

Cabinet on 3rd July, 2014 – agenda item no 5

Equality impact assessment

Name of policy, service or decision: More effective commissioning of support packages and residential care for people with learning disability

Lead directorate: The Directorate of Adult, Community and Housing Services

1. Description – what is being assessed?

The current budget for externally purchased services is approximately £31 million and the proposed target for savings from these areas in the medium term financial strategy is £696k in 2014-15 and an additional £1.175 million in 2015-16.

Service change will focus on 'More effective commissioning of support packages and residential care for people who have a learning disability' through the implementation of strategies such as renegotiation of care packages with providers and assertive review and reassessment of the needs of all people with learning disability who are using these services and their carers.

2. Lead officer on original assessment: Ann Parkes

Review Lead Officer; Brendan Clifford

Members of EIA review team: Shobha Asar-Paul, Paul Benge, Ann Parkes, Nick Perks

3. Head of service: Ann Parkes

4. Members of original assessment team:

Ann Parkes; Paul White; Chris Herbert; Mandy Sharman ;Julie Cox

5. Date assessment began: January 2014

Review Date: June 2014

Background

6. What are the aims and objectives or purposes of the policy or function/service?

In order to reduce the current level of expenditure on externally commissioned/ purchased services for people with learning disabilities, a number of strategies will be employed which aim to achieve improved value for money, a more equitable distribution of available funds and improved outcomes for people with learning disability and their carers

<p>A very high proportion of LD services budget is invested in externally purchased high cost services and therefore to achieve the saving identified for the service as a whole, significant savings must be achieved in this area.</p> <p>There is no direct implication for staff employed by DMBC .</p>													
<p>7. Who is it intended to affect or benefit (the target population)?</p> <p>The people who will be affected by any changes in this area are people who have a severe learning disability who meet the Fair Access to Care (FACs) criteria which identifies them as being eligible for social care funding plus the criteria for accessing the specialist learning disability service ie have a severe learning disability plus associated health issues such as physical or sensory impairment .</p> <p>There are approximately 942 people with a Learning Disability meeting the FACS criteria currently known to the services.</p>													
<p>8. What are the main issues relating to each protected characteristic?</p> <p>Consider all three parts of the public sector equality duty:</p> <ul style="list-style-type: none"> • eliminating discrimination, harassment and victimisation, • advancing equality of opportunity, and • fostering good relations 													
All protected characteristics													
Age	<p>The LD funding is available to people with a learning disability who are aged 18 and above and who meet the specified criteria. The needs of young people coming through transition are increasingly complex and demand a higher level of funding than those people in the older age ranges.</p> <p>According to the Special needs register the population of people with learning disability can be broken down by age as follows:</p> <table> <tr> <td>18 -30</td><td>384</td></tr> <tr> <td>31-40</td><td>216</td></tr> <tr> <td>41-50</td><td>246</td></tr> <tr> <td>51 - 60</td><td>174</td></tr> <tr> <td>61-64</td><td>46</td></tr> <tr> <td>65+</td><td>100</td></tr> </table> <p>This would include those people with high level complex needs.</p>	18 -30	384	31-40	216	41-50	246	51 - 60	174	61-64	46	65+	100
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Disability	<p>The specialist resource is for people who have a severe Learning Disability and associated conditions e.g. mental ill health; sensory/physical impairment; autism etc) As long as people meet the FACs criteria they will be entitled to a level of social care funding to achieve their agreed outcomes which we will deliver by means of a personal budget. For people already in receipt of a service this policy may require a review of the way in which their outcomes are achieved and their needs met in order to achieve best value. People with the level of need which gives them access to either the social care funding or specialist service will not have their service removed , nor will their safety be compromised but their outcomes may be achieved in a different way . Through the provision of personal budgets people will be encouraged and supported to look at alternative ways of having their needs met.</p> <p>There are 127 people with complex needs recorded on SNR.</p>
Gender reassignment	<p>Assessments of need are applied to all people who meet our criteria regardless of gender, religious belief, sexual orientation. Support and care services are delivered in ways that are sensitive to these issues and focus on the outcomes to be achieved for each person. Such requirements are contained within the contractual agreements and monitored by contract monitoring officers and through the review process led by social workers and community nurses.</p>
Pregnancy or maternity	<p>This is not a significant issue amongst this client group- which could be regarded as an issue in itself as people with severe learning disability may not have the same opportunities as the rest of the population to have meaningful sexual relationships and family life. It is the policy of the Directorate that people with learning disability should be supported to have the same experience of family life and meaningful relationships as everyone. Joint working between the specialist learning disability team , children and families team and specialist health services aims to support people to maintain family life</p>
Race	<p>According to the Special Needs Register there are 95 people from minority ethnic backgrounds who have a learning disability. This is approximately 8% of the total number on the register</p>

	<p>There are 79 people with a learning disability from black and minority ethnic backgrounds in receipt of services- also 8%. The needs of people from minority ethnic communities are assessed and supported by the provision of a specialist social worker (EAST) who is from south asian background. Interpreting and translation services are readily available. Although people from minority ethnic backgrounds with a learning disability reflect the overall population distribution, there may be an issue with reluctance in accessing existing services and the perceived responsiveness of available services to meet cultural needs. The EAST team (Equal Access to Services Team) has worked with providers to help them become more sensitive to the needs of BME community groups. Where communities have refused these services they have been supported to set up their own specialist organisations eg Ehsas Carers & Apna service for young people with LD which provides day time activities.</p>																		
Religion or belief	<p>Assessments of need are applied to all people who meet our criteria, issues related to religion and belief would be part of this as described in the approach above.</p>																		
Sex	<p>See previous comments regarding peoples' right to family life and meaningful sexual relationships</p> <p>Certain conditions tend to be more prevalent amongst men which may require higher levels of support but this is determined by their needs assessment.</p> <p>According to SNR: -</p> <table><tr><td>Age</td><td>Female</td><td>Male</td></tr><tr><td>18-30</td><td>114</td><td>270</td></tr><tr><td>31-40</td><td>89</td><td>127</td></tr><tr><td>41-50</td><td>115</td><td>131</td></tr><tr><td>51-60</td><td>75</td><td>99</td></tr><tr><td>61-64</td><td>54</td><td>46</td></tr></table>	Age	Female	Male	18-30	114	270	31-40	89	127	41-50	115	131	51-60	75	99	61-64	54	46
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Sexual Orientation	<p>There are no specific issues relating to a persons' sexual orientation. Following a Joint Review, all service users have been asked to specify their sexual orientation to enable CTLD and providers to ensure that their response is commensurate with their wishes. Where people are able to express themselves in this are support is available through the specialist health service to define their needs</p>																		

Stage 1 – evidence gathering

Provide details of all information about the policy, service or decision which will help with the assessment. Use the headings below as reminders of what may be useful, although this not an exhaustive list.

See above the age profile of people with learning disability in Dudley and the breakdown by gender

Equality monitoring data:

What systems are in place to monitor current and future impact for each protected characteristic? What monitoring data is collected for each of the protected characteristics? Set out details of this data.

- Individual- through case reviews which explore how the service continues to meet individually assessed needs and provide a safe service.
- Contractual- most services are delivered by independent providers contracted to do so by the council. The delivery of the contract is monitored to ensure that it collectively meets regulatory standards (where applicable), provides a safe, reliable service to all people served by the contract and meets quality outcomes as defined in the contract specification
- Care Quality Commission- provides regulation (where applicable) against national standards
- Learning Disabilities Annual Data Set- this is sent to all providers of services to people who have learning disabilities and captures information about each service . There is also a an annual data set that is presented to the Partnership Board and captures activity and expenditure as well as providing a profile of the people using services

Engagement and customer feedback:

Meetings continue with key providers working in partnership with the Council to achieve efficiency savings whilst closely monitoring the impact on people with learning disability and their carers and the impact on service delivery and quality. The meetings have focused on identifying potential savings and efficiency measures, then agreeing an implementation plan with the provider. Any potential changes to a persons' plan and the impact are shared with key people and risk assessed before changes are agreed and implemented. Families and carers are consulted about proposed changes and their views are taken account of and included in the review process. Information from trial or pilot periods is shared to ensure people are not being put at risk as a result of any changes to their individual packages. The trials include use of telecare where it is appropriate for the individual,

A series of budget engagement events with Dudley Residents were held throughout January in order to inform people on the proposed budget changes. The budget changes were also discussed at the Learning Disability Partnership Board on the 13th January 2014 and the Autism board on the 10th February 2014. The Local Account was also published in an accessible format.

Feedback from carers identifies concerns about: -

- The potential negative impact on the quality of life level of their relatives if support packages are reduced.
- The additional stress they may experience if they are managing a person's personal budget
- The limited availability of services to purchase using their personal budgets

It should be noted that during the four years that the Adult Social Care Survey has been completed the responses from people with a Learning Disability who use services have been very positive with satisfaction ratings with staff averaging 93.2% and happiness with life averaging at 98.7%. The responses given by people in the survey feed into the ASCOF indicators for Adult Social Care as a whole.

Barriers to access:

Reduction in the funding available has not had a negative impact on people's access to social care funding which is subject to the application of the Fair Access to Care criteria (FACS).

Information about the borough e.g. Census data:

The Special Needs Register shows: the number of people with a learning disability

living in residential care — 242

living in supported living — 153

There are 28 residential, supported living and day care providers in Dudley that we have contracts with at present.

The number of people who may be affected by reductions who are currently supported by the top 20 providers (determined by those with whom we spend the most money) is 96.. Of these, plans are in place for approximately 21 of these people to move to a supported living model either by deregistering their current home or by moving to another home of their choice.

Background or comparative information:

The national adult social care survey enables us to benchmark customer feedback

What evidence is missing? What will be done to collect it?

Further work is in progress regarding gathering comparative data with similar authorities and improved data regarding local trends.

Stage 2 – data analysis

Provide details of the analysis completed on the information presented at stage 1 above, identify patterns or trends and compare with other authorities, national research, census data, etc.

Of the Adults supported with Learning Disability Service 42% access supported living service and 34% are in long term residential care. 11% of people use day care services and only 8% receive domiciliary Care.

As part of the approach to reducing cost, high cost packages of will be further scrutinised, any reduction in spend on this target group will be carried out in consultation with individual provider organisations. National data indicated that in Dudley there are more people living in residential care than in comparative boroughs. Although there is a policy in place that gives people the opportunity to live in supported tenancies many of the people currently living in residential care are elderly, having moved into residential accommodation as a result of hospital closure programmes in 1990s.

We have considered with providers whether there is scope for efficiency savings without compromising the safety of the person concerned. For example, where a reassessment or review of an individuals needs indicates that a wakeful night cover can be substituted by a sleep in cover with the introduction of assistive technology results in the reduction in staffing input needed.

Some providers have reviewed their staffing arrangements and shift times which has resulted in a saving without any detrimental impact on client support hours. This approach of looking at targeting support to key times and key people in shared living environments has resulted in reduced hours and costs whilst maintaining a safe level of support to individuals

Dudley has a good history of providing services in the borough for people with the most complex needs. This has been achieved by working in partnership with local specialist health colleagues and a small group of specialist independent providers to develop positive responses to behaviours that challenge without resorting to high cost out of borough accommodation.

Dudley has implemented the Care Funding Calculator to negotiate fair unit costs

with providers for all new placements of people with complex needs. This tool uses regional and national baseline financial data to arrive at a fair cost . Whilst not making significant savings on existing placements the use of this tool evidences the fact that commissioned services are at a fair cost commensurate with the individual's needs.

Stage 3 - assess the impact

Does the policy or function/service have any potential adverse impacts on particular protected groups? If so explain what they are.

The process described above does not have a disproportionate impact on any specific group within the target population. On-going involvement with people who use services and their carers will enable the service to understand systematic or specific issues which will then be considered and mitigated against.

Through the approaches identified above and working with provider agencies We will ensure that people with the highest levels of need continue to receive a safe, good quality service.

There is potential that the impact, either real or perceived, of the move towards a revised commissioning approach will see reduced satisfaction and therefore decreased ASCOF indicators for Dudley Adult Social Care. The provisional measures for the 13-14 survey indicates that Dudley Adult Social Care Services have improved on the previous years' results and that for three of the indicators we have achieved our best results since the indicators began. The aspects of the survey which specifically relate to people with a L.D state the following:

	2010/11	11/12	12/13	13/14
LD Very happy with staff	76.1	70.1	73.1	72.1
LD Life is really great	45.8	40.3	39.9	43.4

The question asking whether Life is Really Great in particular shows an improved

satisfaction rate.

The next carers' survey is due to be carried out later this year and the next survey for people receiving services will be carried out in early 2015.

Stage 4 - reasons for adverse impacts

Outline the reasons identified for adverse impacts

See above

Stage 5 - consider alternatives/mitigating actions

How will any adverse impacts identified be reduced or removed? Explain if it is decided that an adverse impact is unavoidable.

See above

The impact of the reduction in available resources will be mitigated against by:

- working in partnership with other organisations and departments of the local authority- to ensure maximum benefit is achieved from the totality of resources available
- working in partnership with service providers to achieve efficiencies without compromising safety or quality
- continue to support the development of micro enterprises; we have seen a significant increase in micro providers in the last 5 years
- extending the availability of personal budgets
- A change in the service mix in how people's needs are met could deliver some of the savings required without compromising on how people's needs are met.

Stage 6 - test the changes

Detail how the mitigating actions to reduce or remove the adverse impacts were tested, piloted or consulted on and the results of this.

During the consultation meetings referred to above the feedback from people with learning disabilities was consistently positive where they were in receipt of personal budgets which have enabled them to broaden their experiences- this was

reinforced by people who knew them and who had seen an improvement in their skills in a short period of time.

Several people with learning disabilities also commented that they were happy because they were becoming more independent.

Although older family carers have some reservations about the introduction of personal budgets believing it to increase their caring responsibilities many expressed the view that it is 'the best thing to have happened' and has given them and their relative much greater opportunity to have a more fulfilled life.

The implementation of personal budgets continues to be a concern for carers who feared that the budgets allocated would not be sufficient to replicate services previously provided directly. The robustness of the resource allocation system is being constantly benchmarked to ensure that it supports outcomes and is driven by care and support needs.

Through budget engagement and consultation as part of the Local Account, carers have expressed anxiety over the externalisation of services with fears that providers would have a reduced accountability to those who use services. Strong commissioning and contract monitoring arrangements will help to ensure that providers can be held to account by the council on specific parts of service delivery.

Stage 7 – decision making

Experience of using the Care Funding Calculator shows that more cost effective services are purchased that focus on precise support levels, commensurate with a person's abilities This enables regular review to assess the ongoing support needs and track improvements that may result in reductions and savings without compromising safety or quality of life

Initial negotiations with providers have also resulted in savings without quality being compromised.

The use of telecare has enabled some people over time to be less dependent on the constant presence of support staff

It is not deemed necessary to undertake a full EIA at this stage.

Stage 8 - monitoring arrangements

How will the equality impact of the policy or service be monitored in the future?

The ongoing impact of change will be monitored on an individual basis through regular reviews, consultation with people who use services and carers and also through monitoring complaints and compliments.

Routine contract monitoring with providers will also ensure that improved outcomes are achieved. Meetings with providers in which we were open and honest about the constraints faced, has proven to be a successful example of partnership working.

It has shown that by working in partnership efficiencies can be achieved without destabilising the marketplace. The provider has a say in how the savings can be made taking account of the individual's needs and the timescale to ensure that the change is sustainable. Consultation with the person and their family is incorporated into the process.

Stage 9 – action planning

Provide details of actions or improvements identified during the EIA.

- Continuation of provider reviews
- Streamline of the process for allocating personal budgets
- Improve communication with carers throughout the MAF/RAS process
- Encourage development of social enterprises/ micro enterprises
- Strengthen the self advocacy service to ensure people with learning disability have a stronger voice

Date completed:

Signed by assessment leader officer:

Review signed off by lead officer: