

Borough of Poole Equality Impact Assessment

Function:	Personalisation & Efficiency of Adult Social Care
Service Unit:	Adult Social Services Units- Commissioning & Wellbeing.
Names & roles of officers/ partners undertaking EQIA:	Lead EQIA Officer- Di Wharam, PO for Equalities, Training & Support Services. Nick Molland Programme Manager for Personalisation & Efficiency. Shelley Bambrey & Jo O'Connell, Project Managers.
Date completed:	11 th March 2009
Aims of the <u>Function</u>	
<p>The aims of the function are to transform the future delivery of Adult Social Care in line with Putting People First and utilising the key principle that choice and control should remain with the service user. This will be done by:</p> <ul style="list-style-type: none"> - Universal information. - Early intervention. - Personal budgets. - Market reform. - Better integration with Health, Housing and other agencies. <p>It aims to benefit:</p> <ul style="list-style-type: none"> - Local community. - All service users and carers across all equality strands. - Those with addictions, long- term conditions, including physical and mental health, learning disabilities, older people. - Those assessed as having moderate, critical and substantial need. - Those assessed with low needs and signposted to voluntary organisations. <p>The Programme Manager and Senior Management team are responsible for the function and the team, colleagues and partners implement it.</p> <p>It supports, among others the following legislation/policies/aims/codes of practice: Commissioned services are linked to outcomes in Our Health, Our Care, Our Say. Mental Health Act, Mental Capacity Act, Community Care Act, Supporting People legislation, Transforming Social Care, Race Relations Act, Disability Discrimination Act, Equal Opportunities Act, Supporting People legislation, Putting People First protocol. Personalisation agenda. Core values of BoP, Standing Orders, Corporate & Ass Procurement Toolkit, Standard terms & Conditions, Policies & Procedures. Better Care, Higher Standards. Protecting Families and Communities Guidance re addicts. CSIP Good Practise Guidance, CSIP Fairer Contracting Guidance. Health & Safety At Work Act. Performance Assessment Framework Indicators/ National Indicators, National Service Frameworks.</p>	

Equality Strand	EQIA Evidence	SMART Actions	Performance Measures
People from different age groups	<p>Key findings:</p> <ul style="list-style-type: none"> - Borough of Poole has 136,900 residents. 27,700 people under the age of 18 and 28,300 people aged over 65 years. (2006 Mid-Year Estimates) Poole has an aging population. Canford Cliffs has the highest percentage on the 50+, 65+ and 85+ age groups, with 65% of the population aged over 50. Canford Heath East has the lowest percentages per population in these three age groups, with only 25% of their population over 50 years old. Concentrations of over 85+ year olds are in Canford Cliffs, Poole Town and Parkstone. - National Government sets policy direction for personal budgets but still awaiting guidance re risks and CRB checks <p>The age profile of Direct Payments take up is:</p> <ul style="list-style-type: none"> - 18-64 yrs – 185 - 65-74 yrs – 30 - 75-84yrs – 36 - 85+ yrs - 29 <ul style="list-style-type: none"> - Service is aware that Safeguarding risks are inherent in personalised services - both to the Personal Assistant and the Customer. - Community equipment services are presently contracted with one provider. Gov't proposing an agenda for choice, based on a retail model. A transitional arrangement is in place for 2009/10, with the new scheme in place locally in April 2010. - Information and communications for all ages and specifically the older population is currently inadequate. Written information becomes out of date very quickly. Information distributed to public spaces (eg gp practices, libraries, info points) is not replaced regularly enough. - Advocacy & Advice services exist in pockets in Poole but need developing, especially with regard to disabled and learning disabled users and older people. 	<p>To pilot work on long- term conditions that will incorporate Dementia provision by April 2010</p> <p>Detailed project plan forms part of 'Personalising Adult Social Care' Programme; 6 stage plan currently in stage 2, designed to finish by July 2010</p> <p>To offer a local model for equipment provision by April 2010</p> <p>To improve information provision via range of alternative formats and joined up distribution strategy by September 2010</p> <p>To provide a full range of care and support advocacy choices by March 2011</p>	<p>Increase the number of people receiving care/ support to 30% 2011 (currently 4%)</p>

	<ul style="list-style-type: none"> - 2008 National launch of 'The Principles of Workforce Re-Design, a framework for service transformation in adult social care' tells us 7 principles and sets out the key themes that need taking into account of when changing the way in which our staff work <p>Current mitigating actions/ positive actions</p> <ul style="list-style-type: none"> - Personalisation work is specific to adults (18+). - Long- term conditions pilot (as per disability strand below) will bring together health & social care on a locality basis. - BoP flexible approach and policy to DP's have improved DP opportunities for all adults - Team members have been involved in regional and national debates and are monitoring the outcome re risks and CRB closely. Team always recommends that CRB checks are undertaken via Pro Disability (who provide support services to people using Direct Payments, commissioned by the Council) 	<p>To link ASS and partnership training to personalisation agenda by December 2009</p>	
<p>Disabled people</p>	<p>Key findings:</p> <ul style="list-style-type: none"> - 25,500 (18%) of residents said that they had a long term limiting illness. Over 50% were over 65 years old (Census 2001). For those over 65 years old this is likely to increase by 29% from 13,200 to 17,000 by 2020. - The number of people with learning disabilities in Poole known to Adult Social Services is approximately 475. <p>The disability profile of Direct Payments take up is:</p> <ul style="list-style-type: none"> - Older people – 85 - Learning Disability – 89 - Mental Health – 8 - Physical Disability – 79 - Sensory Impairment – 8 <p>A satisfaction survey undertaken in 2007 revealed very high satisfaction levels from all groups.</p>	<p>Satisfaction survey to be repeated in late 2009; results to be reported March 2010, and will be used to adjust service design where required.</p>	

	<ul style="list-style-type: none"> - Day services provision is being reviewed in the light of changes in demand, as demonstrated by those services commissioned by people with existing Direct Payments, and the likely future impact of Personalising Adult Social Care. Those with high dependency needs for support & care and respite are expected to continue to need a building-based service. - Supported Living Service for Learning Disabled tenants at Ashmore House needs modernisation to meet needs of existing tenants, in line with current guidance. - Supported Living Service for Learning Disabled tenants at Christopher Crescent needs modernisation to meet needs of existing tenants, in line with current guidance. - Many of the existing tenants at Ashmore House and Christopher Crescent are unable to effectively advocate on their own behalf; the personalisation plans therefore incorporate detailed advocacy support from the beginning. - Acknowledged the need for more co-ordination between Health & Social Care around Long-term conditions (including older persons). More integrated working is needed to ensure that the person is at the centre of the process. <p>Current mitigating actions/ positive actions</p> <p>Significant improvements have been made in the take up of direct payments to disabled people in Poole</p>	<p>To undertake a feasibility study by May 09 and seek alternative arrangements by March 2011</p> <p>To register Ashmore Hse as a residential care home by June 2009</p> <p>To develop a project plan to personalise services for all tenants by March 2011</p> <p>To pilot a project to look at long term conditions across Health & Social Care, specifically on a locality basis by x date</p>	<p>CSCI and Valuing People Now guidance met in full by target date</p> <p>CSCI and Valuing People Now guidance met in full by target date</p>
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<p>People of different faith or beliefs</p>	<p>Key findings:</p> <ul style="list-style-type: none"> - Census 2001 Almost ¾ of Poole's population said they were Christian. 16% stated they had no religion, for 8% religion was not stated, and the remaining 1% belong to other denominations - The conurbation has had a long-standing Jewish community (which has a significant older population) has a growing Muslim and Polish community, has very small numbers of people from the Sikh, Buddhists, Bahia. Poole's population is diversifying further to include small numbers of people of other different faith and cultural backgrounds. - Some ethno-faith groups are less likely to know about Council services and where to go for support (see BME issues below) <p>Current mitigating actions/ positive actions</p> <ul style="list-style-type: none"> - The contract with Poole Rights Organisation on Disability (Pro-Disability) stipulates that all equality strands are supported & respected. - Direct Payments have been used positively to enable individuals to maintain their faith and attend worship where appropriate. - Contracts with providers encompass diversity, eg hot meals provision has the capacity to tailor to specific requirements. - Existing day provision does not have specified space for faith/ worship but has the capacity to respond if needed. 	<p>To ensure service design for the new day provision includes space for faith accommodation by March 2011.</p>	
<p>Gender / Trans people</p>	<p>Key findings:</p> <ul style="list-style-type: none"> - Poole's total population is 137,100 of whom 65,700 (48%) are males and 71,400 (52%) are females (census data 2007). 17% of males and 18% of females who were living in households in Poole in 2001 regarded themselves as suffering from a limiting long - term illness. <p>The gender profile of direct payments take up is:</p> <ul style="list-style-type: none"> - Male – 134 - Female - 147 	<p>To ensure service design & development needs to be mindful of the gender balance throughout the programme planning and implementation (programme ends March 2011).</p>	

	<ul style="list-style-type: none"> - We are aware that there are many more female personal assistants than males, in line with national trends. The Personalising Adult Social Care programme will work alongside the Poole workforce development strategy and national/regional initiatives to redress this balance where possible. <p>Current mitigating actions/ positive actions</p> <ul style="list-style-type: none"> - Direct payments allow men and women choice about services they access 		
<p>Black and minority ethnic people</p>	<p>Key findings:</p> <ul style="list-style-type: none"> - Census 2001 Poole data BME communities made up 4% of the population (2.2% from white other groups). The make up of the BME population is diversifying. From schools census data shows a changing BME population. There are some communities – eg Jewish, Chinese, Bengali, Portuguese - with the older people living locally. - Various local BME consultations highlight that BME people do not know what Council services are available and where to go for advice and support. - For over 65's there are 2 DP customers out of 91 who are from BME. <p>Current mitigating actions/ positive actions</p> <ul style="list-style-type: none"> - DPs are the most appropriate form of direct service provision to respond to the individual needs in relation to ethnic diversity, and this will be highlighted throughout the programme in planning, publicity and staff training. - There is some translated information available on BoP website in 10 key languages. We continue to work to provide appropriate & tailored information to all BME communities. 	<p>To ensure service design & development needs to be mindful of BME communities throughout the programme planning and implementation (programme ends March 2011)</p> <p>To improve information provision, as noted above, via range of alternative formats and language options by September 2010</p>	
<p>Lesbian, Gay or Bisexual people</p>	<p>Key findings:</p> <ul style="list-style-type: none"> - The Government estimates that 5 – 7% of the national population is gay. Poole is part of a conurbation that has a large gay community. - The service does not ask or monitor re sexual orientation - 'Lifting The Lid' (Gay & Grey) tells us that gender specific personal care is a high priority for lesbians & gay men. <p>Current mitigating actions/ positive actions</p>	<p>See actions in Older People's EQIA</p>	

	<ul style="list-style-type: none"> - Direct payments enable individuals to exercise personal choice around care, and we will work with organisations representing LGBT people to ensure that their entitlement to personalised services is well understood and taken up. 		
Review date:	February 2010	Sent record to PERD Rep and <u>Improvement and Policy Officer – Equalities</u>	