

Equality Impact Assessment



Directorate:		Adult Care & Support
Service:		Learning Disability
Name of Officer/s completing assessment:		Nick Fripp
Date of Assessment:		2nd August 2012
Name of service/function or policy being assessed:		Adult Learning Disability Services in Cornwall Council and Cornwall Partnership Foundation Trust.
1.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?	<p>The service provides assessment, support planning, and review and specialist interventions for people with learning disabilities and family carers. This includes determination of eligibility for social care services and the provision of safeguarding systems and actions for vulnerable adults. Social Care services are provided as a statutory function of the Council under a range of legislation as detailed in Appendix 1.</p> <p>The Integrated Service has two main elements:</p> <ul style="list-style-type: none"> - Assessment with planning and review for those eligible for services (including Safeguarding Support for vulnerable adults) This includes support to the service user to understand and then to plan for how a Personal Budget can be used to meet their care and

		<p>support needs.</p> <ul style="list-style-type: none"> - Specialist interventions for those eligible for services. This includes some Brokerage Support where the service user or carer chooses not to exercise full control over their Personal Budget for packages costs in excess of £200 per week and where service users are entering residential care. This also includes specialist NHS interventions including specialist nurse interventions. <p>The service supports 2,100 people with learning disabilities</p> <p>The change proposed is that the service is delivered by one organisation not two. The aim of this change is to develop a service that is easier to use and better to work in.</p>
2.	Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.	These services are provided within the local authority and CORNWALL PARTNERSHIP FOUNDATION TRUST under the direction of senior managers, based upon legislation, guidance, co-produced service delivery frameworks and, in the case of CORNWALL PARTNERSHIP FOUNDATION TRUST, a service specification and contract with the Cornwall and Isles of Scilly Primary Care Trust.
3.	Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	<ul style="list-style-type: none"> • People using the service – • People referring into the service • People employed by the Council and Cornwall Partnership Foundation Trust within the service.

		<ul style="list-style-type: none"> External agencies and voluntary organisations, particularly independent sector providers of support and care, third sector organisations involved in the provision of support and advice to adults with a learning disability.
4.	<p>What are the likely positive or negative impacts for the group/s identified in (3) above? What particular groups are affected more than others and why?</p>	<p>Improved Service Delivery for people with learning disabilities and family carers with a single point of entry and clear service pathways.</p> <p>Clearer role for the joint service which currently operates under separate health and social care commissioning arrangements.</p> <p>The move to using a single operating system, case management and recording system, single set of organisational support services (e.g admin, human resources, facilities management, finance and IT services).</p> <p>There is a potential financial risk to the Council in contracting with an organisation which will manage a demand-led service through a finite budget. Savings may not be realised and additional expenditure may be incurred in a demand-led situation. This can be mitigated by tight contractual arrangements and the continuation of current expenditure controls which are delivering financial balance in the learning disability service.</p>

		<p>Financial and Reputational Risk to the Council with an organisation delivering delegated statutory duties – delegation of these duties can only be achieved through formal statutory agreement (i.e. Section 75 Agreement, which is a contract that can make arrangements for one public service to ask another to deliver statutory duties, or Order of the Secretary of State through the Deregulation and Contracting Out Act 2004). This can be mitigated through tight contractual arrangements.</p> <p>Staff who are affected by this proposal could face anxiety and worry in relation to the proposed changes. There are also risks that during a major project of this kind that the running of day to day business is compromised by a focus on the strategic plan. The way to mitigate this is firstly to use change management processes agreed with staff representatives in the organisations concerned, secondly to ensure that as part of these the processes for engagement and consultation are kept to and thirdly to retain a focus on on going performance management and support and communication arrangements during the process.</p>
5.	Have the impacts indentified in (4) above been assessed using up to date and reliable evidence and	The evidence base for demand for this service is

	<p>data? Do you need to engage or consult with any identified group/s? If in doubt ask the Community Intelligence Team for guidance.</p>	<p>summarised below:</p> <p><i>Emerson and Hatton¹ predicted, conservatively, an increase in the number of adults with learning disabilities known to services of 11% over the decade 2001-2011 and 14% over the two decades 2001-2021.</i></p> <p><i>It is estimated that 60% of adults with learning disabilities live with their families and get most of their support and care from family members.²</i></p> <p><i>In Cornwall the social work teams have 2100 people open to the service. The Day Centre Service provides to around 500 adults with learning disabilities and the Short Breaks Service provides to around 150 people.</i></p> <p><i>Following a demand and capacity review in the social work service assessing staff resources have been shifted to the West of the County from the East and Mid areas in response to higher levels of demand.</i></p> <p><i>New demands have been placed on the service in the last year through offering assessment and case management services to adults with autism.</i></p> <p>Carers</p> <p><i>As the proportion of older people increases, there will be</i></p>
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¹Emerson & Hatton (2008) *People with Learning Disabilities in England*. Lancaster University. p.5

² Fitzpatrick, J & Wood, A (2007) *Short Breaks: Supporting family carers and people with learning disabilities to have short breaks that work for them*, Paradigm/Valuing People Support Team. P.6

		<p><i>fewer young people to support a growing elderly population. This is a particular issue for people caring for older people with a learning disability.</i></p> <p><i>Transition</i></p> <p><i>Improved understanding of the needs of young people who are likely to require adult services in future years and the implications of this will help in shaping service design for future service users. We need to work closely with the Children's Schools and Families directorate to ensure we understand peoples' needs as early as possible. Latest figures available show that there are 282 young disabled people in the transition from school to adult life who are known to the transition team managed by Adult Care and Support. These people are aged 14 – 18 yrs old with approximately 50 – 60 people per year moving to adulthood and requiring adult care services.</i></p> <p><i>The Pathfinder project in Cornwall will support the development of more co-ordinated services across health, education and social care to young disabled people and their families. This project is one of 20 in a national programme which explores how to implement the recommendations of the Green Paper, Support and Aspiration (DfE, 2011).</i></p> <p>The vision of a jointly provided and delivered Learning Disability (LD) service has been in place since 2006 with</p>
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		<p>the appointment of a single Head of Service employed by CFT and also operating as a Head of Service within the Council. This is a vision that supports the Council vision to become a commissioning led organisation where all services have been tested for value for money.</p> <p>The risks and benefits have been considered within the Council's Alternative Service Delivery process (autumn 2012) and also as the Joint Commissioning Partnership, September 2010.</p>
6.	<p>Are any of these identified groups considered to be vulnerable? If so have you consulted with or plan to consult with any relevant representative organisation. For example if the impact is likely to affect people with a disability have you consulted with Disability Cornwall? If staff are affected have the unions or staff forums been involved?</p>	<p>The following is the result of consultation with the people with learning disabilities who use the service and their family carers in answer to the question, What makes a good service? This consultation included members of Cornwall People First and Cornwall Partners in Policy Making.</p> <p>Feedback from People with Learning Disabilities.</p> <ol style="list-style-type: none"> 1. Good quality advocacy/help for support planning and service design. 2. A Cornwall Council accessible information in easy read, audio and video. 3. One simple county wide number, cheap and

		<p>easy to remember</p> <ol style="list-style-type: none"> 4. Use of local one stop -shops to give information and advice about health, housing, education and employment. 5. One assessment to include the option for self assessment and choice about who does it. 6. A named individual dealing with the enquiry and who gets back to us with an answer within a reasonable time-scale. 7. Information about how long the process takes, how much it costs, and to be involved in all decisions including the final outcome. 8. Assessment should focus on what we can do, not what we cannot do and link to the support needed by our family / carers. 9. Health services should be "main-stream" like at the Royal Cornwall Hospitals NHS Trust. 10. We need just one plan, our plan, what it costs and what we can do with our money. 11. People who use the service should be
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		<p>asked if it is working.</p> <p>12. The Partnership Board should check standards, complaints, etc on our behalf.</p> <p>Feedback from Family Carers</p> <ol style="list-style-type: none">1. One point of contact2. Advocacy support3. Single assessment4. Transition services (both at 18 and post college)5. Flexible services and choices for people with individual budgets6. Avoid jargon7. Transparency about how public money is spent8. Services which are fair and value for money9. Up to date information on a joint data base if possible about a range of issues
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		<p>10. Good communication about who is doing what.</p> <p>Staff are currently involved in an organisational development process that is looking at new roles for practitioners. This process will follow the Cornwall Council and Cornwall Partnership Foundation Trust change management processes which involve full consultation with staff and their representatives.</p>
7.	<p>What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p>	<p>In 2010 the staff from Cornwall Council and from Cornwall Partnership Foundation Trust worked together to create a single pathway for people with learning disabilities and their families. This is published at http://www.cornwall.gov.uk/Default.aspx?page=19143. This information supports people to understand how to get services.</p> <p>The commissioners from Cornwall Council and from Health (PRIMARY CARE TRUST and CORNWALL COUNCILG) have worked on a joint vision for the delivery of health and social care services in Cornwall. See for example item 17 of the July 2012 Health and Adults Overview and Scrutiny Committee which describes an overall commissioning vision.</p> <p>Preliminary discussions have taken place in relation to ensuring legal duties are properly responded to in any new arrangement.</p>

		<p>A final decision is planned for the Council Cabinet in December 2012 with the scrutiny paper providing an opportunity to spark debate, discussion and refinement of the proposals in advance of any final decision.</p>
8.	<p>Do you have plans in place to monitor the impact of the proposals once they have been implemented? The full impact of the decision may only be known after the proposals have been implemented.</p>	<p>We currently undertake a wide range of measures to report and evaluate the outcomes of service delivery. These mechanisms will be further enhanced as we operationally integrate these services with partner organisations. Outcomes of the services in the Council are reported monthly to the Directorate Leadership Team and this process is mirrored in the Health Service for the element of the service that is delivered by Cornwall Partnership Foundation Trust.</p> <p>Should proposals in the Scrutiny Paper for the September 2012 Committee be agreed by Cornwall Council Cabinet and relevant Health Executive forums then the impact of proposals will be monitored through a contract.</p> <p>In both Cornwall Partnership Foundation Trust and the Council customer satisfaction surveys are in place which provide a feedback opportunity for people who use the service.</p> <p>Both organisations have complaints and compliments processes that comply with statutory and policy guidance.</p> <p>In the Council the social work service conducts an annual review of people who receive services that are</p>

		commissioned through the joint service which provides a further opportunity to review quality and the wellbeing of individuals concerned.
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What course of action does this Equality Impact Assessment suggest you take? More than one of the following may apply	
Outcome 1: No major change required. The Equality Impact Assessment has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	➤
Outcome 2: Adjust the policy to remove barriers identified by the Equality Impact Assessment or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified?	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the Equality Impact Assessment clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below)	
Outcome 4: Stop and rethink the policy when the Equality Impact Assessment shows actual or potential unlawful discrimination	

Summary of your proposals (Copy and paste into any report for Corporate Leadership Team, Cabinet and Council)
<ul style="list-style-type: none"> • What are the key impacts – both negative and positive • What course of action are you advising as a result of this Equality Impact Assessment • Are there any particular groups affected more than others

There are positive impacts in terms of the outcomes for the people receiving services and for the Council and partner agencies with regards to providing services to people with learning disabilities and their families that are easier to use and understand.

There are risks associated with organisational change and some staff may have concerns about the impact on their roles and terms and conditions.

Directorate Equality Action Group Sign - Off

Name: Sarah McBride, Chair Adult Care and Support, Directorate Equality Action Group

Date: 24 August 2012

Comments/Action Required:

(For Corporate E & D use only) Published date:

When the Equality Impact Assessment is completed send to equality@cornwall.gov.uk for publication