

Disability Equality Impact Assessment

Policy or action disability impact assessment record sheet

Policy or Action Title: Transformation of Social Care			
Policy Action owner Name & Title: Mark Humble Head of Business Transformation- Adult Social Care, Darlington Borough Council			Date: Nov 2009-Feb 2010
Type of assessment	Type 1 <input checked="" type="checkbox"/>	Type 2 <input type="checkbox"/>	Type 3 <input type="checkbox"/>

Is this a policy or an action? Please state: Government Policy
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How we will approach this Assessment

This Disability Equality Impact Assessment (DEIA) is a working document due to the large scale of the change Programme. As the Transformation of Adult Social Care Programme develops, this impact assessment will develop. Positive and negative impacts will highlighted through meeting with a number of people/groups and feed into the Programme's performance management. This means each work stream will monitor any negative impacts and action plan to resolve / overcome throughout the Programme. We will ensure that any cross departmental (DBC) impacts are considered and shared to pursue a thorough holistic type 1 assessment. This assessment aimed to be a process and not simply one-off events with disabled people/groups.

Following a meeting between the Business Transformation Team and the Disability Equality Impact Assessment Steering Group, it was agreed the following approach would be used. The Programme's Overview Paper (Appendix 1) and Easier Read Version (Appendix 2) were produced to be used to help the identification of any possible positive and / or negative impacts of the Transformation programme. A proforma was produced (Appendix 3) which allowed people to feedback. The documentation was distributed via a number of methods (Appendix 4).

Background

Putting People First was published in December 2007 and it sets out the Government's vision for the future of Adult Social Care. It is a concordat that is signed up to by a whole range of partner organisations with a commitment to work together to deliver the change needed. The partners include Local Government Association, NHS, Association of Directors of Adult Social Services, Department of Works and Pensions and Commission for Social Care Inspection (now the Care Quality Commission).

Putting People First develops and promotes the idea of the Personalisation of Adult Social Care. This simply means that those people who need social care

support should have as much choice and control over its delivery as they want to have.

The implementation of Putting People First involves a significant programme of change. This change is focused around 8 key areas:

1. Greater choice and control through Self Directed Support

Self Directed Support is the name for a new operating system which aims to maximise the choice and control an individual has over the support they need.

2. A Focus on Early Intervention and Prevention

This is about making sure people get the right help at the right time before they reach crisis. This will involve refocusing how Adult Social Care spends most of its money now. Most resource is focussed on crisis. An outcome of this work will be there will be a greater range of services that support early intervention and prevention.

3. Support for Independent Living

There is increasing evidence that most people want to receive the support they need based in their own home. People want support that is available to them quickly, easily and fits into their lives. To do this there needs to be a greater focus on using new technology such as telecare and telehealth and a shift to greater partnership working with unpaid carers.

4. Access Support and Information

To enable people to maximise their choice and control they need easy access to information, advice, support and advocacy. This support should be universal and particularly be available to self funders. Local User Led Organisations will play a key role in delivering this support.

5. Quality Services and Support

To deliver this challenging agenda there needs to be a highly skilled and motivated workforce. There needs to be a wide range of services and support that are of a high quality and can deliver what local people want. Person centred ways of working will be mainstream.

6. Accessing the mainstream

Increasingly people will be supported within existing community services. Very few people will need to access specialist support; this will involve many community services or models of support transforming themselves to be able to meet the social care needs of the local community

7. Improvements and Efficiency Savings

A key driver for Transformation is improving individual outcomes, however this must be done within existing resources and be mindful of efficiencies that need to be achieved both within Adult Social Care and across the Council. To support the transformation process Darlington has been allocated just over £1 Million from the Social Care Transformation Grant to be spent over the next 3 years.

8. Better Use of Social Capital

Social Capital is about supporting people closer to home. This concept recognises that social contact enhances people's lives and that social networks have value. It can be built in communities by engaging with people and showing them how they can influence the decisions that affect their lives. Examples of social capital include family, friends, interest and faith groups.

To begin to make those changes in Darlington we have developed 7 themed work streams:

- Supporting the Market
- Provider Services
- Access information and Support
- Systems and Processes
- Self Directed Support
- Partnerships
- Communication and Workforce

Who was involved?

See Appendix 3.

What are the positive or negative effects that the policy or action will have on disabled people?

Following completion of the initial drafts of the Programme Blueprint by the Business Transformation Team, a number of meetings were held to identify possible positive/negative impacts of each of the actions of the Implementation of the Programme on disabled people.

It was felt to be likely that in many instances the programme will impact positively on disabled people. However, it was acknowledged that on some occasions, the needs of unpaid carers and the needs of the disabled people that they support may be in conflict.

A meeting was held with the Disability Equality Impact Assessment (DEIA) Steering Group to discuss some of the possible positive and or negative impacts. These are highlighted as below.

Positive	Negative
<ul style="list-style-type: none">• Wider choice of support services available• Providers will understand the Self Directed Support Process• Improvements within IT will enable on-line support planning• Easier access to information and support	<ul style="list-style-type: none">• Market will not see people who need social care support as purchasers• There may not be enough /variety of services to buy- nothing different to buy• Providers do not deliver support in a personalised way• Market may not pass on economies of large contracts

	<ul style="list-style-type: none">• Making sure universal services remain universal• Supply and demand• People in residential care are not heard• Local Authority cuts funding – impact on providers and disabled people• No mechanism for disabled people to feedback issues within the market• The council may decide not to retain provider services, equals less choice, less / different outcomes• Some people may be happier with council services• Some services may no longer be viable and this may mean people have to move to another provider• Outcomes may be different in provider services• People may not have the support and the quality of the detail they need to make choices• Information is not accessible or in appropriate locations, including the internet• Information is not available at the right time- mixed messages from professionals /organisations• People who lack capacity may not have their voices heard• Funded and non-funded impacts• Parallel running in initial stages may mean duplication- telling the story more than once• Computers are not for everyone- people not confident to use Shop 4 Support type system• There is not enough support to people to complete their Supported Self Assessment
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	<ul style="list-style-type: none"> • Choice of support is limited – in the market/ Adult Social Care • Personal Budget Calculator does not allocate sufficient money to meet needs • If there is unclear guidance/rules around decision making process • Shift from outputs to outcomes is difficult for people to understand • SDS is seen by people as too onerous and people do not take up PB's • Creativity and flexibility is not promoted/ shared • People feel unsupported- safeguarding • Service users and carers views are not considered in development of Transformation • People are not seen as “experts by experience” • Lack of engagement and accountability amongst partners e.g. Health • Different agenda's may mean that Transformation is not achieved- e.g. Transport and Leisure • Disabled people may become more isolated- not included • Safeguarding- Vulnerable people may be at risk CRB checks etc • Work force does not have the required skills • Diverse workforce- difficult for disabled people to navigate through • Unclear re accountability- ASC still retains Statutory Duties
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The positive and negative impacts received are presented in Appendix 4.

How and when will this action be monitored?

Actions will be monitored via the action plans of each individual work stream. Work stream leads will report on progress to the Programme Manager at the Work Stream Leads meetings.

The Programme Manager will report by exception to the Programme Board.

The Stakeholder Steering Group will also receive progress reports and will be able to monitor the positive impacts and the actions taken to minimise any potential negative impacts on disabled people.

Please tick as many of the following as the policy or action will achieve

- | | |
|---|---|
| Promote equality of opportunity | √ |
| Eliminate unlawful discrimination | √ |
| Eliminate disability-related harassment | |
| Promote positive attitudes towards disabled people | √ |
| Encourage participation by disabled people in public life | √ |
| Take steps to meet disabled people's needs | √ |

Appendix 1 – Overview Paper (separate attachment)

Appendix 2 – Easy Read Version (separate attachment)

Appendix 3 – Proforma (separate attachment)

Appendix 4 – Outcomes

Disability Equality Impact Assessment Level:- One (Wide Involvement*)

*See DBC Disability Equality Impact Scheme 2006-09

Duration of consultation:- 16th November 2009 – 29th January 2010 (55 days)

How we communicated:-

Email, Telephone, Facebook, Twitter, Arranged consultation sessions, Council Website, Newsletters, Partnership Boards, Word of Mouth, Programme Stakeholder Steering Group, Monthly Staff Briefing Sessions

Responses:-

Ways to respond	Responses	Total		
		Positive Impacts	Negative Impacts	No Comment
(a) Returned Easy Read Proforma (key changes below)	15	-	-	-
1. Personal Budgets*		13	3	0
2. Supported Self Assessment Questionnaire*		13	3	0
3. Managing the Budget*		14	2	0
4. Support Plan*		12	4	0
5. Universal Info and Advice*		15	1	0
6. Choice of Support*		13	2	1
7. Your social care support*		12	4	0
8. Partnership working*		12	3	1
9. Prevention and early intervention*		15	1	0
10. Person centred ways of working*		13	1	2
11. Family Carers*		13	1	0
Option to add other positive or negative impacts				-
(b) Returned Proforma	3	4	8	1
(c) Requested sessions	3	1. Visual Impairment Group 2. Carers Group 3. Growing Old Living In Darlington (GOLD) Group		
(d) Emailed response	1	1	1	
(e) Written response	1	1		
(f) Telephone response	0			

*For more information on each of these areas please read the overview paper and or easy read paper

Positive or Negative Comments Made:

Comments made about not having available in BSL in DVD. Making copies available in DVD BSL.

I have got to be honest and say that I found it very difficult to answer the questions in the direct form.

My experience in dealing with social services has in the past left me with serious doubts. I cannot escape the feeling "what are they up to?"

To date the information I have received is at best an outline of proposed Council policy, which has left me with more questions than answers.

I am also aware that the Council will need to address a "declining budget" with no "new" money. Therefore what is available will need to be spread out – that is, if possible.

My Main thought are positive; I welcome the opportunity of making these comments, whether any notice will be taken of them is – well I'll leave it to that

Positive

To do what we want to do at our pace

Paying for my needs not other people's

I can have a one to one care person. To keep me out of danger not possible in centres.

Negative Impacts

Will it be carried through to the end!!!

Will service day care centre close through lack of people attending

I agree with most of the proposals but it will take a lot more detail until I am convinced it will work in the carers best interest

Overall, a better, more personal service

No computer

Negative

Too much choice which is not appropriate for especially older people

Too many people likely to get “involved” creating a longer bureaucracy

Good inter-service communication will be essential, which the cynic in me says will not work

Positive

I do not use these services but I can see that the proposed changes are going to be revolutionary both for those who use the services and for those who work for social services either in administration or in delivering the services

The training given is going to have to bring about a complete change in attitudes both to the work social workers carry out and to their relationships with their clients. Additionally training will be necessary for executives and administrators who are not “hands on” but who will have an enormous role to play in deadline with the proposed new methods of funding care and allocating budgets.

Positive

Choice people have is positive

Negative

Concerned people may over-spend if not overseen

Positive impacts

Flexibility and more control of social care support
More choice in how a Personal Budget will be spent
Support Plan to be made available in a format to suit the individual client
Universal Information and Advice (as long as it is easy to access)
Prevention and Early Intervention
Person Centred Ways of Working
Partnership Working (assuming that DBC and the NHS can find some better way to work together)
Inclusion of family carers in the planning and implementation of support

Negative Impacts

With DBC reviewing its pricing of services to those who do not presently qualify for Direct Payments (and will not qualify for a Personal Budget), there must be some concern that some people will find themselves worse off, once the new system is rolled out. Might some people already in receipt of Direct Payments also find themselves worse off?

Will those currently in receipt of support (and their carers) be given the opportunity to comment on the Supported Self Assessment Questionnaire before it brought into use?

Choice of support and services will only work if the cost is affordable.

Otherwise, the only choice will be to do without. What safeguards will be put in place to prevent a similar situation to that in residential care, where those paying for their own care are, in effect, being charged more to subsidise those whose fees are paid for by local councils?

Will DBC vet new commercial organisations which offer support services to the vulnerable and elderly? There will be those who see this new set-up as an opportunity for rich pickings. Can this scheme really be implemented without an increase in budget?

Other comments

Support for carers is essential. They are often the lynch pins, holding the whole support plan together, enabling those for whom they care to remain in their own homes.

Positive

I think that all the impacts are positive as long as the council keeps my son and his carers / parents full informed at all times.

Negative

As a carer I feel that I need more and on going information of the proposed changes

I would like to be informed about what might happen to the person I care for when myself and his mother are no longer living.

Positive

Freedom to choose what is needed and when it is needed

Could be greater family involvement in clients' needs and care

Ought to be better inter-departmental co-operation to best meet the needs of the client

Negative

Confusion over the numerous titles for personal and regimes

Can the scheme be met from current resources or will it fail to "take off" as so many past schemes have proved

Clients how opt for “you spend for me” will need to know (somehow) what they are getting good value for their allocation

Will supporting organisation be available from the start or will they eventually appear – if at all

Will clients in sheltered accommodation be treated as individuals or may there be a tendency to “do all on the same day” e.g. chiropody.

Will prices for services be provided so that clients can be aware of cheaper alternatives – where appropriate.

Method of Communication	Date & Time	No.	Notes / Outcomes
Emailed Briefing Paper to Key contacts	19 th Nov 2009	13	See covering letter which includes list of contacts.
Adult Services Newsletter	23 rd Nov 2009	350	Informing people and signposting people to internet pages
Adult Social Care Internet Pages	16 th Nov 2009	-	Includes copy of briefing paper and links to more info
Communications announcement to ASC Staff	3 rd Dec 2009	500	Informing people and signposting people to internet pages.
Darlington MH Partnership Board	-	10	Board no longer meets (as at 2 nd Dec). Circulated info to members.
Darlington MH Partnership Board	2 nd Dec 2009	-	Forwarded info to Tees, Esk & Wear Valley NHS Trust staff.
Learning Disability Partnership Board	7 th Dec 12-3:30pm	10	Feedback sent to Business Transformation Team.
Deaf Forum	8 th Dec – 6:00-7:30pm	15	Session undertaken. Individuals completed either proforma
Facebook and Twitter	12.01.10	-	Provided link to our internet pages for further information.
Carers Strategy Steering Group	26 th Jan 2010, 1:30-3pm	9	Session undertaken. Individuals completed either proforma
GOLD Focus Group	27.01.10	5	Session undertaken. Individuals completed either proforma

The following groups were contacted on the dates and methods below but no comments made: 2nd Dec 09 – Telephoned, 10th Dec 09 – Email sent, 22nd Dec 09 – Email sent, 12th Jan 10 – Telephoned.

Group
Dimensions
Age Concern
Service user morning meetings held on Monday mornings
Visually impairment meeting
Mental Health Matters
4 sight newsletter
MIND