

## Template 1 - Initial Equality Implications Assessment Template

**NOTE: This is NOT a screening template but to highlight and give you an indication of any potential equality implications at the project proposal / concept stage. By completing this template, it is your responsibility to evidence why a FULL EqIA is NOT required.**

**If you have insufficient evidence, data and research or need to undertake further consultation to assess the potential impact of your proposals, then a full EqIA (Template 2) will be required, therefore you do NOT need to complete this template.**

Directorate / Service:	Community, Health and Wellbeing – In-house residential for people with learning disabilities
What are the proposals being assessed? ( <b>Note:</b> ‘proposal’ includes a policy, service, function, strategy, project, procedure, restructure)	<p>In relation to Learning Disabilities the key strategic framework for local authorities is <b>Valuing People Now</b> which was published in 2009. This places accommodation as one of The Big Priorities for people with a learning disability. This repeats the importance of people being given choice about where they live, and to have their needs considered in the plans of local authorities for local housing.</p> <p>Harrow is an acknowledged national leader in personalisation and has developed a pathway and a range of services to ensure that people have as much choice and control over their care and support as possible. The borough has a substantial track record of improvement and an approach that focuses on supporting people to be as independent as possible.</p> <p>The borough has a local target to achieve at least 70% of people with a learning disability living in their own homes or with family. At present we are achieving this target, however wish to continue to improve and to increase this percentage and therefore to support more people to achieve independent living.</p> <p>Spending on public services across the whole of the public sector, and local government in particular, is in a period of decline. The</p>

London Borough of Harrow has a target to achieve a 30% reduction in controllable spend from 2010 to 2015. Further savings will be required between 2015 and 2017, the earliest at which the current period of austerity is anticipated to end.

Support and accommodation for people with learning disabilities will continue to be a key priority for local authorities throughout this period. It will though be increasingly important that this, along with all other priorities, is delivered in the most cost effective and efficient manner possible.

There are specific savings targets that have been agreed for adult social care which are linked to Learning Disability accommodation.

A report by the Department of Health in October 2009<sup>1</sup> argued for more cost effective interventions that achieve better outcomes at lower costs as well as assisting people to procure their own packages of care in the most cost-effective way through personal budgets. 'Effective use of resources' argues that scarce adult care resources must be used efficiently by offering the right service response to the right people at the right time in the right part of the social care system. A key indicator of success in using resources effectively is the balance of residential care to supported living. Supported Living encompasses a range of services designed to help people to retain their independence in their local community. They enable people to hold their own tenancy and to have personal support provided by a range of organisations. Supported living gives people more choice and control over the way that they live their lives, and to tailor their support the way they want it.

Supported living is seen as an alternative to institutional residential care. It is often seen as suitable for people with lower level support needs, but has been used to successfully support people with complex and challenging needs in their own homes, using detailed planning and focused personal assistance.

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<sup>1</sup> Use of Resources in Adult Care – a guide for Local Authorities. John Bolton. Department of Health October 2009.  
Version 4 – May 2012

	<p>It is recognised that supporting people to live independently is not only better for outcomes, but is also more cost effective. One of the ways to be more cost effective is to focus in-house services on supporting people with the most severe and complex needs as financial comparisons with the market show that it is where the council directly provides services to people with the most complex needs that they are most cost effective and competitively priced.</p> <p>Six learning disability homes were in-sourced in April 2010 from Support for Living. The aim of the current review is to:</p> <ul style="list-style-type: none"> <li>• Consider the future model of each of the residential care home provided by the council</li> <li>• Set clear objectives for learning disability accommodation, and shape the market of services to meet local needs</li> <li>• Ensure that each service user is placed in an appropriate service based on their identified needs and that offers them the best opportunity to reach positive outcomes</li> <li>• Analyse local needs, ensure that local services match identified and future needs</li> <li>• Achieve cost savings and deliver value for money</li> <li>• Provide an action plan in which to deliver changes effectively and in accordance with statutory requirements</li> <li>• Consider and link this proposal with the role of other housing options and the way that these provide alternatives to residential care ensuring there are suitable options for people with different levels of needs offering clear pathways of support where appropriate</li> </ul>
<p>Manager Responsible for Area:</p>	<p>Barbara Korszniak</p>
<p>Officer(s) completing the Initial Equality Implications Assessment (IEIA):</p>	<p>Amanda Dade – Service Manager Strategic Commissioning Barbara Korszniak – Service Manager In house residential services (learning disability and mental health)</p>
<p>Date IEIA completed:</p>	<p>14 July 2012</p>

<p>1. What are the aims, objectives, and desired outcomes of your</p>	<ul style="list-style-type: none"> <li>• To develop a service model that supports people to attain and</li> </ul>
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<p>proposals?</p> <p>(Also explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)</p>	<p>maintain independence.</p> <ul style="list-style-type: none"> <li>• To ensure that service delivery meets the needs of individual service users; this may entail a move for some individuals.</li> <li>• To meet the cultural and religious needs of individuals</li> <li>• To deliver costs effective, excellent quality services with positive outcomes for individual service users;</li> <li>• To ensure service users are offered personalised services that promote choice and control.</li> <li>• To consider de-registering one service from a registered residential service to a deregistered supported living plus service. Supported living plus will include staffing to assist individuals to maintain their tenancy and also staffing to provide assistance with personal care tasks.</li> <li>• To consider changing the model of the service at two services and consider whether the needs of the current residents are being appropriately met.</li> <li>• consider options to change one of the homes that current has residential, respite and day care in the same location and to refocus the service as a registered residential service for people with profound and complex needs</li> <li>• To consider the staff implications of a proposed new model of service.</li> <li>• To respond to changes in demographic trends including the need to meet needs of Harrow's diverse communities.</li> </ul>
<p><b>2.</b> Who are the main people / groups who may be affected by your proposals? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.</p>	<ul style="list-style-type: none"> <li>• Service users</li> <li>• Families of service users</li> </ul>

	<ul style="list-style-type: none"> <li>• Workforce within the identified services</li> <li>• Unions</li> <li>• Care Quality Commission (CQC)</li> <li>• NHS Hertfordshire (1 client)</li> <li>• Providers of older peoples services</li> <li>• Local elected members</li> </ul>
<p><b>3.</b> What data, information, evidence, research, statistics, surveys, and consultation(s) have you considered to undertake this assessment? <i>(include the actual data, statistics and evidence)</i></p>	<p>There are a number of demographic and social factors affecting the population of people with learning disabilities which demand more effective use of resources to meet growing and changing needs and aspirations.</p> <p>According to PANSI (Projecting Adult Needs and Service Information) the number of people in Harrow aged 18-64 predicted to have a learning disability is projected to increase from 3,650 in 2011 to 3,772 by 2015. This is an increase of approximately 30 people in each year.</p> <p>Out of these people, those expected to have a severe learning disability and therefore most likely to require residential or nursing care is set to increase from 217 in 2011 to 227 in 2014. The number of people with a moderate learning disability, who are likely to require some form of housing with support will increase from 598 to 626. There is a very real expectation that these increases will result in more demand for residential care, supported living and other community based services including personal budgets.</p> <p>One key demographic trend relates to the numbers of older people with a learning disability. Traditionally only a small proportion of people with a learning disability lived beyond the age of 65. However PANSI figures estimate that between 2011 and 2020 the number of people aged over 65 with a moderate or severe learning disability will increase by 20% from 89 to 107. This is will present a challenge for services as people with learning disabilities frequently present</p>

increasingly complex and multiple needs as they grow older including the need for specialist dementia services.

In 2011 there were 1,503 adults with an autistic spectrum disorder in Harrow. This will increase to 1,549 by 2015 and 1,599 by 2020. This increase will be compounded as improved diagnosis, identification and understanding will mean that more people with spectrum conditions become know to adult services.

Similarly to older people with learning disabilities advances in medical treatment means that there has been and continues to be a rise in the numbers of young people with very complex, multiple needs who are surviving into adulthood. More young people are being assessed with more complex and dual disabilities such as learning disability and mental health, autism, challenging behaviour or severe physical disabilities.

Full statutory consultation will take place once we have Cabinet approval to proceed. Meetings have taken place with staff regarding the review of these services where they were given opportunities to feed ideas into the review of services.

	Yes	No	If yes, please explain how?
<p><b>4.</b> Could your proposals disproportionately affect more people of one group than another?</p>	x		<p>Disabilities – We are still in the review stage regarding a future model for these services. It is likely however that people with learning disabilities living in the services under review are likely to be affected with some people possibly being supported to move to alternative accommodation more suitable to their assessed needs. In addition the process of consultation may raise anxieties for people regarding their future accommodation. We will ensure that information is provided on a regular basis and that people are consulted in a way that enables them to engage and give their views. This will include providing information in a variety of format according to communication needs.</p> <p>Age – until the model has been agreed this area cannot be quantified and will be further explored in the full EqIA,</p>

#### 4. A - Assessment Relevance

How relevant are your proposals to each protected characteristic?

**Example:** Reviewing the criteria of freedom passes will be of 'High' relevance for Age and Disability and of 'Low' relevance to the other protected characteristics.

#### B - Assessment of potential impact

When you consider the impact on people in relation to each protected characteristic, it should be defined as positive, neutral or negative:

**Positive:** where the impact is expected to have a particular benefit for this protected characteristic or improve equality of opportunity and / or foster good relations.

**Neutral:** where there will be a neutral impact, neither positive nor negative

**Adverse:** where there is a risk that impact could disadvantage one or more of the people described in relation to a protected characteristic. This disadvantage may be differential, where the negative impact on one particular group of individuals or protected characteristic is likely to be greater than on another.

#### C - Assessing Adverse impact

When you have considered the likelihood and potential impact on people in relation to the protected characteristics, use the table below and enter a score against each protected characteristic assessed as potential adverse impact in column C.

Likelihood	Potential Impact				
	Negligible	Minor	Moderate	High	Major
Certain to occur	Medium	High	High	Very High	Very High
Likely to occur	Medium	Medium	High	High	Very High
Possible to occur	Low	Medium	Medium	High	High
Unlikely to occur	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Calculating the score - Potential Impact X Likelihood = Score

Protected Characteristic	A Relevance	B Impact	Describe the impact(s) (negative or positive) your proposals may have on this protected characteristic	Reason for the Assessment of Potential Impact (What evidence, data, and information	C Assessing Negative
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	Low/ Medium/ High	Positive/ Adverse/ Neutral		did you use to assess this?)	Impact Score
Age (including carers of young/older people)	high	Different for each individual service user.	<p><b>Older people</b> A number of residents living within the in-house residential services are over the age of 64 years some of the proposals indicate the need to consider whether the current accommodation will be able to continue to meet needs as they are likely to increase in the future. This may lead to the recommendation that people be supported to move to alternative accommodation that would be able to meet future needs as they increase.</p> <p>The impact will depend upon the response of each individual service user and his/her family/advocate to the proposed change. For some people the proposal could be very difficult, whilst for others it could be viewed as extremely positive and an opportunity for better outcomes. Young people</p> <p>With the recommendation of refocusing in-house services on people with the most complex needs there is likely to be a positive impact on <b>young people</b> who currently have to move out of the Borough in order to have their needs met. Staying local is likely to support young people to maintain local links and make keeping in touch with family more manageable</p>	Knowledge of service users and outcome of service users annual reviews. Some have indicated resistance or anxiety with regard to any change in circumstances whilst others have indicated that they would welcome an opportunity to move to alternative provision.	High/high

Disability (including carers of disabled people)	high	Different for each individual service user.	This will depend upon the response of each individual service user and his/her family/advocate to the proposed change. For some people the proposal to develop a new model and care and support focussed on people with the most complex needs could be very difficult, whilst for others it could be viewed as extremely positive and an opportunity for better outcomes. For those service users with the skills to live more independently in a supported living plus provision they will have access to benefits and more control over how this is spent.	Knowledge of service users and outcome of service users annual reviews. Some have indicated resistance or anxiety with regard to any change in circumstances whilst others have indicated that they would welcome an opportunity to move to alternative provision.	High/high
Gender Reassignment	Na				
Marriage and Civil Partnership	n/a				
Pregnancy and Maternity	n/a				
Race	n/a				
Religion or Belief	n/a				
Sex	n/a				

Sexual orientation	n/a				

Score	Action
Low	Minor considerations needed e.g. style and method of communication, timing of activity, venue suitability, and minor cultural or social considerations.
Medium	Amendments will be needed to the proposals to take account of any issues identified. Further actions may be necessary as well as internal/external expert advice/consultation could be required.
High	A full EqIA is required
Very High	

**Making Adjustments (Improvement Action Plan)** – Although a full EqIA may not be required, the IEIA may have identified potential adverse impact or steps you can take to enhance equality of opportunity. Making adjustments involves deciding what steps you will take to improve the service by removing the adverse impact of your proposals, and increasing the positive effects. These steps/actions will form your Improvement Action Plan.

**5** - List below any actions you plan to take as a result of this IEIA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress

**Summary and Recommendations (this section must be included in Cabinet reports and your project proposal reports for the Commissioning Panel)**

Summary / Conclusion of assessment: (include the key findings and equality implications.	This initial equalities impact assessment identifies the needs for a full EquIA and this will be undertaken after the Council's Cabinet gives permission to undertake statutory consultation. Any proposals to make changes to in-house residential service provision for people with learning disabilities would only happen following a robust consultation and a decision by Cabinet and by individual assessment of need. The initial review of current service provision has considered the demography, trends, current service provision against individual service user needs and gives a overall robust case for the development of a new model of care and support.
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On the basis of your conclusion, do you suggest a full Equality Impact Assessment should be undertaken?	Yes	Yes after Cabinet	No	
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If no, please explain why not?	
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Do you think that your proposals will have a cumulative effect upon a particular protected group in light of other council proposals that you are aware of? If yes, please explain the cumulative impact and on which groups.	Age and Disability – Adult services has recently introduced changes to concessionary travel which could impact access to day services. In addition Neighbourhood Resource Centres are being reviewed and this could impact on service users living in registered care settings.
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Signature - Lead Officer	Amanda Dade	Date	26.7.12
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**Project Proposals being submitted to the Commissioning Panel**

**All other proposals including policy/service reviews, developing new policies, services and projects, restructure etc**

On completion, your (signed) Initial Equality Implications Assessment template needs to be submitted with your project proposals by the set deadline.

As part of the Commissioning Panel process, all completed templates will be Quality Assured taking into account your recommendation whether a full EqIA is required or not. If the Quality Assurance Group disagrees with a recommendation that a full EqIA is not required, this will be fed back to the project leads with the group's comments and reason for their decision.

On completion, the (signed) Initial Equality Implications Assessment template needs to be forwarded to the Chair of your Directorate Equalities Task Group (ETG) to be reviewed and signed off.

After reviewing the template, your ETG may suggest you undertake a full EqIA; therefore it is important that you wait for this decision before submitting your report.

DETG Chairs – once you have reviewed and signed off the section above, please return this template to the Lead Officer with your comments and decision.

Lead officers must then email their completed (signed) templates to [equalities@harrow.gov.uk](mailto:equalities@harrow.gov.uk) to be published

**Quality Assurance and Sign Off**  
(to be used by ETG's and the Quality Assurance Group)

Are the outcomes of the proposals clear?	Yes		No	
Comments:				
Is it clear who will be affected by what is being proposed?	Yes		No	
Comments:				
Are you satisfied with the level of data/evidence used to undertake this assessment?	Yes		No	
If no, explain why not?				
If a full EqIA is not required, are you satisfied with this outcome?	Yes		No	
If no, explain why not?				
Signature - Chair of Equality Task Group		Date		