Cabinet meeting. This can be found at Link to May 11 Cabinet Report.

6a.	Date of Next Review:

July 2012 as part of the corporate equality impact assessment process, or earlier as and when any changes are made to the proposals.

6b	If review is not required, explain why.

6a	Approved by:

Jon Wilson, Project Sponsor and Service Director - Personal Care and Support (younger adults)

6b	Approval date:

29 July 2011