

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**11 July 2019**

**Report of the Executive Director Adult Social Care and Health**

**OLDER PEOPLE AND WHOLE LIFE DISABILITY PATHWAY ASSESSMENT  
AND  
PROVISION OF SPECIALIST PROFESSIONAL SERVICES - USE OF A NON-  
DCC FRAMEWORK**

**ADULT SOCIAL CARE & HEALTH**

**1) Purpose of the Report**

1. To inform Cabinet of the findings of an independent assessment of the Older People and Whole Life Disability Pathways delivered by Adult Social Care and Health and Children's Services;
2. To seek Cabinet's agreement to the implementation of a revised approach to assessments to deliver improved outcomes for clients in Adult Social Care and Health and Children's Services as described in this report; and
3. To seek approval under Protocol 2a of the Council's Financial Regulations for the use of the North East Procurement Organisation's (NEPO) Framework Solution NEPRO to procure specialist professional services to support the implementation of the assessment findings.

**2) Information and Analysis**

**Older People and Whole Life Disability Pathway Assessment**

In November 2018, Cabinet approved the provision of an independent specialist professional service to undertake an assessment of adult social care, including disabled children's services. The objectives of the assessment were:

- To analyse whether Adult Social Care are making the best decisions in terms of ensuring people's independence is maximised in line with the Council's Enterprising Council ambition to do things "with" people not "to" them.
- To consider the whole offer to ensure interventions are effective and efficient and deliver the intended outcomes to get the best for Derbyshire residents.
- To identify what should be addressed as a priority in terms of ensuring value for money.

- To identify and propose how the Council can embed a radical efficiency approach where new and better services are embraced to promote better outcomes for Derbyshire residents for less spend.
- To propose a sustainable model for future service delivery that supports the whole system including NHS and housing.
- To understand the total possible predicted saving across adult social care and disabled children's service spend.

A contract for the specialist assessment work was awarded to Newton Europe in January 2019; work commenced in February and was completed in May 2019. This work was formed of two Pathway assessments – Older People, and Whole Life Disability. Four core fundamental questions were asked of each Pathway:

- Decision making – is there variation in decision making and consistency in ensuring the best decisions to maximise independence are being made?
- Outcomes - Are the services effective? Are people being referred to the right place, and is that delivering the desired outcome?
- Use of Resource - Are limited resources being used in the most effective way?
- Culture - How well does the culture and leadership support people to effect change and perform at their best?

To answer these questions the assessment team undertook case review workshops, live studies and captured information about staff's day-to-day activities, discussions with local teams, reviewed historical data, and benchmarked performance with similar Councils.

In summary, the review highlighted the following opportunities which would, however, be subject to the normal statutory assessment process operating fairly in any individual case (see legal considerations for further details):

Older People	Whole Life Disability
25-40% fewer people requiring residential or nursing care	Currently 25% of the outcomes for young people transitioning to adult care are non-ideal. Different planning could give an additional 37 young adults each year a more positive outcome.
30% more people benefiting from enablement services while delivering a 25% improvement in outcomes	Supporting individuals in residential and supported living to live in their ideal setting would mean 498 people living more independently.
4% reduction in demand on home based support as more people are living independently	68% of individuals demonstrated an ability to learn new skills and increase their independence giving 847 people across supported living and homecare services the

## Older People

## Whole Life Disability

opportunity to have a more independent future

Practitioners spend more time with the people they care for and less on paperwork

Following the completion of the review work an outline implementation plan has been developed by the Council which allows for the Adult Social Care and Health (ASCH) and Children's Services (CS) departments to consider the most appropriate methods for realising the opportunities identified in the assessment.

The approach identified, in Appendix 1, provides details of the expected workstreams required to implement the findings of the assessment work along with their estimated financial savings and proposed outcomes upon performance of services which again are subject to the proper operation of statutory processes in individual cases. These workstreams may alter during the design phase of the implementation work – but the associated savings will remain the same. The workstreams have been given an identifier to align with the existing departmental budget monitoring requirements of the Council. For the Older People Pathway it is OPP53, and for Whole Life Disability it is WLD52. It is expected that following the successful procurement the full implementation of the assessment recommendations will take a maximum of four years.

An Equality Impact Analysis has been carried out and is appended to this report (Appendix 2). Members are asked to read the assessment in full. It is considered that implementation of these proposed improvements will ensure more equitable service provision across both the Older People and Whole life Disabilities pathways, resulting in better outcomes and greater levels of independence for service users, whilst promoting existing best practice across the Council. As there is a potential impact on young people transitioning into adult services and their ongoing support needs this has also been considered within the Equality Impact Analysis. However it is important for Members to note that whilst the proposals focus on new service users it is anticipated that some existing service users will change services or settings, particularly within whole life disability as result of this initiative. To mitigate any possible adverse impact of this existing service users whose needs have not changed will not be obliged to accept an alternative offer where this arises directly from the revisions to the assessment process set out in this report.

Implementation of the assessment findings will require organisational development to ensure there is greater consistency in: maximising reablement and enablement with service users, assessment and reviews, use of financial and performance information to support decision making.

## **Provision of Specialist Professional Services – Use of a Non-DCC Framework**

It is recognised that the implementation of the assessment findings will have an impact on the capacity of the ASCH and CS departments. The Council is, therefore, considering the resource required to support this activity.

The Council and specifically the ASCH and CS departments are already in the process of developing and implementing a range of policy and service changes aimed at improving the outcomes for the people that they support now and in the future. This includes, but is not limited, to the following:

- Assistive Technology review (including changes to eligibility for community alarms approved by Cabinet on 6 June 2019);
- Development of an Older People's Accommodation, Care and Support Strategy – vision approved by Cabinet on 11 October 2018;
- Early Help Service changes - as approved by Cabinet on 31 January 2019;
- Implementation of the review of Organisation Development and Human Resource delivery model to support the Council's strategic priorities – as approved by Cabinet on 11 October 2018;
- Learning Disability and Autism Day Care offer changes – as approved by Cabinet on 6 June 2019;
- Review of Voluntary and Community Sector (VCS) grants and infrastructure funding – as approved by Cabinet on 28 February 2019;
- Thriving Communities programme;
- Transformation of Adult Care's Direct Care Homecare service – as approved by Cabinet on 26 July 2018;
- Transforming Care Programme – continued implementation of the Derby and Derbyshire programme in partnership with the NHS; and
- Implementation of the strategic review led by Isos Partnership of the support, services and provision for children and young people with high needs in Derbyshire – (approval for procurement by Cabinet Member for Young People on 5 December 2017. Final report due to be published summer 2019).

These ongoing developments will be considered alongside the workstreams identified in Appendix 1 to ensure that there is no duplication of effort.

In order to ensure effective delivery of the outcomes identified in Appendix 1 an appropriate programme governance structure will need to be put in place with a defined programme board providing oversight. Alongside this there will be requirements for specific roles and responsibilities at different levels as detailed below.

### ***Service based leadership roles and responsibilities***

These roles are central to the successful delivery of the programme and they make up the core delivery team. Because of this, these roles will require additional time to be successful and it is recommended that, where possible, business as usual

(BAU) roles are backfilled. For these individuals, the success of the programme should be seen as a critical factor in their job:

- Senior Sponsor (no back fill required) Champion for change and senior support for the programme, working in partnership with key stakeholders across the council. This role is typically filled a senior service leader. It is critical that they are willing to fully engage in the programme and it is seen as a major part of their job. Estimated time requirement of 1 day/week blended within their working role. It is expected that this role will be fulfilled by the Executive Director for Adult Social Care and Health
- Programme Director - Runs and manages the programme and all workstreams. Is able to coordinate and lead a diverse set of team members with experience across social care and the wider council. Strong management experience is expected as well as a willingness to engage in detail when required. Clearly understands the vision for the programme and how each workstream and KPI combine to achieve this. Estimated time requirement of 3+ days/week. This role will be undertaken by a Service Director within Adult Social Care and Health
- Design Leads - Key practitioners who will lead on the design and implementation of the new ways of working for each of the workstreams. Estimated time requirement of 4-8 FTE.

### ***Service engagement throughout programme***

Core to the successful implementation and sustainability of any transformation programme is the involvement and support of the practitioners and local management. Whilst the additional time requirement of these roles is minimal (most of the work is BAU), it is critical that the successful implementation of the programme is seen as a priority for them and they fully engage with leading this change in their teams.

- Service Directors, Group Managers, Principal Social Worker - will be key to leading the change in each of their areas and ensuring they are satisfied with the direction of the programme. They may also take an oversight role of a functional workstream within the programme structure. They will support the change management process, along with any transformation team (either internal or external), such as supporting elements of training, attending and supporting teams in the field, etc.
- Local Area/Team Managers - each team/area manager will play a key role in embedding and sustaining the change. They will need to be made available for training and preparation work before implementation and be able to commit time during the week to support the programme activities within their team.
- Local Area/Team Members each team member will need time set aside for training on the new ways of working. During the implementation period, their time will also need to be re-prioritised to include the new ways of working. This will not be a net addition of hours to any role by the programme end.

### ***Enabling support Roles & Responsibilities***

Any large scale transformation programme requires skills and support from across the council making these roles central enablers to successfully land change. For these roles it is important to have a clear alignment of priorities and the success of the programme should be seen as central to this.

- Programme Management Officer - Responsible for Project Boards, communication and reporting of the projects in the internal governance structure. Will also provide oversight and management of high level implementation considerations across programme.
- Communications - Leads on the development and execution of a robust communications plan and leads communications internally and externally during the programme.
- Human Resources - Owns any workforce transition plan by working closely with the programme.
- Organisational Development - Works alongside the transformation team (both internal and external) to support the development, delivery and imbedding of training in areas such as; Management, Performance, Dealing with Difficult People, Conflict, Strength Based Practice and SMART actions, etc. as well as the development and imbedding of any specific training modules designed to support the new ways of working.
- Finance - Owns the development of the model which maps operational metrics to the financial benefits as well as the setup and tracking of these metrics to ensure overall programme success is evidenced. Also supports the local workstreams in the development of their KPIs which will be used to monitor improvement in the design process and ensures that each workstream contributes to the overall programme objective (such that if each local KPI achieves target, the programme target is achieved). Drives the process of investigating any variances between actual vs. anticipated cash delivered.
- Performance - Supports the development and setup of the operational KPIs and provides the daily, weekly and monthly data and analysis to report on the operational performance within the Adult Social Care and Health and Children's Services teams. Builds and maintains the dashboards and reporting tools as part of BAU.

As with the original assessment additional support will be required from a specialist professional organisation that has experience of managing and implementing large-scale cultural and systems and processes transformation programmes within the field of children's and adults' social care. A specialist professional organisation would provide both the knowledge and practical experience in delivering this type of work at the pace required to achieve the optimal savings, as well as providing additional capacity to ensure there is no detrimental effect on business as usual.

A specialist professional organisation would be required to work cooperatively with the Council led design team (detailed above) and provide support during the implementation process. It is envisaged that to ensure effective implementation across the pathways the work is delivered incrementally across specific area-based

teams, rather than a full one-off countywide implementation. This will allow for a managed implementation process.

As outlined above it has been identified that in order to take forward the findings of the assessment and implement them effectively across ASCH and CS to achieve the proposed opportunities within the identified time-period there is a need for additional external support to deliver this. This section provides more detail as to the reasons why a specialist professional organisation is required to support the implementation of the workstreams.

### ***Procurement approach***

As outlined previously the Council needs to procure a Specialist Professional Organisation to provide additional resources and expertise to work with the Council to develop and support the delivery of an implementation plan that will achieve the outcomes identified in Appendix 2.

The Council has considered a number of OJEU compliant procurement options which identified the most appropriate route to market. This request is supported by a business case and options appraisal and benefits analysis which has been approved by the Chief Financial Officer and Director of Legal Services. The award of contract using a non-Derbyshire County Council framework will be delegated to the Executive Director Adult Social Care and Health under the Officer's Scheme of Delegation as per Protocol 2b of the Council's Financial Regulations. The award will be subject to a call-off from the framework following a competitive process.

The proposal is that the North East Procurement Organisation's (NEPO) Framework Solution NEPRO is used for the identification of a Specialist Professional Service. The use of this non-Derbyshire County Council Framework will save the Council substantial time and resources.

### **3) Financial Considerations**

The Council's Revenue Budget 2019-20 report, considered by Council in February 2019, outlined a total of £63.168m in budget savings to be achieved by 2023-24. The savings required by Adult Social Care and Health (ASCH) total £27.035m.

The findings from the Older People and Whole Life Disability pathway assessment work suggests projected potential savings across this time period of £21.134m could be realised of which £15.100m will come from the Older People's Pathway and £6.040m from the Whole Life Disability Pathway (see also Appendix 1 for detail of workstreams). These savings would be predominantly realised across Adult Social Care and Health, but with the expectation that the legacy arising from this implementation may result in savings for Children's Services. In assessing the likely savings available from achieving the improved outcomes identified consideration has been given to ensure there is no double counting of savings against those

possible from other transformational programmes already under way in Adult Social Care and Health.

For the implementation of the assessment findings to be undertaken in a manner which achieves the opportunities for individuals and the Council within the medium term (five years) there is a need to procure a specialist professional organisation to provide additional expertise.

On this basis the successful provider will be required to give a commitment to realising the identified savings through payments contingent on achieving specified outcomes. The final contract value will be determined once the procurement process has been completed. It is expected that the costs to the authority will be in the order of £7m over a maximum four-year period. The proposed solution will be expected to deliver the following savings.

Year	2020/21	2021/22	2022/23	2023/24	Total
	£m	£m	£m	£m	£m
In year base budget	2.9	8.6	7.7	1.9	21.1
Cumulative saving	2.9	11.5	19.2	21.1	54.7

#### 4) Legal Considerations

Under the Care Act 2014, where it appears to a local authority that an adult or carer in its area has needs for care and support, the authority must assess what those needs are and whether they meet the eligibility criteria set out in regulations. (The Care and Support (Eligibility Criteria) Regulations 2015).

The local authority has a duty to meet eligible needs and once this duty is triggered, a written care and support plan must be prepared (s24 CA 2014). This plan must specify how the authority proposes to meet the adult or carer's assessed needs. Under the Care Act 2014 the local authority is obliged to keep these plans under review.

These obligations remain unchanged and they must be fully observed when conducting the work required to implement the assessment findings.

The Council is also obliged to comply with the statutory provisions applying to the assessment of young people as referred to in the Equality Impact Analysis.

Based on the circumstances set out in this report, the Director of Legal Services considers that the proposed use of a non-Derbyshire County Council framework satisfies the requirements of EU procurement law and that the use of the Framework is in accordance with the Council's Financial Regulations.



## **5) Other Considerations**

In preparing this report the relevance of the following factors has been considered: equality of opportunity, social value, health, environmental, HR, transport, property and crime and disorder considerations

## **6) Key Decision**

Yes

## **7) Background Papers**

Copies of the following are held on record by the Adult Social Care and Health department:

Newton Europe: Assessment of the Older Adults & Whole Life Disability Pathways Across Derbyshire – Initial Findings (April 2019)

Adult Social Care and Health Business Case: Provision of Independent Specialist Professional Services to Implement Older Adult and Whole Life Disability Pathway Assessment Findings

## **8) Call-in – Is it necessary to waive the call in period in respect of any decisions proposed in the report?**

No

## **9) Officer's Recommendation**

That Cabinet:

1. Receives and notes the findings of an independent assessment of the Older People and Whole Life Disability Pathways delivered by Adult Social Care and Health and Children's Services;
2. Agrees the implementation of the revised approach to assessments as set out in the report; and
3. Approves, under Protocol 2a of the Council's Financial Regulations the use of the North East Procurement Organisation's (NEPO) Framework Solution NEPRO to procure specialist professional services to support the implementation of the assessment findings.

**Simon Stevens**  
**Acting Executive Director Adult Social Care and Health**

IMPLEMENTATION PLAN PROPOSED WORKSTREAMS

*Older People's Pathway (OPP53) Opportunities*

Workstream	Revised Approach	Estimated Total Financial Opportunity	New Work / Extension of Existing Work and Interdependencies	Proposed Outcomes
<p><b>OPP53A: Improved Effectiveness of Short-Term Services</b></p>	<p>Ensure consistency in organisation and configuration of Direct Care short term services.</p> <p>Ensure consistency and equity of access to support services for short term services e.g. access to therapy, community equipment.</p> <p>Ensure consistency in clear planning, goal setting and reporting performance in provision of short term services to promote client independence.</p>	<p>£3.680m</p>	<p>New</p> <p>Interdependency with existing transformation of the Direct Care Short-Term Service</p> <p>Interdependency with development of self-led / autonomous working in P&amp;P</p> <p>Interdependency with Assistive Technology Review</p>	<p>Increase in numbers of people remaining at home 91 days after a reablement service has ended</p> <p>Increase in levels of independence achieved by people receiving reablement services (e.g. reduction in ongoing care &amp; support).</p>

Workstream	Revised Approach	Estimated Total Financial Opportunity	New Work / Extension of Existing Work and Interdependencies	Proposed Outcomes
	<p>Smarter reporting mechanisms to be developed to report on outcomes and measure performance</p> <p>Policies and procedures for access to the service to be focused on potential for enablement not on universal access for defined period.</p>			
<p><b>OPP53B: Increased Capacity of Short-term Services</b></p>	<p>Ensure consistent application of case reviews to ensure informed decision making.</p> <p>Improve communication between P&amp;P teams and STS Teams to ensure pathway 'milestones' have been identified and</p>	<p>£0.620m</p>	<p>New</p> <p>Interdependency with existing transformation of the Direct Care Short-Term Service.</p> <p>Interdependency with development of self-led / autonomous working in P&amp;P.</p> <p>Interdependency with Assistive Technology Review, review of VCS infrastructure and grant funding,</p>	<p>Reduced average lengths of stay in reablement services (bed-based and home-based)</p> <p>Increased activity across reablement services (higher throughput in bed-based settings)</p>

Workstream	Revised Approach	Estimated Total Financial Opportunity	New Work / Extension of Existing Work and Interdependencies	Proposed Outcomes
	completed as matter of routine		and development of Older People's Accommodation, Care and Support Strategy.	
<b>OPP53C Increased productivity of Social Work Teams</b>	<p>Improvements to systems and processes used to support decision making.</p> <p>Improvements to the quality and consistency of assessments and reviews.</p> <p>Implementation of consistent strength based outcome focused assessment across all P&amp;P teams</p>	£0.260m	<p>New</p> <p>Interdependency with existing transformation of the Direct Care Short-Term Service.</p> <p>Interdependency with development of self-led / autonomous working in P&amp;P.</p> <p>Interdependency with Assistive Technology Review, review of VCS infrastructure and grant funding, and development of Older People's Accommodation, Care and Support Strategy.</p>	This is an enabling workstream – the impacts of which will be demonstrated by the above workstreams.
<b>OPP53D: Improved Decision Making – Home Care &amp; Residential Care</b>	Introduction of multi-disciplinary approach to decision-making to reduce variation in assessments and client outcomes.	£10.540m	<p>New</p> <p>Interdependency with existing transformation of the Direct Care Short-Term Service.</p> <p>Interdependency with development of self-led /</p>	Reduction in number of people having their long-term care needs met in a residential setting.

<b>Workstream</b>	<b>Revised Approach</b>	<b>Estimated Total Financial Opportunity</b>	<b>New Work / Extension of Existing Work and Interdependencies</b>	<b>Proposed Outcomes</b>
	<p>Prevent inappropriate admissions to residential care.</p> <p>Improve consistency in allocation of home care packages</p>		<p>autonomous working in P&amp;P.</p> <p>Interdependency with Assistive Technology Review, review of VCS infrastructure and grant funding, and development of Older People's Accommodation, Care and Support Strategy.</p>	<p>Stability in provision of home care packages</p>

***Whole Life Disabilities Pathway (WLDP 52) Opportunities***

<b>Workstream</b>	<b>Revised Approach</b>	<b>Estimated Total Financial Opportunity</b>	<b>New Work / Extension of Existing Work and Interdependencies</b>	<b>Proposed Outcomes</b>
<b>WLDP52A Improved Decision Making – Increased Independence</b>	<p>Introduction of multi-disciplinary (peer support) approach to decision-making to reduce variation in outcomes</p> <p>Improve the promotion of independence rather than maintenance in care and support planning (across</p>	£2.730m	<p>New</p> <p>Interdependency with existing High Cost Placement reviews.</p> <p>Interdependency with development of self-led / autonomous working in P&amp;P.</p> <p>Interdependency with High Needs Strategy review.</p>	<p>Increase in the number of accessing community connectors</p> <p>Reduction in number of short-term placements that exceed expected timescales</p>

Workstream	Revised Approach	Estimated Total Financial Opportunity	New Work / Extension of Existing Work and Interdependencies	Proposed Outcomes
	<p>preparing for adulthood and all-age adult cohorts) subject to the maintenance of existing provision in the circumstances described below</p>			
<p><b>WLDP52B: Improved Decision Making – Residential Care</b></p>	<p>Introduction of multi-disciplinary (peer support) approach to decision-making to reduce variation in outcomes. Implementation of consistent strength based outcome focused assessment across all P&amp;P teams</p> <p>Consistent approach will impact on provision for new clients and challenge the previously agreed provision for established clients.</p>	<p>£2.630m</p>	<p>New</p> <p>Interdependency with existing High Cost Placement reviews.</p> <p>Interdependency with development of self-led / autonomous working in P&amp;P.</p> <p>Transforming Care Programme and CCG reviews of CHC clients</p>	<p>Reduction in the number of people with a learning disability or autism having their long-term care needs met in a residential setting.</p>

<b>Workstream</b>	<b>Revised Approach</b>	<b>Estimated Total Financial Opportunity</b>	<b>New Work / Extension of Existing Work and Interdependencies</b>	<b>Proposed Outcomes</b>
<b>WLDP52C: Improved Decision Making – Supported Living</b>	Introduction of multi-disciplinary (peer support) approach to decision-making to reduce variation in outcomes	£0.680m	New	<p>Increase in number of supported living or share lives placements made</p> <p>Reduction in number of voids across supported living schemes.</p>

**APPENDIX 2**

**Derbyshire County Council  
Equality Impact Analysis Record Form 2018**

Department	Adult Social Care and Health and Children's Services
Service Area	Older Adults and Disabled Children's Services
Title of policy/ practice/ service of function	Older Adults and Whole Life Disability Equitable Pathways
Chair of Analysis Team	Graham Spencer

**Stage 1. Prioritising what is being analysed**

- a. Why has the policy, practice, service or function been chosen? (rationale)
- b. What if any proposals have been made to alter the policy, service or function?

The public sector equality duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. The purpose of this analysis is to ensure that an assessment is being made of the potential impacts for local people of the implementation of proposals concerning the delivery of services across the Older Adults and Whole Life Disability pathways ("the pathways") that ensures equitable provision across the county in line with the principles of the Care Act 2014, Children and Families Act 2014, and Special Education Needs and Disability (SEND) Code of Practice 2015.

**National Context**  
The Care Act 2014, promotes the adoption of strength based approaches to assessment and care and support planning which first seeks to mobilise an individual's strengths, resources, networks and communities as a means of supporting personal outcomes. Where local authority resources are utilised to meet eligible outcomes these should focus on supporting people to engage with their local communities and live independently wherever possible.

The Care Act places duties on local authorities to assess people's needs for social care support, and if they are eligible, to develop a support plan with individuals that promotes the use of personal budgets, direct payments and maintaining options and choices for



individuals through effective commissioning and the provision of information and advice on possible services.

When arranging services, local authorities must consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to arranging services support and promote the wellbeing of people receiving those services.

Local Authorities are also required by the Care Act to make information and advice available for all people, and put in place universal services which are aimed at preventing, reducing or delaying care and support needs in the context of community wellbeing and social inclusion. Preventative approaches foster a holistic approach that includes accessing universal services, early intervention, promoting choice and control, and the development of social capital.

The Children and Families Act 2014 is a wide-ranging act designed to reform services for vulnerable children, by giving them greater protection, paying special attention to those with additional needs, and also helping parents and the family as a whole. There are nine parts to the Act, each of which made substantial changes and new provisions to various areas of child welfare and family law.

Part Three of the Children and Families Act 2014 concerns Children with Special Education Needs and Disabilities (SEND). The Act replaced a system that was judged as not performing well enough for these particularly vulnerable groups of people, and introduced a number of new provisions including the following:

- A new Education, Health and Care Plan (EHCP) based on a single assessment process replacing special education statements. EHCPs are documents that support children, young people and their families from birth to 25.
- The commissioning and planning of services for children, young people and families to be run jointly by health services and local authorities.
- Extended the rights to a personal budget for the support to children, young people and families
- Local services available to children and families must be made available in a clear, easy to read manner.
- Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.

The SEND Code of Practice 2015 provides statutory guidance for organisations working with and supporting children and young people who have special educational needs and disabilities based upon the Children and Families Act 2014 and other associated regulations. As a local authority, Derbyshire County Council must have regard to the Code of Practice. This means that whenever decisions are taken they must give consideration to what the Code says and cannot ignore it. The Council must fulfil its statutory duties towards children and young people with SEND in the light of the guidance and must be able to demonstrate in its arrangements for children and young people with SEND that it has fulfilled its statutory duty to have regard to the Code. Any departure from the Code of Practice must be explained.

For the purposes of this EIA the Care Act and Children and Families Acts 2014 will henceforth be referred to as “the Acts”, unless otherwise stated.

### **Local Strategic Context**

Derbyshire County Council’s Council Plan 2019-2021 expresses the authority’s desire to provide the Derbyshire public with maximum value for money on their council tax by delivering the most efficient and effective public services possible. The Council Plan identifies five priority areas for improvement and their specific deliverables over the short (two year) and medium (five year) term which includes the following:

#### ***Empowered and self-sufficient communities***

<b>In two years we will have:</b>	<b>In five years we will have:</b>
Rolled out the Thriving Communities programme across 13 localities	Mainstreamed the thriving community approach to enable people to lead bigger and better lives
Reviewed grants and developed a new offer to voluntary and community groups to enable the sector to grow and thrive	A thriving voluntary sector that is less dependent on Council funding
Co-designed our offer to people with learning disabilities, focusing on their strengths to help them achieve their personal goals	Enabled more people with a learning disability in Derbyshire to work towards achieving their goals and aspirations with less reliance on statutory services
	Become an excellent enabling Council, with communities taking responsibility for their areas, assets and environments

#### ***A focus on prevention & early intervention***

<b>In two years we will have:</b>	<b>In five years we will have:</b>
Developed, agreed and begun to implement the Older People’s Housing, Accommodation and Support Strategy	Continued the implementation of the Older Peoples Housing, Accommodation and Support Strategy
Reviewed our care and support offer for adults and children with special educational needs and disabilities to improve efficiency, value for money and customer outcomes	Implemented an ongoing programme to maintain quality and reduce variation in the Adult Care core offer
Commissioned a new approach to provide innovative technological solutions to support people with social care needs	Embedded assistive technology across the adult care offer and continued to exploit the opportunities that new technology provides
Better supported people to live at home longer	

#### ***High performing council services***

<b>In two years we will have:</b>	<b>In five years we will have:</b>
Ensured all Council run adult care homes have Quality of Care graded as good or outstanding	Ensured all Council run adult care homes are good or better

Maintained our high performance in reducing delayed transfers of care from hospital

Continued to drive improvements in the delivery of children's social care

Maintained a strong children's social care delivery

The Council has also committed to becoming an Enterprising Council, taking forward an ambitious programme of whole Council transformation and cultural change. The One Council approach will ensure the necessary plans are in place to modernise, innovate, transform and collaborate to meet its ambitions, making identified savings whilst continuing to deliver priorities (including those outlined above) and achieve better outcomes for local people.

The Council and specifically the Adult Social Care and Health (ASCH) and Children's Services (CS) departments are in the process of developing and implementing a range of policy and service changes aimed at improving the outcomes for the people that they support now and in the future. This includes, but is not limited, to the following:

- Assistive Technology review (including changes to eligibility for community alarms approved by Cabinet on 6 June 2019);
- Development of an Older People's Accommodation, Care and Support Strategy – vision approved by Cabinet on 11 October 2018;
- Early Help Service changes - as approved by Cabinet on 31 January 2019;
- Implementation of the review of Organisation Development and Human Resource delivery model to support the Council's strategic priorities – as approved by Cabinet on 11 October 2018;
- Learning Disability and Autism Day Care offer changes – as approved by Cabinet on 6 June 2019;
- Review of Voluntary and Community Sector (VCS) grants and infrastructure funding – as approved by Cabinet on 28 February 2019;
- Thriving Communities programme;
- Transformation of Adult care's Direct Care Homecare service – as approved by Cabinet on 26 July 2018;
- Transforming Care Programme – continued implementation of the Derby and Derbyshire programme in partnership with the NHS; and
- Implementation of the strategic review led by Isos Partnership of the support, services and provision for children and young people with high needs in Derbyshire – (approval for procurement by Cabinet Member for Young People on 5 December 2017. Final report due to be published Summer 2019).

These various areas of work will not have a negative impact on the proposals for which this EIA is subject to. Instead all of these proposals will support the development of a broader range of choices to maximise independence and support as detailed in their respective reports/strategies and consultations..

### **Financial context**

The Council's Revenue Budget 2019-20 report, considered by Council in February 2019, outlined a total of £63.168m in budget savings to be achieved by 2023-24. The savings required by Adult Social Care and Health (ASCH) and Children's Services (CS) over this period are as follows:

### Medium Term Financial Savings (specified departments)

	2019/20	2020/21	2021/22	2022/23	2023/24	Total Ongoing Saving
<b>ASCH</b>	£5.732m	£14.305m	£6.579m	£0.264m	£0.155m	<b>£27.035m</b>
<b>CS</b>	£2.091m	£0.984m	£0.500m	£0.400m	TBC	<b>£3.975m</b>
	<b>£7.823m</b>	<b>£15.289m</b>	<b>£7.079m</b>	<b>£0.664m</b>	<b>£0.155m</b>	<b>£31.010m</b>

These savings are to be met against a background of continuous and significant demand for Adult Social Care and Health and Children’s Services, a Council Plan priority to not increase Council Tax over the next two years, and ongoing uncertainty over the long-term funding of social care services in England following the continued delay in the publication of the Social Care Green Paper.

### External Assessment

Against this backdrop, an independent specialist analysis of the Older Adults and Whole Life Disability pathways delivered by ASCH and CS was undertaken by Newton Europe (NE) consultancy between February and May 2019. The review focussed on decision making, outcomes, use of resources and culture, these were defined by NE as:

- Decision Making – is variation in decision making being addressed to ensure the best decisions are being made to maximise independence?
- Outcomes – Are services effective and does referring people to services result in the best outcomes for people?
- Use of resources – are we set up in a way that makes best use of our resources and what is the impact on spend and staff if improvements are delivered?
- Culture – does the culture and leadership support people to adapt and perform at their best?

NE gathered information in a variety of ways to inform their review of the council’s current work streams for older adults and whole life disability:

- Pathway workshops – workshops, interviews and surveys to ascertain the current culture and readiness for change.
- Live studies – Analysing data to understand baseline trends, patterns and variance.
- Discussions with local teams – understanding the expertise that already exists within the organisation.
- Historical data and benchmarking – assessors participated in the review of live cases and explored the potential for improved outcomes.
- Considered change readiness – time spent shadowing with assessors to understand operational constraints.

In summary, in assessing services through the above questions NE identified the following opportunities across the two pathways:

Older Adults	Whole Life Disability
25-40% fewer people requiring residential or nursing care	Currently 25% of the outcomes for young people transitioning to adult care are non-ideal. Different planning could give an additional 37 young adults each year a more positive outcome.

30% more people benefiting from enablement services while delivering a 25% improvement in outcomes	Supporting individuals in residential and supported living to live in their ideal setting would mean 498 people living more independently.
4% reduction in demand on home based support as more people are living independently	68% of individuals demonstrated an ability to learn new skills and increase their independence giving 847 people across supported living and homecare services the opportunity to have a more independent future
Practitioners spend more time with the people they care for and less on paperwork	

Successful implementation of the review findings could result in more efficient services, reducing the overall costs to the Council whilst simultaneously improving outcomes for people.

In the undertaking of this assessment a number of areas of opportunity to improve outcomes for individuals that will promote greater independence were also highlighted. These opportunities would not only help better support individuals, but also enable ASCH and CS to become more financially efficient in the longer-term, which in turn will help support the Council's overall financial position.

The proposed areas for implementation are:

### ***Older Adults Pathway***

There are a number of areas where work can take place to improve the effectiveness, capacity, and productivity of services alongside the way in which decisions are made across this pathway to achieve the proposed outcomes. This will include:

- Clear Goals and Planning – service user's ideal outcome won't be achieved if care planning is not made clearer and expresses the person's goals in a manner that Care Workers can easily follow.
- Good communication between teams – scope for improvements in the way information is communicated between different Adult Care teams and also those in the Health sector.
- Reduce variability in access to therapy – therapy services need to be incorporated into all reablement style services in a consistent manner to ensure people can be fully re-abled as possible in a timely manner.
- Co-ordination with health – a consistent approach to ensuring health needs are met during and after social care needs have been met/reduced needs to be developed.
- Increasing capacity will enable to support additional people through services like reablement and ultimately lead to more people being able to remain at home for longer with/without support (depending on levels of need).
- Taking a multi-disciplinary approach to decision making can result in outcomes that lead to greater independence.
- Opportunities were identified to reduce the amount of time spent by practitioners completing paperwork.
- Spending more time with service users would support improved decision making; and

- Improving the type/quality of information provided to practitioners in support of decision making.

### **Whole Life Disability Pathway**

Decision Making has been identified as the main area that could be improved to support more people across this pathway to achieve better outcomes and become/remain independent (with varying degrees in levels of appropriate support). This will require:

- better planning to support those preparing for adulthood so that both current and future care/support needs and goals are identified;
- supporting individuals in residential and supported living to live in their ideal setting; and
- enabling people in supported living and homecare services to achieve their ideal needs levels.

### **Expectations of implementing the assessment findings**

By implementing the findings from the assessment, in line with both a consistent approach to care and support planning and relevant legislation, it is expected that the following benefits will be realised for the people of Derbyshire, its staff and the Council as a whole:

- **Improved outcomes for one in three people we support** – the opportunity to improve the lives of over 2,400 people by supporting them to live more independently by ensuring that reviews consistently focus on delivering a person’s outcomes and promote independence.
- **Almost 1,000 more people able to live in their own home** – opportunities for people to be supported in independent settings.
- **Reduce paperwork time** – twice as much time is spent by frontline social work staff doing paperwork than contact time with people and opportunities have been identified to improve this this.
- **Better support for our practitioners and managers** – opportunities to better support staff by improving the information required to support decision-making by staff.

The findings from the Older Adults and Whole Life Disability pathway assessment suggest that possible savings across this time period of £21.134m could be achieved. These savings take into account the likelihood that not all of the opportunities identified in the assessment can be fully realised. The expectation is that savings will most likely be realised in providing practitioners with the right support to improve decision making that promotes independence for all clients (existing and new) and making directly provided services more productive. Improving current decision making, to reduce the wide variation that currently exists, will require some cultural change amongst staff, but also improving the systems and processes that support them so that they are freed up to have more time to think, focus on outcomes and provider peer challenge to one-another.

### **Projected Pathway Implementation Savings**

Pathway	2020/21	2021/22	2022/23	2023/24	Total Ongoing Saving
<b>Whole Life Disability</b>	£1.029m	£1.850m	£1.990m	£1.170m	<b>£6.039m</b>

<b>Older People</b>	£1.905m	£6.770m	£5.730m	£0.690m	<b>£15.095m</b>
	<b>£2.934m</b>	<b>£8.620m</b>	<b>£7.720m</b>	<b>£1.860m</b>	<b>£21.134m</b>

Whilst the proposals focus on new service users it is anticipated that some existing service users will change services or settings, particularly within whole life disability. However, existing services users whose needs have not changed will not be obliged to accept an alternative offer.

It is anticipated that implementing the findings of the assessment work should result in improvements for both the people of Derbyshire and the Council. Whilst there may be changes to the provision made in some cases it is not anticipated that there will be any negative impacts arising from this implementation work. This is because the implementation work will focus on supporting practitioners to ensure that we focus on identifying people's needs and outcomes:

- There is no change being made to the current offer provided by the Council across either pathway, and as stated above, existing service users will not be obliged to accept an alternative offer;
- Realisation of any benefits will only occur if practitioners are better supported to deliver social work assessments and reviews the consistently promote independence whilst respecting the individual's choices;
- Directly provided services such as reablement and short-term homecare must better promote independence – with reablement services realising their full productivity potential.

A more detailed analysis of the impacts upon the protected characteristic groups is provided in section five of this document.

c. What is the purpose of the policy, practice, service or function?

#### **Older Adults Pathway**

The Older Adults Pathway covers a number of services delivered by the Council's ASCH department to people aged 65 and over. This includes, but is not limited to: assessment and support planning, domiciliary and residential care, and short-term services.

There are an estimated 168,700 (ONS 2017 Mid-Year Estimate) people aged 65+ in Derbyshire of which it is estimated that 23,500 are eligible for care and support from the Council as set out in the Care Act 2014. The number of people currently accessing support include:

- 4,227 short-term service packages delivered in 2018
- 1,372 people in long term residential care
- 4,343 people currently in receipt of domiciliary home care service

#### **Whole Life Disability Pathway**

The Whole Life Disability Pathway includes a number of services delivered by both the ASCH and CS departments to people throughout their lives. These include services for disabled children, preparing for adulthood (transition), residential and day services for people with learning disabilities and Autism, supported living and shared lives. The number of people currently supported across this pathway include:

- 104 Children in residential care
- 632 children with a disability
- 825 Children in care
- 3,095 Children with an Education, Health and Care Plan (EHCP)
- 5,648 Children with an assessment
- 98 people with a learning disability and Autism in Shared Lives
- 187 young people aged between 16-18 years requiring assessment by Adult Care.
- 556 people with a learning disability and Autism in supported living
- 2,189 people with a learning disability

d. Are there any implications for employees working in the service?

Ensuring equitable application of the both the Care Act and Children and Families Act 2014 (Part Three) across both the Whole Life Disability Pathway and Older Adults Pathway may impact staff in the following ways:

- Empowering and supporting staff to best make decisions that reflect principles of the Acts e.g. around strength and asset based working through the provision of training and professional development opportunities
- Involving staff in reviewing team performance (financial / performance etc) by the provision of appropriate information
- Reducing assessment variations throughout Derbyshire by increasing consistency of decisions and service provision (subject to individual variations)
- Increasing contact time with people by improving the way in which time is spent completing paperwork or system related functions.
- Increasing multi-disciplinary working to promote joint working and decision making.

## Stage 2. The team carrying out the analysis

<b>Name</b>	<b>Area of expertise/ role</b>
Graham Spencer	Group Manager, Integration, Adult Social Care and Health
Steve Ball	Service Manager, Commissioning Team, Adult Social Care and Health
Isobel Fleming	Service Director, Children's Services
Tanya Henson	Acting Service Director, Prevention, Personalisation and Direct Care, Adult Social Care and Health
Shaun Astbury-Grocutt	Group Manager, Prevention and Personalisation, Adult Social Care and Health
John Cowings	Senior Policy Officer, Equalities
Diana McKenna	Head of Service, Disabled Children's Services
Mark Emly	Assistant Director, Learning Access and Inclusion
Sara Lewis	Assistant Head Of Quality Assurance, Children's Services
Simon Hobbs	Deputy Director of Legal Services

## Stage 3. The scope of the analysis – what it covers

This analysis will:

- examine whether implementing the findings from the review of the older adults and whole life disability pathways is likely to affect particular groups of people, including



those currently accessing services and staff; and whether these groups of people are likely to have protected characteristics and experience other inequality, in line with the requirements of the Equality Act 2010;

- seek to highlight any concerns over the possible impacts for groups of people and communities in Derbyshire, where these are likely to be negative, adverse or could be deemed to be unfair or discriminatory; and
- where adverse impacts are identified, the EIA team will suggest suitable mitigations to negate or minimise the impact(s) found.

#### Stage 4. Data and consultation feedback

##### a. Sources of data and consultation used

<b>Source</b>	<b>Reason for using</b>
Derbyshire County Council: Council Plan 2019-21	Strategic document setting the priorities for the Council
Adult Social Care and Health, and Children's Services Management Information data	Provide context information in relation to levels and quality of services
Derbyshire Observatory	Demographic data
Newton Europe: Assessment of the Older Adults and Whole Life Disability Pathways Across Derbyshire	Provides details of the opportunities for ensuring equitable provision of services

#### Stage 5. Analysing the impact or effects

##### a. What does the data tell you?

<b>Protected Group</b>	<b>Findings</b>																																								
Age	<p>The population of Derbyshire, according to the ONS Mid-year estimates (2017) is currently 791,966. Details of the various age ranges are outlined in the table below.</p> <table border="1"> <thead> <tr> <th colspan="4"><b>Population of Derbyshire</b></th> </tr> <tr> <th><b>Age</b></th> <th><b>Population<sup>1</sup></b></th> <th><b>Known to DCC<sup>2</sup></b></th> <th><b>%</b></th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>135,869</td> <td>6,722</td> <td>4.9</td> </tr> <tr> <td>16-17</td> <td>17,230</td> <td>809</td> <td>4.7</td> </tr> <tr> <td>18-64</td> <td>470,205</td> <td>4,561</td> <td>0.9</td> </tr> <tr> <td>65-74</td> <td>96,119</td> <td>2,729</td> <td>2.8</td> </tr> <tr> <td>75-84</td> <td>51,871</td> <td>4,459</td> <td>8.6</td> </tr> <tr> <td>85+</td> <td>20,672</td> <td>4,502</td> <td>21.8</td> </tr> <tr> <td>N/K</td> <td>0</td> <td>25</td> <td>0</td> </tr> <tr> <td>Total</td> <td>791,966</td> <td>23,807</td> <td>3</td> </tr> </tbody> </table> <p>Sources: 1-ONS Mid-2017 Population Estimates 2-DCC management information teams</p>	<b>Population of Derbyshire</b>				<b>Age</b>	<b>Population<sup>1</sup></b>	<b>Known to DCC<sup>2</sup></b>	<b>%</b>	0-15	135,869	6,722	4.9	16-17	17,230	809	4.7	18-64	470,205	4,561	0.9	65-74	96,119	2,729	2.8	75-84	51,871	4,459	8.6	85+	20,672	4,502	21.8	N/K	0	25	0	Total	791,966	23,807	3
<b>Population of Derbyshire</b>																																									
<b>Age</b>	<b>Population<sup>1</sup></b>	<b>Known to DCC<sup>2</sup></b>	<b>%</b>																																						
0-15	135,869	6,722	4.9																																						
16-17	17,230	809	4.7																																						
18-64	470,205	4,561	0.9																																						
65-74	96,119	2,729	2.8																																						
75-84	51,871	4,459	8.6																																						
85+	20,672	4,502	21.8																																						
N/K	0	25	0																																						
Total	791,966	23,807	3																																						

The council currently supports 11,715 people over the age of 65 – 72% of Adult Social Care and Health’s total work. There are an estimated 168,700 people aged 65+ in Derbyshire, which equates to 21% of the population. By 2039 it is estimated that this number will have increased to 249,000 - an increase of 58%, and the number of people ages 90+ will have increased threefold. In total, the number of people aged 65+ will increase to three in every ten (30%) and clearly indicates the potential future demand for services and need to ensure the equitable delivery of the pathways.

Around 20% of the current Derbyshire population are aged 0-17. Although the population for this age group is projected to remain fairly static between now and 2041, the proportion of 0-17 year olds as a proportion of the overall Derbyshire population is projected to fall slightly to 18%. The council currently supports 7531 children and young people under the age of 18.

Derbyshire has already experienced an increase in numbers of children requiring an EHCP, between 2014 and 2017. This increase was reversed between 2017 and 2018, where EHCPs decreased – the evidence gathered by the Council suggests the most probable explanation of this was the introduction of the Graduated Response for Individual Pupils (GRIP - a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process).

As stated above, the population is not due to increase over the next 5 years (so will not lead to increases in numbers of EHCPs). Therefore, given these observations and assumptions, it is projected that young people with EHCPs as a percentage of pre-25 population will stay at 1.5% until 2020 and decrease to 1.4% thereafter.

By applying these percentages to Derbyshire’s 0-25 population projections this results in the following numbers. This suggests that ECHPs in Derbyshire may remain in the region of between 2,900 and 3,300.

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Predicted EHCP	3,293	3,219	3,147	3,079	3,012	2,947
Early Years	20	30	33	31	30	716
Primary	1,051	961	881	819	762	1,361
Secondary	1,557	1,566	1,532	1,469	1,407	702
Post-16	539	669	708	755	753	455
Post-19	370	367	422	456	448	3,264
Total	3,537	3,593	3,576	3,530	3,400	716

Source: Children’s Services - Learning, Access and Inclusion

In addition to age, life expectancy is a factor that can indicate how services will be used in the future. Public Health England report that life

expectancy in Derbyshire is 79.3 years for males and 82.8 years for females. The number of disabled children requiring support is increasing as a result of improved medical interventions for babies with complex health needs and discharge to care at home.

Healthy life expectancy is also being used as a potential indicator of demand for services, and shows a much lower age of 63 for males and 62 for females, whilst estimated dementia diagnosis rates average 71% of people above 65 years old.

#### Life expectancy by area

Area	Male	Female
Amber Valley	79.6	82.6
Bolsover	77.9	81.5
Chesterfield	77.9	82.1
Derbyshire Dales	80.8	84.2
Erewash	79.5	83.4
High Peak	79.9	83.3
NE Derbyshire	79.7	82.9
Sth Derbyshire	79.3	82.5

Source: PHE Fingertips, accessed 20/05/19

There are 924 assessors in Adult Social Care and Health Prevention and Personalisation teams and Children's Services teams, all involved in working with people to support them to meet their goals and outcomes.

Staff conducting assessments are of a variety of ages, with the majority (57%) being in the 40-59 age range. The table below provides more detail.

Division	16-19	20-29	30-39	40-49	50-59	60-69	70+	Totals
Adults	1	56	119	153	162	53	1	545
Children's	2	45	81	122	90	37	2	379
<b>Totals</b>	<b>3</b>	<b>101</b>	<b>200</b>	<b>275</b>	<b>252</b>	<b>90</b>	<b>3</b>	<b>924</b>
<b>Percentages</b>	<b>0.3</b>	<b>11</b>	<b>21.6</b>	<b>29.8</b>	<b>27.3</b>	<b>9.7</b>	<b>0.3</b>	<b>100</b>

Source: Adult Social Care and Health, and Children's MIT

Whilst this means Derbyshire residents benefit from skilled and experienced staff teams, there may be initial challenges for area teams and staff of all grades involved in the equitable application of the Care Act in order to improve outcomes for people in receipt of services, or those who may need service in future.

It can be concluded that the equitable application of Care Act assessments and associated systems will have more of an impact on people aged 40-59, but assessors from other age groups will also be similarly affected.

However, with the right support - such as training for continual professional development - it is believed the impact will also be positive for assessors as they continue to work in partnership with people to identify needs and co-produce care and support plans.

**Conclusions**

There is a higher incidence of older people receiving care and support when compared with the general population or other cohorts being considered in this EIA. Therefore a greater number of older people will be involved in the implementation of the proposal to ensure equitable delivery of the pathways.

It should also be noted that the implementation proposals are not concerned with changing the Council’s current offer provided by ASCH and CS, instead it is about improving the way the assessment process is applied in some instances. As the report makes clear however existing services users whose needs have not changed will not be obliged to accept an alternative offer. Furthermore, these proposals sit alongside a range of wider policies and plans that will promote more independence and improve individual outcomes for people.

The challenges to areas/teams and the council will not be fully understood until work commences to explore the full demands of the work to embed both pathways.

Disability

Across ASCH and CS all disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and associated mental health conditions, when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice.

There is a higher incidence of people with disabilities and/or health conditions who receive care and support than is present in the general population. Almost half of the adults supported (46.2%) have one or more health condition, although the figure is likely to be much higher as a result of under-reporting or not being recorded on Mosaic.

The table below details the Primary Support Reasons (PSR) for people accessing ASCH support. Over half of the adults (53%) require physical support, a total of 8,718.

**Adult Social Care & Health primary support reasons**

Primary Support Reason	Number	%
Physical Support	8,718	53.6
Learning Disability	2,189	13.4
Mental Health	901	5.5
Memory & Cognition	825	5.1
Sensory Support	452	2.8

Social Support	354	2.2
Non-PSR	2,321	14.3
PSR - Other	516	3.2
Totals	16,276	100

Source: Adult Social Care and Health MIT

Note: "PSR - Other" includes Children's cases in transition

The primary support reasons for Children's Services cover a wider range of support areas but do include disability, highlighted in the table below.

### Children's Services primary support reasons

Primary Need Code	Number	%
Not stated	13	0.2
Abuse or neglect	2663	45.4
<b>Child's disability</b>	<b>472</b>	<b>8</b>
<b>Parental disability or illness</b>	<b>431</b>	<b>7.3</b>
Family in acute distress	1299	22
Family dysfunction	687	11.7
Socially unacceptable behaviour	122	2.1
Low income	16	0.3
Absent parenting	103	2
Cases other than children in need	61	1
Totals	5867	100

Source: Children's Service's MIT

It must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, they do not give us an accurate picture of people's support needs because they only record the primary need, which may change over time. For example, there are 632 children recorded with a disability, but only 472 are listed with a PSR of "Child's disability", because their primary need will fall under another category.

Despite this, the PSRs do give us an indication of the current utilisation of services and we can see that over 9,000 people are recorded as having a disability, over one third of the people currently in receipt of support from the council, who could be affected by any changes to their existing services or support. There has also been a notable increase in the number of people diagnosed with Autism – an estimated 20-25 each week.

Both ASCH and CS gather data on the number of conditions people have, in addition to the primary reason for support. The accuracy of this information is adversely affected by people not always disclosing conditions but it does help us to understand the health challenges facing many people, in addition to the primary reason for support.

### Number of people with additional health conditions

	Adults	Childrens	Totals	%
1	2,068	651	2,719	28.85
2	2,008	582	2,590	27.5
3	1,613	408	2,021	21.5
4	1,044	147	1,191	12.6
5	506	78	584	6.2
6	177	21	198	2.1
7	77	9	86	0.9
8	20	0	20	0.2
9	9	0	9	0.1
10	3	0	3	0.03
11	2	0	2	0.02
<b>Totals</b>	<b>7,527</b>	<b>1,896</b>	<b>9,423</b>	<b>100</b>

Source: Adult Social Care and Health, and Children's MIT

The data shows that over 90% of the people accessing ASCH and CS have one to four health conditions, however, these may not constitute a disability.

The number of employees who have declared a disability make up around 3% of the Council's total workforce. This has remained relatively unchanged over the last ten years. Levels of disability vary across departments but are higher in ASCH and CS, with 5% (N=45) of staff working in assessment teams with a declared disability.

It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, however the council will continue to support all disabled employees and have due regard to the their individual needs throughout the implementation of the review findings if any adverse impacts are identified.

### **Conclusion**

People of all ages with a disability will be affected by the proposal but if disability is correctly considered in assessments and support planning, in accordance with the relevant legislation, it is expected that the benefits of ensuring equitable delivery of the pathways for people will be positive: consisting of improved outcomes, longer term independence and reduced reliance on formal services.

It should also be noted that the implementation proposals are not concerned with changing the Council's current offer provided by ASCH and CS, instead it is about improving the way the assessment process is applied in some instances. As the report makes clear however existing services users whose needs have not changed will not be obliged to accept an alternative offer. Furthermore, these proposals sit alongside a range of wider policies and plans that will promote more independence and improve individual outcomes for people.

There are not expected to be any adverse impacts for disabled staff. Where necessary, individual support to maintain people's employment would continue to be assessed, implemented and reviewed as needed, in addition to continual workforce development.

Gender (Sex)

The overall population of Derbyshire consists of 2% more women than men – 17% are 15 or below, 62% aged 16 to 64 and 21% are over 65 (Derbyshire Observatory infographic).

Projections published by the ONS in 2017 suggest the following overall population figures for Derbyshire by gender, The figures show a relatively small deviation in numbers between men and women up to age 64, and beyond 65 the difference increases significantly as women outlive men.

**Population of Derbyshire by Gender and Age**

Age	Male	Female	% Variation
0-15	69,424	66,445	4.5
16-17	8,769	8,461	3.6
18-64	233,322	236,883	1.5
65+	77,886	90,776	16.5
All ages	389,401	402,565	3.4
Total	791,966		

Source: ONS Mid-Year Projections 2017

The variations outlined in the table above are not wholly reflected in the number of people supported by ASCH and CS. The percentage variation for adults aged 18-64 is consistent with the general population of Derbyshire, but the remainder show significant differences which indicate specific genders could be impacted by any changes to services.

The data below, of people known to services, shows that 20.9% more young males up to the age of 15 are in receipt of support in comparison to young women. As expected, this trend reverses in people aged 65 and over, the data shows there are almost twice as many women in receipt of support in Derbyshire, the result of increased life expectancy and associated needs.

**People known to ASCH and CS Service**

Age	Male	Female	% Variation
0-15	3,679	3,043	20.9
16-17	408	401	1.7
18-64	2,294	2,254	1.7
65+	3,946	7,685	94
All ages	10,327	13,383	29.6
Unknown	72		
Total	23,782		

	<p>Source: Adult Social Care and Health, and Children's MIT</p> <p>Women of all ages account for 56% of the total number of people currently accessing ASCH and CS support so we are able to conclude that women are more likely to be affected by any adverse impacts resulting from the implementation of the proposals.</p> <p>Women make up almost 80% of the total Council workforce and a similar majority of the many part-time workers we employ, when considering assessment teams the figure is even higher. The data shows that 85% of assessors in both Childrens and Adult's services are female (N=783) and just 15% (N=141) are male, a ratio of 5.5:1.</p> <p>Women are also more likely to be carers; therefore any adverse changes to support, working conditions/practices or employment will have a negative impact.</p> <p><b><u>Conclusion</u></b> It can be concluded from the figures above that women are more likely to be disproportionality affected by any significant changes to services or work practice.</p> <p>In addition to Care Act assessments, which should not discriminate on the grounds of gender (or any other protected status), it should also be noted that the implementation proposals are not concerned with changing the Council's current offer provided by ASCH and CS, instead it is about improving the way the assessment process is applied in some instances. As the report makes clear however existing services users whose needs have not changed will not be obliged to accept an alternative offer. Furthermore, these proposals sit alongside a range of wider policies and plans that will promote more independence and improve individual outcomes for people.</p>
Gender reassignment	<p>The Council does not collect data relating to this protected characteristic with reference to children, older adults or people with a disability in Derbyshire. However, there will be people who use our services who will be represented under this protected characteristic.</p> <p>Assessments and services are offered to people in Derbyshire regardless of their gender status</p> <p><b><u>Conclusion</u></b> It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic.</p>
Marriage and civil partnership	<p>The Council does not collect data relating to this protected characteristic with reference to children, older adults or people with a disability in Derbyshire. However, there will be people who use our services who will be represented under this protected characteristic.</p>



	<p>Assessments and services are offered to people in Derbyshire regardless of their relationship status.</p> <p><b>Conclusion</b> It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic.</p>																					
Pregnancy and maternity	<p>The Council does not collect data relating to this protected characteristic with reference to older adults or people with a disability in Derbyshire.</p> <p>Data from the CS management information team confirms Children's Services teams are currently working with ten expectant mothers and eight who have already given birth.</p> <p>In addition to CS, expectant or new mothers will receive additional specialist interventions and support as required.</p> <p>Recent legislative changes have extended the rights of parents to share parental leave. The Council has developed a clear policy for supporting employees who take shared parental leave and other support, such as flexible working, is available to some staff to support their work-life balance.</p> <p><b>Conclusion</b> It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic.</p>																					
Race	<p>At just 4.2%, Derbyshire has a lower than average population of people from a BME background. The population is spread across a broad range of different racial and ethnic groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities.</p> <p>The following table details the number of people from each BME group currently accessing ASCH and CS in Derbyshire.</p> <p><b>Ethnicity of people accessing services</b></p> <table border="1" data-bbox="413 1621 1370 2031"> <thead> <tr> <th></th> <th>Adult Social Care and Health</th> <th>Children's Services</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>14,267</td> <td>6,901</td> </tr> <tr> <td>Asian or Asian British</td> <td>69</td> <td>41</td> </tr> <tr> <td>Black African / Caribbean /Black British</td> <td>56</td> <td>68</td> </tr> <tr> <td>Mixed or Multiple</td> <td>55</td> <td>335</td> </tr> <tr> <td>Other Ethnic Group</td> <td>21</td> <td>123</td> </tr> <tr> <td>Not stated</td> <td>186</td> <td>98</td> </tr> </tbody> </table>		Adult Social Care and Health	Children's Services	White	14,267	6,901	Asian or Asian British	69	41	Black African / Caribbean /Black British	56	68	Mixed or Multiple	55	335	Other Ethnic Group	21	123	Not stated	186	98
	Adult Social Care and Health	Children's Services																				
White	14,267	6,901																				
Asian or Asian British	69	41																				
Black African / Caribbean /Black British	56	68																				
Mixed or Multiple	55	335																				
Other Ethnic Group	21	123																				
Not stated	186	98																				

Unknown	1,622	0
<b>Totals</b>	<b>16,276</b>	<b>7,566</b>

Source: Adult Social Care and Health, and Children's Services MIT

Across Derbyshire some districts have a higher than average BME population, for example Chesterfield at 5.1% and Erewash at 4.8%, this must be considered in terms of communicating the implementation of the review findings as English may not be a first language in these communities.

Around 3% of the Council's workforce is from a BME Community and this rate is not expected to change significantly or quickly. At 6%, there are a higher number of people from BME communities working in the various assessment teams, the table below provides more information.

**Ethnicity in assessment teams**

	Adult Social Care and Health	Children's Services	Totals	%
White	505	338	843	91
Asian or Asian British	6	6	12	1
Black African / Caribbean /Black British	17	0	17	2
Mixed or Multiple	13	3	16	2
Other Ethnic Group	1	10	11	1
Not stated	3	22	25	3
Unknown	0	0	0	0
<b>Totals</b>	<b>545</b>	<b>379</b>	<b>924</b>	<b>100</b>

Source: Adult Social Care and Health, and Children's Services MIT

**Conclusions**

The majority of people who could be affected by the proposal to ensure equitable delivery of the pathways are "White British" (91%). However, it is concluded that the proposal will not have an adverse impact on people or staff from BME communities.

The proposal has the potential to increase people's ability to be more independent and access support, activities or groups related to their specific needs. The focus on achieving individual outcomes will support equity of service delivery but ongoing monitoring is required to ensure that services are accessible and inclusive.

Religion and belief including non-belief	The Council does not collect data relating to this protected characteristic with reference to older adults or people living with a
--	--

	<p>disability in Derbyshire. However, there will be people who use our services who will be represented under this protected characteristic.</p> <p>Assessments and services are offered to people regardless of their religion or belief.</p> <p>In Derbyshire, according to 2011 Census data, 63.6% of people are Christian, 0.2% are Buddhist, 0.2% are Hindu, 0.0% are Jewish, 0.3% are Muslim, 0.3% are Sikh, 0.4% are of other religion, 28.8% of people have no religion and 7% have not stated their religion. This is not a significant consideration for the analysis as the service is offered to all people irrespective of religious choice.</p> <p>Accessing religious services and practicing specific faiths or beliefs can be successfully achieved outside of DCC's services, or with the right support, identified via equitable delivery of the pathways.</p> <p><b><u>Conclusions</u></b> It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic. The proposal has the potential to increase people's ability to be more independent and access support, activities or groups related to their specific needs.</p>
Sexual orientation	<p>The Council does not collect data relating to this protected characteristic with reference to older adults or people living with a disability in Derbyshire.</p> <p>The proposal may result in some people choosing to receive their support differently in future but still have their needs recognised/accepted and access appropriate services as and when required.</p> <p>Assessments and services in Derbyshire are offered to people regardless of their sexual orientation and it is assessed that the proposal will not have an adverse impact on this protected characteristic.</p> <p>Lesbian gay, bisexual and other non-heterosexual LGBTQ workers make up around 2% of the workforce, and are represented across the authority, with slightly higher proportions working in ASCH and CS, there is no evidence to suggest that the proposal will have an adverse impact upon this protected group</p> <p><b><u>Conclusions</u></b> It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic.</p>

Other- non statutory

Socio-economic	<p>Derbyshire has a high variation between households who are affluent and those which experience deprivation or socioeconomic disadvantage. Many services provided by the Council are designed to support people who have fewer resources (low income or in receipt of benefits) and may experience poorer health, or have lower life chances. In addition, older carers may (if they previously worked) have retired and also be in receipt of a low income from benefits and/or a state pension.</p> <p>According to quarterly benefit statistics from May 2018, there are 7,943 individuals in receipt of Pension Credit Guarantee Credit in Derbyshire. Analysis by district is summarised below.</p> <p><b>Number of people in receipt of benefits, by Derbyshire locality</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Local authority area</th> <th style="text-align: right;">Nº of people</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td style="text-align: right;">1,258</td> </tr> <tr> <td>Bolsover</td> <td style="text-align: right;">941</td> </tr> <tr> <td>Chesterfield</td> <td style="text-align: right;">1,289</td> </tr> <tr> <td>Derbyshire Dales</td> <td style="text-align: right;">583</td> </tr> <tr> <td>Erewash</td> <td style="text-align: right;">1,154</td> </tr> <tr> <td>High Peak</td> <td style="text-align: right;">873</td> </tr> <tr> <td>North East Derbyshire</td> <td style="text-align: right;">1,138</td> </tr> <tr> <td>South Derbyshire</td> <td style="text-align: right;">706</td> </tr> <tr> <td><b>DERBYSHIRE</b></td> <td style="text-align: right;"><b>7,943</b></td> </tr> </tbody> </table> <p>Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.</p> <p>The government recently announced changes to pensions for couples where one person is of retirement age but their spouse is working. The changes, being introduced in May 2019, do not affect existing claimants but in future will mean that couples can only access support through the working age benefit system, replacing access to Pension Credit, pension age Housing Benefit and working-age benefits.</p> <p>There have also been significant problems encountered by claimants experiencing the roll-out of Universal Credit across Derbyshire, the negative impacts of this are still being felt by people accessing ASCH and CS and their family’s financial situations will need to be considered when being assessed under the Care Act.</p> <p>Content for the table below comes from the Index of Multiple Deprivation (2015) and gives an insight into which areas of Derbyshire are less affluent than others. For example, a more affluent area such as the High Peak District has considerably less deprivation than the more urban Chesterfield Borough.</p>	Local authority area	Nº of people	Amber Valley	1,258	Bolsover	941	Chesterfield	1,289	Derbyshire Dales	583	Erewash	1,154	High Peak	873	North East Derbyshire	1,138	South Derbyshire	706	<b>DERBYSHIRE</b>	<b>7,943</b>
Local authority area	Nº of people																				
Amber Valley	1,258																				
Bolsover	941																				
Chesterfield	1,289																				
Derbyshire Dales	583																				
Erewash	1,154																				
High Peak	873																				
North East Derbyshire	1,138																				
South Derbyshire	706																				
<b>DERBYSHIRE</b>	<b>7,943</b>																				

### Deprivation by Area

Area	Population deprivation by area
Amber Valley	10%
Bolsover	21%
Chesterfield	29%
Derbyshire Dales	2%
Erewash	16%
High Peak	5%
N.E. Derbyshire	6%
South Derbyshire	3%

Source: 2015 – Index of Multiple Deprivation, MHCLG

The Council employs people from across Derbyshire, including many workers who live in poorer and deprived communities. Additionally many such workers will work in the same or a nearby community to that they live in. The proposal to ensure equitable delivery of the pathways does not include making any changes to the terms and conditions for staff.

### Conclusions

It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this area of people's lives.

However, it is essential that the council continues to support people to maximise their income and support opportunities to promote greater independence and wellbeing, whilst reducing financial inequality.

Rural

People living in more rural locations may be affected more by the proposals than those living in urban areas. The number of people living in rural or urban areas and accessing ASCH and CS are detailed in the table below.

### People accessing services by rurality

Rural Urban classification	People accessing services	
	No.	%
A1 – Major conurbation – Urban	18,391	77
B1 – Minor conurbation – Urban		
C1- City and town – Urban		
D1 – Town and Fringe – Rural	4,931	21
E1 – Village – Rural		
F1 – Hamlets and Isolated Dwellings – Rural		

No information	485	2
<b>Total</b>	<b>23,807</b>	<b>100</b>

Source: Adult Social Care and Health, and Children's Services MIT

It is likely that the 21% of people who live in more rural locations will have fewer services nearby to meet their various needs – requiring them to travel further afield to maintain relationships and access wider community facilities and activities.

However, travelling and overall mobility is also affected by location. Rural areas often experience reduced regularity or availability of transport and there is an associated increase in the cost of travelling further afield and/or reliance on family for transport. This in turn may further limit opportunities for people, particularly those with a disability and/or being in receipt of a low income.

Staff living in rural areas will experience the same limitations as people approaching services for support but are more likely to be able to travel independently, and their existing personal arrangements are unlikely to change as a result of implementing the proposal.

**Conclusion**

It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this particular characteristic because the impact of rurality will be considered as part of any assessment with people, particularly if the lack of services or mobility impacts on the support available to people.

b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

On 24 January 2019, Cabinet were presented with a report that outlined the outcomes of the Council's budget consultation exercises in formulating its budgetary proposals for the Revenue Budget for 2019-20.

The consultation asked members of the public a number of questions based around the Council Plan priorities and are therefore useful for consideration as part of this document in gaining an understanding of the public's perception of where the Council should be best utilising its budget.

The feedback below includes comment and conclusion from NE, gathered during the recent assessment of the Whole Life Disability and Older Adults Pathways, their feedback includes additional comments from staff in assessment teams as part of team and staff shadowing, workplace assessments, and a survey undertaken at the formal feedback sessions to staff in April.

<b>Protected Group</b>	<b>Findings</b>
Age	<p>When asked which priorities are important, respondents stated looking after older people and providing a positive start in life for children. These statements aptly reflect the proposal to ensure the equitable delivery of the pathways in order to generate improved outcomes for people. There was also support for investing in services which support families and children, and keep children safe.</p> <p>Assessors participating in the workshops spoke of the importance of not being paternalistic, managing positive risk taking and supporting adults to remain in control of their lives - including enabling people of all ages to live at home for longer with a range of support options rather than the frequent default of residential care.</p> <p>An example highlighted to staff in their assessment feedback sessions was of a lady who has been residing in residential care for the last eighteen months, yet has the potential to be re-abled and moved to more independent living.</p> <p>The initial assessment findings acknowledge suitable options, such as supported living, are limited but suggests that more support whilst the person was still at home could have prevented a residential admission.</p> <p>Assessors spoke of the importance of supporting young people to lead an “ordinary life” and to plan ahead to prevent young people from going down a pathway which limits their life opportunities. However, the EHCP plans sampled were found to be lacking in detail around health and care goals and support to meet outcomes, and timescales to meet the outcomes. This was further reinforced with the view expressed by some assessors, that families are ultimately responsible for their children’s outcomes.</p> <p>The equitable delivery of the pathways will support individuals, parents and carers to identify and work towards meeting goals and outcomes and reduce reliance on formal support.</p> <p>Not supporting people to remain or be more independent and realise their full potential could have an adverse impact on this protected group through unnecessary placements in residential care settings, reducing their independence through provision of support services that may mean a client is less able to do things for themselves than if an enabling approach had been taken.</p> <p>The assessment work also found that where assessors were asked to review cases in the Older Adults Pathway on their own there was significant variation and less independent outcomes for people. However, when assessors from a variety of disciplines reviewed cases together the discussion resulted in the most independent outcomes.</p>

	<p><b><u>Conclusion</u></b></p> <p>It can be concluded that people of all ages are in receipt of support, but that the support can often be restrictive and not sufficiently person centred or focussed on meeting the individual's preferred outcomes, for a variety of reasons.</p> <p>By assessing more consistently across Derbyshire to promote independence and reduce reliance on formal care we will significantly improve the whole life outcomes for many people.</p>
Disability	<p>13% of respondents to the consultation indicated they had a disability, which is slightly lower than the overall adult population with a disability or long-term illness.</p> <p>When asked respondents said investing in services for people with learning disabilities and looking after older and younger people were service priorities, adding that many older people have acquired a disability over time, whether it be a mobility, visual or hearing impairment.</p> <p>Therefore there is likely to be support for investing in services which support disabled people and encourage healthy lifestyles, and impact positively on the various areas of disability.</p> <p>Figures from the NE report suggest that 50% of people leave the reablement service without a package of care and 17% had a decrease, but only 5% left with an increase in their packages. This shows we are promoting people's independence, but evidence from case reviews suggests people could be receiving too much support and there is potential to re-able another seven hours per week per person.</p> <p>A similar example came from one of the assessment work case studies; a lady with a learning disability and Autism was assessed in one of the staff workshops as being able to live independently. Despite this, she has lived in supported living for five years with a minimum of 7.5hrs of support each day and the group could not understand why.</p> <p>Seven more supported living cases were reviewed with Lead Practitioners, there were opportunities to promote independence by reducing support in five of the seven cases.</p> <p>Support can also be increased during significant periods of escalation in people's lives. The example provided suggested that earlier engagement by the person's family, to begin transition to more independent living, would have prevented the eventual admission to residential care when the domestic situation became untenable.</p> <p>The assessment's findings stressed the importance of enablement with people on the pathways. From a sample of individuals from the 15-21</p>



	<p>age range, it was concluded there is a potential 45% improvement in managing toilet needs, developing/maintaining personal relationships and managing household responsibilities.</p> <p>From the older range of 21-67, there is a potential for 35% improvement in managing nutrition, 40% for reliance of family or carers and 36% for self-regulation and communication of emotions.</p> <p>When reviewing people aged 18+ in supported living and receiving home care support, it was concluded that 68% of people have the potential to improve through the receipt of enablement support– a total of 847 people. In addition, 9% of people in transition were assessed as being able to be fully independent in future.</p> <p><b><u>Conclusion</u></b> The importance of regularly reviewing people’s situations and future planning is clear - to ensure support levels are appropriate to meets changing needs and reducing adverse impacts from the over or under-supply of support for people of all ages and needs.</p>
Gender (Sex)	No comments have been received with regards to this protected characteristic.
Gender reassignment	No comments have been received with regards to this protected characteristic.
Marriage and civil partnership	No comments have been received with regards to this protected characteristic.
Pregnancy and maternity	<p>There was support amongst those who took part in the survey for services for children and families, and for work which supports and promotes healthy lifestyles.</p> <p>Services encompassing these areas are particularly relevant to expectant parents and newly born children, in addition the other groups of people outlined in this analysis.</p> <p><b><u>Conclusion</u></b> It is important for expectant mothers to be able to access and receive the very best care and support for them and their baby. The proposal will not adversely impact on the ability of expectant mothers, who are eligible for support under the Care Act, to receive the appropriate care and support needed at such a critical time.</p>
Race	No comments have been received with regards to this protected characteristic.
Religion and belief including non-belief	No comments have been received with regards to this protected characteristic.

Sexual orientation	<p>No comments have been received with regards to this protected characteristic.</p> <p>A recent response by Stonewall to a press enquiry, asking about the challenges facing people from LGBT communities when accessing health and social care services, elicited the following response:</p> <p><i>“Lesbian, gay, bi and trans people in later life often experience specific forms of discrimination that go unnoticed by others around them. This can lead to isolation and even going back into the closet. It’s concerning that this may lead people to avoid accessing the services they need. It’s vital (that) health and social care staff are trained to understand and meet the unique needs of older LGBT service users.”</i></p> <p>The above response clearly indicates that people from LGBT communities experience discrimination when using services, particularly older adults, and there is clearly much work to be done to eliminate such behaviour across the population.</p> <p><b><u>Conclusion</u></b></p> <p>The proposal is not expected to adversely impact on people’s sexual orientation and there will be opportunities for staff development in order to ensure the equitable delivery of the pathways to all sectors of the Derbyshire population who have Care Act eligible support needs.</p> <p>The implementation of the assessment findings will allow for practitioners to spend more time with clients to better understand their specific and individual circumstances, needs and requirements. Implementing a more consistent approach to assessment and review will reduce the risk of potential discrimination of clients.</p>
--------------------	---

Other

Socio-economic	<p>A quarter of respondents supported investment in helping children get the best start, 18% in economic and skills investment, and 12% in unlocking economic opportunities for people and activities which are more likely to benefit our disadvantaged communities.</p> <p>Respondents who supported expenditure on looking after older and vulnerable people may also be highly represented amongst respondents from disadvantaged communities, since these services can be more important to poorer older people.</p> <p><b><u>Conclusion</u></b></p> <p>It should also be recognised that many people with disabilities, including those with learning disabilities, are likely to have lower incomes and more likely to experience economic disadvantage, so the provision of services can benefit people in Derbyshire’s poorer and disadvantaged communities.</p>
----------------	---

Rural	No comments have been received with regards to any potential impacts the proposals may have upon people's home or support location.
Employees of the Council	<p>Staff from both ASCH and CS involved in the assessment were provided with several opportunities to feedback. One method was during pathway workshops where 49 practitioners and managers from six disciplines were present. Outputs from the workshops concluded:</p> <ul style="list-style-type: none"> <li>• 26% of people are in ideal settings, with the ideal package to meet their outcomes.</li> <li>• 21% of people could benefit from additional voluntary services.</li> <li>• 53% of people could be more independent than they are currently.</li> </ul> <p>Practitioners were asked what the ideal outcomes for the latter group would look like, these included:</p> <ul style="list-style-type: none"> <li>• People benefitting from more reablement input</li> <li>• Reduction in residential placements</li> <li>• More people who are fully independent</li> </ul> <p>From an employer's perspective, the Council has a duty to consider and support the wellbeing of its staff. A report submitted by officers to Cabinet on 9 May 2019 cited a recently published report entitled "Thriving at Work" (2017) which was commissioned by the Government to consider how employers can better support their staff to remain in, and thrive through employment.</p> <p>The Cabinet report confirmed the council has an extensive list of initiatives to support employees' physical and mental health. Initiatives include counselling and mediation services, phased return to work and work life balance policies, cognitive behaviour therapy, and training in mental health awareness and mental health first aid.</p> <p><b>Conclusion</b></p> <p>From the information presented in the assessment it is suggested that employees of the council involved in this work, i.e. assessors, support the proposal to ensure the equitable delivery of the pathways in order to improve outcomes for the people of Derbyshire, who have care and support needs.</p> <p>The council already support employee's health in a variety of ways and it's equally important that staff are given the right tools and knowledge to do their jobs too.</p>

c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Carers are not listed as a protected characteristic group, however, the proposals may have a degree of impact upon those undertaking a caring role, particularly if the person being assessed chooses to receive their support in a way that places additional demands on their carer, for example, ending respite stays in order to support activities which are more closely matched to their personal goals and outcomes. Carers will continue to be entitled to an assessment of their need in their own right as per the Care Act 2014

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH and CS management information teams confirms there are 25,002 carers (328 are under 18) known to services in Derbyshire at this time. The table below provides more detailed information.

**Number and ages of carers known to the Council**

Age	Totals	%
0-15	277	1
16-17	51	0.2
18-64	11,459	46
65+	7,165	28.6
Unknown	6,050	24.2
<b>Totals</b>	<b>25,002</b>	<b>100</b>

Source: Adult Social Care and Health, and Children’s Services MIT

Carers of all ages could be affected by the proposal if they created adverse impacts, but it is believed that the most vulnerable groups are the under 18s and over 65s, who are more likely to have support needs of their own, such as educational or health needs.

**Conclusion**

Whilst the proposal to ensure the equitable delivery of the pathways is not intended to change people’s services, the impact of choices made by people in receipt of support, on their carers, must be considered and mitigated against as they become known.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Data in relation to the following protected characteristics: <ul style="list-style-type: none"> <li>• race and ethnicity,</li> <li>• religion and belief including non-belief,</li> <li>• marriage and civil partnership,</li> <li>• pregnancy and maternity</li> </ul>	Review how data can be improved for any future analysis

<ul style="list-style-type: none"> <li>• sexual orientation, and gender re-assignment</li> </ul> <p>Lack of clarity in data for number of reviews conducted</p> <p>Lack of commonality between ASCH and CS data headings</p>	<p>Review how data can be improved for any future analysis</p> <p>Consider revisions to enable future reporting to be consistent</p>
--	--

**Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations**

- Equitable delivery of the older adults and whole life disability pathways will support to mitigate inequity resulting from people not being in receipt of the most appropriate support to meet their personal goals and outcomes.
- Empowering and supporting staff to best make decisions that reflect Care Act principles around strength and asset based working through the provision of training and professional development opportunities
- Involve staff in reviewing team performance by the provision of appropriate information (e.g. financial / performance data)
- Reducing assessment variations throughout Derbyshire by increasing consistency of decisions and service provision
- Increasing contact time with people by reducing time spent completing unnecessary and duplicitous paperwork or unnecessary system related functions.
- Build on existing multi-divisional and multi-disciplinary approaches to promote more consistent communication, decision making and outcomes for people of all ages.
- Improve service delivery at appropriate levels which do not limit or stifle independence, by working in partnership with people to identify their preferred goals and outcomes less support can be provided to improve independence.
- Ensure the consistent use of preventative approaches and reduce paternalistic approaches wherever possible to agree the most proactive intervention and promote independence.
- The Derbyshire Welfare Rights Service will continue to support people to maximise their income (where possible) to mitigate against any socio-economic impacts.
- Ensure adequate training is provided to support assessment staff in both ASCH and CS to equitably deliver the pathways. This will not only benefit staff by adding to their continual professional development but also equip teams develop a

consistency of approach in order to mitigate against local variations and “postcode lottery” of provision.

- The training and development will also focus on assessors working with individuals and families to embed future needs into their thinking at an early stage, and identify support which promotes independence and builds resilience instead of creating dependency.
- Area management and staff teams will be regularly provided with data to compare performance across Derbyshire, in order to reflect on themes, approaches and decision making.
- Consider the impact of the decisions made by people in receipt of support, on their carers. Carers can request to have their own assessment and this should be reinforced during assessments of people with family carers.
- Where, in the monitoring of the implementation of the proposals, it becomes evident that there is a strategic need to review an existing service a formal programme of work would be instigated, comprising a full business case, appropriate level of consultation and a separate EIA would be completed.

## **Stage 7. Do stakeholders agree with your findings and proposed response?**

As part of the review process, two stakeholder events were held to feedback to the various staff groups involved throughout the whole of the review phase (e.g. workshops, work shadowing etc), and gain their responses to the initial findings for each of the two pathways. NE presented their initial findings to attendees and at the end of the feedback session sought staff feedback via an electronic survey form which asked the following questions:

1. The findings presented today were clear and easy to understand.
  - 36% strongly agreed
  - 56% agreed
  - 8% disagreed

92% of respondents felt the information provided was clear and understandable.

2. I feel that the findings presented today are a good reflection of the challenges we face in our services.
  - 36% strongly agreed
  - 51% agreed
  - 8% disagreed
  - 5% didn't know

87% of respondents felt that the information presented was reflective of the challenges faced in our services

3. I feel that the opportunities identified are important for the organisation to address.
- 56% strongly agreed
  - 44% agreed

Opinions were more divided on this question, but a majority of 56% of respondents felt the council should be addressing the opportunities identified.

4. I believe that things will be different in a year's time.
- 5% strongly agreed
  - 26% agreed
  - 18% disagreed
  - 10% strongly disagreed
  - 41% didn't know

31% of respondents felt the situation would be different in a year's time, whilst 28% disagreed with the statement and 41% didn't know.

5. I would like to be involved in shaping the next steps.
- 53% strongly agreed
  - 41% agreed
  - 3% disagree
  - 3% strongly disagree

An overwhelming 94% of respondents expressed a desire to be involved in shaping the next steps, i.e. ensuring the equitable delivery of the Older Adults and Whole Life Disability Pathways in Derbyshire.

All the members of the EIA panel, listed in stage 2 above, have agreed the content of this Equalities Impact Analysis.

## **Stage 8. Main conclusions and recommendations**

The Adult Social Care and Health and Children's Services departments believe that the benefits for people highlighted throughout the assessment can be achieved by ensuring the equitable delivery of the pathways assessed and focussing on people's ideal outcomes, both now and in future. For example, the assessment confirmed 64% of current situations were seen to be providing maximum opportunities to meet an individual's outcomes and promote independence, but the remaining 36% are not, this is where benefits can be found.

When considering the future for the same group of people, the assessment found the percentages were reversed as the current settings were only deemed to be ideal in future for 36% of the cases, with 64% being non-ideal. The latter group is where greater benefits could be found in realising people's longer term goals and aspirations.

By implementing the proposal, based on current activity levels, ASCH and CS believe there could be 284 fewer people in residential care, with 12 moving to supported living

and the remaining 272 living more independently in either their own home, or a family home.

This document was completed in order to analyse the potential impacts of implementing the proposal in order to ensure equitable application of the Care Act across Derbyshire, a summary of the findings are presented below.

### Age

The proposal will affect people across all age ranges, but will particularly impact on the larger number of older adults. However, it is not expected that implementation of the proposal will have any adverse impacts for this protected group. Employees of all ages will also be affected by the proposals, and whilst there are not believed to be any adverse impacts for employees, there will be challenges to current practice in some areas and ongoing development needs which will be considered as part of the implementation plan.

### Disability

The proposal will impact on people with a variety of disabilities, including physical, mental health, sensory, Autism and learning disabilities, in both ASC&CS. However, it is expected that the equitable delivery of the pathways will result in improvements to the assessment process, which in turn will benefit people in receipt of services from improved outcomes now and in future, leading to increased independence and reduced reliance on services. Employees who have disclosed a disability will continue to be supported by the council and the proposal will not adversely impact on people with a disability.

### Gender

The EIA concluded that women are more likely to be affected the proposal because there are more women in receipt of services. But, it also concluded that the impact would not be adverse because the proposal is designed to improve people's outcomes, consistently delivering Care Act assessments across the country, to ensure people's individual needs and desired outcomes are captured.

### Marriage

It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic. People who are eligible to receive services under the Care Act can continue to do so if they wish, regardless of their relationship status.

### Pregnancy

It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic, and that women who are pregnant and in receipt of services will continue to be supported by ASCH and CS to ensure the ongoing welfare of both mother and baby.

### Race

The majority of people who could be affected by the proposal are "White British", but people from BME communities will also be affected. Because the proposal has the potential to increase people's ability to be more independent and access support as necessary (including elements related to ethnicity) it is assessed that the impact of



ensuring equitable delivery of the pathways will be positive for people from all communities.

#### Religion

It is assessed that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on this protected characteristic. People who are eligible to receive services under the Care Act can continue to do so if they wish, regardless of their beliefs. Similarly, the proposal is not expected to adversely impact on employees beliefs.

#### Sexual orientation

The proposal is not expected to adversely impact on the sexual orientation of people who receive services or the staff supporting them.

#### Socio-economic

The proposal is not expected to adversely impact on people's socio-economic situation or status but it is important for the council to continue supporting people on low incomes to maximise their entitlements.

#### Rural

The proposal is not expected to adversely impact people living in more rural locations. The impact of rurality will be considered as part of any assessment undertaken with people, particularly if the lack of services or mobility impacts on the support available to them.

#### Employees

The proposal is not expected to adversely impact employees although additional staff development will need to be undertaken to ensure the equitable delivery of the pathways across the county. The council already support employee's health in a variety of ways to and it is equally important that staff are given the right tools and knowledge to do their jobs.

The conclusion of the Equalities Impact Analysis is that the proposal to ensure equitable delivery of the pathways will not have an adverse impact on the people of Derbyshire or the council's workforce, quite the contrary, the proposal is expected to:

- Identify and effectively prioritise people who may require an intervention / support;
- Prevent escalation (increasing need) or a crisis, and maximise independence;
- Provide services in the right place: at home, in the community, or in a specialist setting according to need, preference, and cost effectiveness;
- Deliver the right support to prevent, reduce or delay need, without creating dependence, delivered by the right people with the right skills;
- Reduce paperwork time and increase contact time with people
- Better support for our practitioners and managers – opportunities to better support staff by reducing the time spent doing paperwork, and improve information and support to managers.

In summary, the review identified opportunities to improve the lives of one in three people currently supported by the Council which would promote greater independence and enable them to better achieve their potential. Importantly, the review highlighted that the opportunities can be achieved by ensuring our application of the relevant legislation and Council's processes are equitable without changing the current service offer for people – mainly through the implementation of more efficient and productive working practices that will inform improved decision making. It should also be noted that the proposal sits alongside a range of wider policies and plans that will promote more independence and improve individual outcomes for people as outlined earlier in this analysis.

Over the next few years there will be an increase in the number of people seeking to access services. Services need to be planned and designed to support individuals who may live for longer with a disability, other long-term health condition or social care need. Equitable delivery of the pathways will enable the council to effectively support more people to be more independent, use resources more effectively, and reduce people's reliance on services. This will lead to many more people enjoying a more fulfilling and independent life, achieving their personal goals and outcomes.

The successful implementation of the review findings could also result in more efficient services and reducing the overall costs to the Council, whilst simultaneously improving outcomes for people by delivering only as much formal support as required, whilst also maximising informal support from families and communities.

Whilst the proposals focus on new service users it is anticipated that some existing service users will change services or settings, particularly within whole life disability. However, existing services users whose needs have not changed will not be obliged to accept an alternative offer.

Implementation of the proposal is underpinned by primary legislation - The Care Act 2014 and the Children and Families Act 2014 (and the SEND Code of Practice 2015). With regards the Care Act, the government consulted widely on the guidance and regulations, reporting on the results in October 2014. They engaged with 100 local authorities, received 68 written submissions and worked with the Care and Support Alliance to survey nearly 400 people receiving care services and carers. The threshold was amended following the consultation and the final version was subsequently released later in October 2014. The Children and Families Act 2014, was the culmination of a number of consultations, Green papers, and Parliamentary Select Committee Reports brought together in the Children and Families Bill 2013.

If, whilst implementing the proposal it becomes apparent that we anticipate significant changes in service vision or delivery will be required, these will be subject to a separate consultation, equality impact analysis and review processes, according to the council's existing procedures and legal duty to consult. The opportunities presented by Newton Europe following their review have not been predicated on a reduction in existing services.

## Stage 9. Objectives setting/ implementation

<b>Objective</b>	<b>Planned action</b>	<b>Who</b>	<b>When</b>	<b>How will this be monitored?</b>
Ensure the equitable delivery of the Older Adults and Whole Life Disability Pathways	Procure external support to implement to the pathways.	Executive Directors of Adult Social Care and Health, and Children's Services	2019	Monitoring arrangements will be confirmed as part of the future proposed procurement of external support to implement the pathways.
Continual professional development of staff teams	Work with Adult and children's training teams to identify suitable resources to support area assessment teams	Training sections, Executive Directors of Adult Social Care and Health, and Children's Services	2019-2020	Number of staff engaging in develop initiatives.
Improve outcomes for people accessing Adult Social Care and Health, and Children's Services	Work with people accessing services to assess their care and support needs and identify innovative sources of support to promote independence and reduce reliance on council services subject to the exceptions referred to in this report.	Assessors from Adult Social Care and Health, and Children's Services	Ongoing	Reduction in long term use of services.  People currently in receipt of formal support choose to receive less or alternative support.  People remain independent for longer.

### **Stage 10. Monitoring and review/ mainstreaming into business plans**

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

The proposed implementation forms the basis of a Council Plan 2019-21 priority and will be monitored on a regular both at a Council level and through the ASCH and CS Service Plans respectively.

It is also expected that as part of the implementation process a programme board will be established to ensure it is being undertaken effectively and support the Departmental and Council reporting requirements.

### **Stage 11. Agreeing and publishing the completed analysis**

Completed analysis approved by Simon Stevens on (date)

Where and when published?

### **Decision-making processes**

**Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures**

**Attached to report (title):**

**Revised Approach to Assessments**

**Date of report: 11 July 2019**

**Author of report: Simon Stevens**

**Audience for report e.g. Cabinet/ date: 11 July 2019**

**Web location of report:**

**Outcome from report being considered**

That Cabinet:

1. Receives and notes the findings of an independent assessment of the Older People and Whole Life Disability Pathways delivered by Adult Social Care and Health and Children's Services;
2. Agrees the implementation of the revised approach to assessments as set out in the report; and
3. Approves, under Protocol 2a of the Council's Financial Regulations the use of a third-party non-Derbyshire County Council framework to procure specialist professional services to support the implementation of the assessment findings.

**Details of follow-up action or monitoring of actions/ decision undertaken**

--

**Updated by:**

**Date:**