

**DERBYSHIRE COUNTY COUNCIL****CABINET****30 July 2020****Report of the Executive Director - Commissioning, Communities and Policy****Review of Officer Decisions****Strategic Leadership, Culture and Tourism****1. Purpose of the Report**

To ask Cabinet to review decisions made under urgent delegated powers arising from the Covid-19 virus pandemic.

**2. Information and Analysis**

The current challenges relating to the Covid 19 virus have necessitated urgent decision-making processes by Executive Directors and Directors to be implemented in order to ensure the welfare of service users and the public and to safeguard the interests of the Council.

The Coronavirus Act 2020 has now been implemented alongside a range of related Regulations. The Regulations include provision for virtual meetings of Council bodies including Cabinet. These regulations took effect on 4 April 2020.

Members will appreciate that prior to these Regulations being introduced and Cabinet meetings resuming, it was necessary for a range of decisions to be made. These decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution. The relevant provision is as follows-

**SPECIFIC DELEGATIONS TO EXECUTIVE DIRECTORS**

*Notwithstanding any other provision of this constitution, the Executive Directors shall have power, after discussion, if practicable, with the leader of the Council or the relevant Cabinet Member or Chairman, to take such action deemed to be necessary and expedient in matters requiring urgent consideration and which, because of the time scales involved, or the need to safeguard the interests of the County Council, cannot be dealt with by submission to the next following meeting of the Council, Cabinet, Cabinet Member or Committee.*

Cabinet on 4 June, approved a report on amended officer decision-making processes arising from the pandemic. It was agreed that new officer decisions would continue to be presented to Cabinet. Given the short timescales for reviews however (which were compulsory fortnightly in the case of the application of Adult care 'easements'), it was agreed that Cabinet formally delegates review decisions to the relevant Cabinet Member (CABCO) meetings.

As a further safeguard, it was agreed that any significant reductions in service that have been reviewed and substantially maintained over any 8-week period, would be reported to Cabinet as soon as possible after the eight-week period for ratification. Under this provision, the following three reviews of decisions are being reported:

Appendix 1 – Health and Communities

Appendix 2 – Adult Social Care and health

Appendix 3 – Adult Social Care and Health (Exempt – See Agenda Item 11(c))

### **3. Financial Considerations, Human Resources Considerations and Legal Considerations**

As part of the urgent officer decision-making process, regard has been had to equality implications alongside legal, human resources and financial implications within the demanding time scales applying.

### **4. Other Considerations**

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

### **5. Background Papers**

Details of officer decisions held within Departments.

### **6. Key Decision**

As indicated in reports

### **7. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?**

Not applicable

### **8. Officer's Recommendation**

To note the review of urgent officer decisions made under urgent delegated powers arising from the Covid-19 virus pandemic.

**Emma Alexander**  
**Executive Director – Commissioning, Communities and Policy**

**Appendix 1****DERBYSHIRE COUNTY COUNCIL****CABINET****30 July 2020****Report of the Director for Public Health****REVIEW OF URGENT OFFICER DECISIONS  
TAKEN TO SUPPORT COVID-19 RESPONSE THAT HAVE BEEN IN PLACE  
FOR LONGER THAN EIGHT WEEKS****HEALTH AND COMMUNITIES****9. Purpose of the Report**

The purpose of the report is to provide Cabinet with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance as to why these decisions need to remain in place for a period longer than eight weeks.

**10. Information and Analysis**

The current challenges relating to the COVID-19 pandemic have necessitated urgent decision making processes by the Executive Director for Adult Social Care and Health and Director of Public Health to be implemented to ensure the welfare of service users and the public and to safeguard the interests of the Council. The decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution.

All urgent decisions made relating to Public Health were made in consultation with the Cabinet Member for Health and Communities, and Cabinet were informed of the decisions made on 23 April 2020.

At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member meeting as these were meetings held in public, virtually if necessary, in order to ensure maximum transparency. This process was put in place from 8 July 2020 with the Cabinet Member reviewing decisions on a fortnightly basis. Prior to this, all decisions were reviewed on a regular basis by the Cabinet Member for Health and Communities in conjunction with the Director of Public Health. As outlined in the report to Cabinet on 4 June it is a requirement that a summary of review decisions made by Cabinet members will be reported to Cabinet every two months and this is the first of these reports.

As a further safeguard any significant reductions in service that have been reviewed and substantially maintained over any eight week period will be referred to Cabinet as soon as possible after the eight week period for ratification.

Table 1 contains a summary of the decisions that have been in place for a period of 8 weeks or more detailing the reasons why these decisions need to remain in place for a further eight week period subject to fortnightly review by Cabinet Member.

A copy of the most up to date version of the Officer Decision Records for these decisions still in place is attached as Appendix 1.

**Table 1: Summary of officer decision record reviews for decisions that remain in place**

Officer Decision	Review notes and recommendation
School Crossing Patrol service provision (PHODR1); Live Life Better Derbyshire Service provision (PHODR2); Suspension of Local Area Co-ordination Service (PHODR4); Suspension of 50+ Forums (PHODR5); Suspension of Safe Places (PHODR6); Suspension of Time Swap service (PHODR7); Suspension of First Contact Service (PHODR8); Suspension of Disability Employment Service (PHODR9); Suspension of Pension Credit Service (PHODR11)	<p>The COVID19 pandemic has resulted in the implementation of national guidance for social distancing, social isolation and the closure, and subsequent partial re-opening, of schools. In light of these requirements changes have been made to the delivery model for Public Health services, including the suspension of some services.</p> <p>Changes to the delivery of Public Health services were approved by the Director of Public Health and the Executive Director for Adult Social Care and Health following consultation with the Cabinet Member for Health and Communities in March/April 2020, and subsequently reviewed by Cabinet on 23 April 2020.</p> <p>The decision has been reviewed by the Director of Public Health and Cabinet Member for Health and Communities on 11 May, 1 June, 22 June, 6 July and 27 July. The decision has been reviewed at Cabinet Member for Health and Communities meetings on 8 and 22 July.</p> <p>An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, and this was reviewed by Cabinet on 4 June 2020.</p> <p>Usual service provision continues to be impacted and therefore this decision needs to remain in place for a further eight week period, subject to regularly review by Cabinet Member.</p>

Table 2 contains a summary of the Public Health decisions that are no longer subject to ongoing review.

**Table 2: Summary of officer decision record reviews for decisions that are no longer subject to review**

<b>Officer Decision</b>	<b>Reason why decision no longer subject to review</b>
Contract Variations – Sexual Health and Mental Health Services (PHODR03)	Contract variations issued for period of 3 months from 1 <sup>st</sup> April 2020. Approval for further contract variations beyond this time period are being taken through the appropriate non-urgent decision-making processes in line with the Council’s Constitution.
Extension of contract beyond original award period for the provision of the Intensive Home Visiting Service, Advisory Services in General Practice, Advisory Services for Community Wellness Approach, and the Supply of School Crossing Patrol Uniform (PHODR10)	Contract extensions for these contracts issued in line with original decision. Any further extensions required will be taken through the appropriate non-urgent decision-making processes in line with the Council’s Constitution.
Establishment of a Countywide Distribution Centre (PHODR1 exempt)	Countywide distribution was established at Markham Vale to enable delivery of food parcels and other essential household items to individuals who were shielding or socially-isolating and with no other access to food provision. Approval for any further decisions relating to the Distribution Centre are being taken through the appropriate non-urgent decision-making processes in line with the Council’s Constitution.
Direct award of a contract for the Derbyshire County Council setting-based seasonal influenza vaccination service (PHODR2 exempt)	Award of contract issued.

## **11. Financial Considerations**

As part of the urgent officer decision-making process, regard has been had to financial implications and these are detailed where appropriate on the original Officer Decisions.

## **12. Human Resources Considerations**

As part of the urgent officer decision-making process, regard has been had to human resources implications and these are detailed where appropriate on the original Officer Decisions.

## **13. Legal Considerations**

The reviews of the Officer Decisions made under powers delegated to officers in accordance with the Constitution have ensured that timely consideration is given to the necessity and proportionality of the continuation of those actions outlined in the Officer Decision Records.

## **14. Equality implications**

As part of the urgent officer decision making process, regard has been had to equality implications. A consolidated Equality Impact Assessment was reported to the 4 June 2020 Cabinet meeting.

## **15. Other Considerations**

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

## **16. Background Papers**

- Officer Decision Records considered by Cabinet on 23 April 2020
- Decision making process during Covid Epidemic – report to Cabinet 4 June 2020
- Equality Impact Assessment – urgent decisions in relation to Council Services, Functions and Assistance – report to Cabinet 4 June 2020
- Review of urgent decision of changes to delivery of Public Health-delivered services – report to Cabinet Member for Health and Communities 22 July 2020
- Review of urgent decision of changes to delivery of Public Health-delivered services – report to Cabinet Member for Health and Communities 8 July 2020
- Public Health SMT reports – held on file and available on request

## **17. Key Decision**

As indicated in reports

**18. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?**

No

**19. Officer's Recommendation**

Cabinet is asked to:

- i. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- ii. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Health and Communities.

**Dean Wallace  
Director of Public Health  
County Hall  
Matlock**

## Appendix 1: Copy of Officer Decision Records

### DERBYSHIRE COUNTY COUNCIL

#### OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Dean Wallace/Helen Jones	Service: Public Health-delivered services as indicated below
Delegated Power Being Exercised: Changes to service delivery, including service suspension	
Subject of Decision: (i.e. services affected)	School Crossing Patrols, Live Life Better Derbyshire, Local Area Co-ordination, 50+ Forums, Safe Places, Time Swap, First Contact, Disability Employment Service, Pension Credit Service
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of the decisions taken on 20 March 2020 (PHODR1, PHODR2), 24 March 2020 (PHODR4, PHODR5, PHODR6, PHODR7), and 1 April 2020 (PHODR8, PHODR9, PHODR11)
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	Decision taken to amend normal service delivery, including the suspension of service delivery.  <b>Review process</b> Decision is subject to regular review by Public Health SMT and Cabinet Member, being reported to the Cabinet Member for Health and Communities on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been	The COVID19 pandemic has resulted in the implementation of national guidance for social distancing, self-isolation and the closure, and subsequent partial re-opening, of schools. In light of these requirements changes have been made to the delivery model for Public Health services, including the suspension of some services.  NHS guidance on prioritisation of community health services during the COVID19 pandemic (including services commissioned or provided by Local Authority Public Health teams) has been provided in a letter dated 19 March from NHS England and NHS Improvement, entitled

<p>taken into consideration.</p>	<p>COVID-19 Prioritisation within Community Health Services. In line with the guidance the NCMP programme was paused from this date. The recommendation from NHS England is that changes to the service delivery model for NCMP will apply until 31<sup>st</sup> July at the earliest.</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>School Crossing Patrols - Redeployment of staff to cover priority sites, but this option was deemed not deliverable due to lack of non-public transport options for many of the staff means that they are not a workforce that can flex geographically</p> <p>Live Life Better Derbyshire – an alternative model of continuing service delivery through non face-to-face means has been implemented. Priority is given to smokers and those with a BMI over 40 as individuals in these groups are considered to be at increased risk of more serious illness from COVID19.</p> <p>Local Area Co-ordination, 50+ Forums, Safe Places, Time Swap, First Contact, Disability Employment Service - A community response has been set up urgently and staff in these services continue to be redeployed to support the community response, support our most vulnerable people and support our Adult Social Care Teams. This will involve supporting telephone triage, dropping off food and medicines, meal prep and/or other support to vulnerable people in communities.</p> <p>Pension Credit Service - the team has been following up on existing contacts by telephone. Support remains available to older people through the work of the Welfare Rights Service more widely, but not on the scale achievable by the project. Staff who cannot currently do their usual roles will be reallocated to support the ongoing work of the Welfare Rights Service and the Derbyshire Discretionary Fund.</p>
<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>Individual site risk assessments have been undertaken to support the re-establishment of the School Crossing Patrol Service.</p>

	Further risk assessments will be undertaken when required to support the re-establishment of other face-to-face service provision.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision	The Council has powers in accordance with s1-6 of the Localism Act 2011 to do that which will be to the 'benefit of the authority, its area or persons resident or present in its area'. The proposed benefit of this action is to support the reduction in COVID-19 infections and reduce the transmission of the virus. Due to the timescales involved it has not been possible to consult affected persons. Steps were taken through all services to inform existing service-users of the changes to service delivery.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	An equality impact assessment has been conducted and reported to Cabinet on 4 June. Measures have been identified and implemented to reduce impacts identified within the assessment, include continuation of support to pregnant women who smoke through phone and video-call support, and redeployment of staff to support the community response.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	<p><u><a href="https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults">The guidance which initially supported the decision is: https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults</a></u></p> <p><u><a href="https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july">with consideration made to the updated national requirements: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july</a></u></p> <p>Additional specific guidance for elements of the Live Life Better Derbyshire service are included in the following guidance  <u><a href="https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex-19-march-2020/">https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex-19-march-2020/</a></u></p>

<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Initial decision discussed with Cllr Hart on 31 March, with decision reviewed in conjunction with Cllr Hart on 11 May, 29 May, 18 June and through Cabinet Member meetings on 8 July and 28 July.</p>
<p>Decision:</p>	<p>Suspension of School Crossing Patrols, Local Area Co-ordination, 50+ Forums, Safe Places, Time Swap, First Contact, Disability Employment Service, Pension Credit Services, and to implement changes to delivery of Live Life Better Derbyshire, including ceasing of face-face delivery and the prioritisation of non face-face support to smokers and those with a BMI over 40.</p> <p><b>SMT Review in conjunction with Cllr Hart: 11 May</b> Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40.</p> <p><b>SMT Review in conjunction with Cllr Hart: 1 June</b> Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40.</p> <p>Following the national policy announcement for a phased return to schools starting from 1<sup>st</sup> June, the School Crossing Patrol service has assessed sites where a service can resume. This requires consideration of staff availability, a risk assessment of each site to ensure that social distancing can be safely implemented for the School Crossing Patrol and children and their parents/carers, and confirmation from schools as to their arrangements for children to be able to return to school.</p> <p>55 sites have been identified where staff are able to return to work. Of these, 38 site risk assessments have been completed, with 6 sites identified where the risk to the School Crossing Patrol and/or children and their</p>

parents/carers was deemed unacceptable. Sufficient information has been received from schools for 12 of these sites for a service resumption to be piloted from 1<sup>st</sup> June. It is proposed that services will be resumed at other sites once the required information is received from the schools. Schools have been informed of the outcome of the risk assessment, and whether the SCP service will resume for their children and parents/carers.

A number of staff within the service are within the “vulnerable” category (aged over 70 or with a long term condition where national advice is for them to follow stringent social distancing) but have expressed a desire to return to work. Council HR advice is that vulnerable staff can return to work as long as social distancing is maintained and they are not undertaking face-to-face duties with symptomatic or self-isolating individuals, or confirmed COVID19 cases, as this will allow for resumption of essential Council services. In these instances a copy of the site-specific risk assessment will be shared with the member of staff for their agreement before a return to work.

**SMT Review in conjunction with Cllr Hart: 22 June (as reported to Cabinet Member meeting 8 July)**

Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40.

There are 99 active sites covered by the School Crossing Patrol Service, of which risk assessments have been completed for 97 (with the outstanding two to be completed within the week). 11 of these sites cannot re-open as the risks to the staff are unacceptable as we are unable to implement adequate social distancing measures. 34 sites are operating with 9 sites pending to be re-opened over the next two weeks.

Schools have been updated with information about the site(s) serving their school. Limited or lack of information from schools is impacting the re-opening of 27 sites. There are 13 sites where the staff are either shielding or have

concerns about their return to work. For those that have concerns there has been proactive support from their Area Supervisor in engaging them back to work. In anticipation of further changes in schools in the next school term work is being completed to encourage schools to communicate their planning over the summer holiday to allow the service to adapt and respond accordingly.

**SMT Review in conjunction with Cllr Hart: 6 July (as reported to Cabinet Member meeting 22 July)**

Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40.

There has been an increase of open sites covered by the School Crossing Patrol Service from 34 to 56 sites. The focus on communication with schools and support for patrols with issues around their return to work has had the main impact on the resumption numbers. There are now only 2 sites that are effected by patrols concerned about their return to work.

Since the Government announcement of the reduction to 1 metre social distancing, where 2 metres is not possible, risk assessment reviews of 13 sites are now in process. It is anticipated that those with positive assessments will be opened within the week.

The service continues to have 4 sites where patrols are unable to return due to shielding or caring responsibilities. It has been possible to open one of the 4 as the highest risk site, using a relief patrol.

There continues to be 6 schools who have low numbers of pupils attending and therefore the sites serving these schools remain closed. We are working closely with these schools to monitor any changes in pupil numbers so that service can be resumed when appropriate.

Signature and Date: Dean Wallace March 2020

Appendix 2

**DERBYSHIRE COUNTY COUNCIL****CABINET****30 July 2020****Report of the Executive Director for Adult Social Care & Health****REVIEW OF URGENT OFFICER DECISIONS  
TAKEN TO SUPPORT COVID-19 RESPONSE THAT HAVE BEEN IN PLACE  
FOR LONGER THAN EIGHT WEEKS****ADULT SOCIAL CARE AND HEALTH****20. Purpose of the Report**

The purpose of the report is to provide the Cabinet with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance as to why these decisions need to remain in place for a period longer than eight weeks.

**21. Information and Analysis**

The current challenges relating to the COVID-19 pandemic have necessitated urgent decision making processes by the Executive Director for Adult Social Care and Health and Directors to be implemented to ensure the welfare of service users and the public and to safeguard the interests of the Council. The decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution.

In the main, the decisions relate to short-term temporary arrangements which are subject to regular review. This is particularly important where subsequent Government guidance has been issued notably in the area of Adult Social Care. It is intended that as Cabinet is now able to function by meetings being held 'remotely' the need for officers to make urgent decisions will now diminish.

However, it is important that officer decisions are kept under regularly review by elected members and officers. At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member (CABCO) meeting as these were meetings held in public, virtually if necessary, in order to ensure maximum transparency. This process was put in place from 11 June 2020 with the Cabinet Member reviewing decisions on a

fortnightly basis. As outlined in the report to Cabinet on 4 June it is a requirement that a summary of review decisions made by Cabinet members will be reported to Cabinet every two months and this is the first of these reports.

As a further safeguard any significant reductions in service that have been reviewed and substantially maintained over any eight week period will be referred to Cabinet as soon as possible after the eight week period for ratification.

A copy of the most up to date version of the Officer Decision Records, noting the notes made at each review point, is attached as Appendix 1. Some of the ODR's have been updated to reflect the latest guidance from the Government on social distancing, which came into effect on 4 July and Cabinet are asked to note these minor changes that ensures that the rationale for the decisions remain in line with recommendations from Government.

In summary, the new national guidance whilst reducing some lockdown measures does clearly state that individuals should continue to limit contact with other people and to keep your distance via social distancing measures from people not in your household. On the whole, the guidance has encouraged utilising outdoor spaces for meetings between one or more household and where this is not possible mitigations are utilised, e.g. use of face coverings on public transport. Easing of the restrictions does apply to people aged 70 and over who were previously advised to self-isolate and for those who have been in the shielded cohort. However, the guidance does for these two groups emphasise the importance of continuing to maintain strict social distancing requirements and this has been a key consideration in all the decisions outlined below.

Below, in table 1, is a summary of the decisions that have been in place for a period of 8 weeks or more detailing the reasons why these decisions need to remain in place for a further eight-week period subject to fortnightly review by Cabinet Member.

**Table 1: Summary of officer decision record reviews.**

<b>Officer Decision</b>	<b>Review notes and recommendation</b>
Adult Social Care Residential Homes for Older People, closure to visitors (ASCODR1)	<p>This decision was in relation to cease allowing visits from friends and family to residents within Derbyshire County Council operated homes for older people.</p> <p>It was originally agreed on 20 March 2020 and reported to Cabinet on 23 April 2020.</p> <p>Following review by Cabinet Member and ongoing work by officers the position has been revised so that whilst general visiting restrictions need to remain in place,</p>

	<p>temporary arrangements have been put in place to enable short visits to take place by family members in homes that have no cases of COVID-19 Guidelines have been developed and are attached to the officer decision record in the appendix. These guidelines will continue to be reviewed in line with national guidance and reflect the change in Government guidance on 4 July which still encourages those in the shielding cohort or with an underlying health condition to strictly observe social distancing measures and limit contact with people outside of their household. The newly announced testing for Care Home residents (every 28 days) and staff (every week) may impact on the ability to facilitate these visits i.e. if positive test results are returned.</p> <p>An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review.</p> <p>Therefore, this decision needs to remain in place, subject to regularly fortnightly review by Cabinet Member.</p>
<p>Closure of Older Adults Day Centres and Cessation of service delivery for over 70's in learning disability day Services (ASCODR2)</p>	<p>This decision was in relation to the temporary closure of Derbyshire County Council's Older Adult Day Services and the cessation of services provided for people aged 70 or over in Learning Disability day services</p> <p>It was originally agreed on 20 March and reported to Cabinet on 23 April.</p> <p>Following review by Cabinet Member and ongoing work by officers the current position is that building-based day services will remain closed due to the national government guidance advised against gatherings in indoor spaces unless appropriate social distancing can be maintained and limiting contact with people from outside a household.</p> <p>An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review.</p>

	<p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> <li>• Regular review of older adults, and where appropriate care packages have been adjusted</li> <li>• A small number of older adults who use building-based day services have been referred to and have made use of the Community Response Unit's services.</li> <li>• Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</li> </ul> <p>Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic.</p> <p>Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services.</p> <p>Many of the buildings used as day centres have not been designed with this in mind, as historically the ethos of the offer is the facilitation of group activity for older people to reduce isolation and increase companionship.</p> <p>Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers.</p> <p>The services will not be able to support the same number of people and given the vulnerability of those who attend additional precautions will need to be taken.</p> <p>Therefore, this decision needs to remain, subject to regularly fortnightly review by Cabinet Member, whilst the scoping work outlined above takes place</p>
<p>Closure of building based Day Centres for people with a</p>	<p>This decision was in relation to the cessation of building based day services for people with a learning disability and / or autism.</p>

<p>Learning Disability (ASCODR3)</p>	<p>It was originally agreed on 23 March and reported to Cabinet on 23 April.</p> <p>Following review by Cabinet Member and ongoing work by officers the current position is that learning disability day services will remain closed. A working group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability and reported on at an appropriate time. This group is actively reviewing Government guidance, including that issued from 4 July to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. Transport provision to support people to get to a day centre also needs to be considered in line with social distancing requirements and this may mean there is reduced capacity.</p> <p>Several factors are being explored these have been raised nationally through the Association of Directors for Adult Social Services (ADASS). This includes testing, use of face masks, the ability to manage with dignity, social distancing for people who lack capacity to understand the need, requirement for this. The experience of the attendee and their family/ carer to ensure that this remains a positive experience.</p> <p>The intention within Derbyshire is to co-produce “a new offer” with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need. People with Learning Disability and</p>
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	<p>their carers will shortly be receiving letters communicating this approach.</p> <p>An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> <li>• Regular review of people with a learning disability or autism, and where appropriate care packages have been adjusted</li> <li>• Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so.</li> <li>• A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit’s services.</li> <li>• Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</li> </ul> <p>Therefore, this decision needs to remain in, subject to regularly fortnightly review by Cabinet Member whilst the scoping work outlined above takes place.</p>
<p>Cessation of planned respite breaks services for Older Adults and people with a Learning Disability (ASCODR4)</p>	<p>This decision was in relation to the cessation of planned respite services provided by Derbyshire County Council for both older adults and people with a learning disability.</p> <p>It was originally agreed on 23 March and reported to Cabinet on 23 April.</p> <p>Following review by Cabinet Member and ongoing work by officers the current position is that building-based planned respite services will remain closed. Emergency respite provision continues to be offered , both through building-based services or through outreach services to</p>

	<p>an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control).</p> <p>An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> <li>• Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted</li> <li>• Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so.</li> <li>• Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</li> </ul> <p>Therefore, this decision needs to remain in place for a further eight week period, subject to regularly fortnightly review by Cabinet Member.</p>
<p>Fire Risk Mitigation Work (ASCODR6)</p>	<p>This decision was in relation to continuing to undertake essential maintenance and specific fire risk mitigation works in DCC operated residential care homes for older people in order to deliver on previously identified risk mitigation and ensure the safety of residents and staff.</p> <p>It was originally agreed on 22 March 2020 date and reported to Cabinet on 23 April 2020.</p> <p>Following review by Cabinet Member and ongoing work by officers the current position is that the majority of scheduled work has taken place across the HOPs estate, with only a small number of tasks outstanding and will be undertaken from the end of July. This work relates to tasks that have been delayed due to disruption with the supply chain for key supplies due to the COVID-19</p>

	<p>pandemic. Restrictions still remain in place for general visiting to the Homes for Older People as outlined in a separate ODR, therefore these interim measures need to remain in place.</p> <p>The decision will be subject to regular ongoing fortnightly review by Cabinet Member who can end the interim arrangements once the works have been completed.</p>
Financial Charging	<p>This decision was in relation to adjustments to the client contribution guidance to meet changes in service due to COVID-19</p> <p>It was originally agreed on 8 April 2020 date and reported to Cabinet on 23 April 2020.</p> <p>Following review by Cabinet Member and ongoing work by officers the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place.</p> <p>Therefore, this decision needs to remain in place, subject to regularly fortnightly review by Cabinet Member.</p>
Shared Lives	<p>This decision was in relation to the ability to make discretionary payments in order maintain our Shared Lives carer capacity and reliance with effect from 1 April 2020 to support placements.</p> <p>It was originally agreed on 22 May 2020, with payments backdated to 1 April 2020, and reported to Cabinet Member Committee on 2 June 2020 for retrospective approval.</p> <p>Following review by Cabinet Member and ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place</p>

	<p>for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carer will continue to receive the amount they ordinarily earn. These arrangements remain subject to fortnightly review by Senior Managers to ensure they are appropriate. Shared Lives Carers have stepped up and taken on additional responsibilities to support people at home whilst day centre provision has been closed and these payments recognise those additional responsibilities. As noted in the section above day centre provision continues to remain closed, with only limited respite provision in place due to ongoing requirements in relation to social distancing which means that day centres cannot operate at fully capacity.</p> <p>Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required.</p> <p>Therefore, this officer decision needs to remain in place for a further eight week period, subject to regularly fortnightly review by Cabinet Member.</p>
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For transparency and completeness the following emergency officer decisions were initially ratified by Cabinet in April or May and are no longer required to be in place:

- **Cash advance to homecare providers** – This decision related to a one off payment to support homecare providers which has been superseded a decision regarding additional payments to PVI sector (see below).
- **PVI sector additional payments** – PVI sector additional temporary payments – This decision was time limited until the end of July and further work is now taking place to better understand the costs associated with providing services following the outbreak of Covid 19. The Council needs this information about providers' additional costs in order to decide whether it is necessary to continue making further payments and if so in what amount. Any such deliberations will also take account of the Council's continued commitment to make free PPE Available and the funds received by Providers from the Infection Prevention Control grant. The Council has an obligation to ensure any spend of public funds is being used as intended, and it is hoped that this proposed review to understand the costs will provide such evidence. The outcome of this review and any subsequent recommendations will be reported to Cabinet on completion of this work.

The Cabinet Member for Adult Social Care has received a report outlining the Infection Prevention Control grant requirements and is aware how it replaces this officer decision.

- **The temporary cessation of non-urgent homecare** – these were temporary arrangements put in place at the start of the pandemic period to help manage demand for essential services. This officer decision was stood down on 4 June and non-essential homecare hours are now being reinstated by frontline teams.
- **Additional payments to people in receipt of a Direct Payment for PA's who are in the shielded cohort** - The Government have now clarified the position on using the job retention scheme for direct payment employers, and employer liability insurances are now confirming client can access the national scheme so additional funding is no longer required to support during the period of shielding. Therefore this decision no longer needs to be in place and was removed on 11 June following publication of the Government guidance.
- **Community equipment contract authorisation levels** – this decision has come to an end and the temporary authorisation levels have been removed and replaced by business as usual operational procedures.

## **22. Feedback from Principal Social Worker**

The Principal Social Worker has been engaged and consulted with these decisions. The Principal Social Worker is satisfied that the original decisions have been made with due regard for the Department of Health and Social Care Ethical Framework. Where appropriate Care Act easement guidance has been considered and formed part of the decision making process. The Principal Social Worker is aware of the review processes in place.

## **23. Financial Considerations**

As part of the urgent officer decision-making process, regard has been had to financial implications and these are detailed where appropriate on the original Officer Decisions.

## **24. Human Resources Considerations**

As part of the urgent officer decision-making process, regard has been had to human resources implications and these are detailed where appropriate on the original Officer Decisions.

## **25. Legal Considerations**

The reviews of the Officer Decisions made under powers delegated to officers in accordance with the Constitution have ensured that timely consideration is given to the necessity and proportionality of the continuation of those actions outlined in the Officer Decision Records.

A consolidated equalities impact assessment has been prepared and further specific equality impact assessments will be available in relation to the continuation of day services and visitor restrictions. The equality impact assessments should be considered alongside the report.

## **26. Equality implications**

As part of the urgent officer decision making process, regard has been had to equality implications. A consolidated Equality Impact Assessment was reported to the 4 June 2020 Cabinet meeting and further Equality Impact Assessments have been undertaken as detailed above.

## **27. Other Considerations**

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

## **28. Background Papers**

- Officer Decision Records considered by Cabinet on 23 April 2020, 14 May 2020 and 4 June 2020 and published on the county council website.
- Decision making process during Covid Epidemic – report to Cabinet 4 June 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 11 June 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 9 July 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 23 July 2020
- Equality Impact Analysis – Urgent decisions in relation to council services, functions and assistance
- [Government guidance on social distancing from 4 July 2020.](#)

## **29. Key Decision**

As indicated in reports

**30. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?**

No

**31. Officer's Recommendation**

The Cabinet Member for Adult Social Care and Health is asked to:

- iii. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- iv. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

**Helen Jones**  
**Executive Director – Adult Social Care & Health**  
**County Hall**  
**Matlock**

## Appendix 1: Copy of Officer Decision Records

### DERBYSHIRE COUNTY COUNCIL

#### OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets	
Residential Care	
Subject of Decision: (i.e. services affected)	Adult Social Care Residential Homes for Older People, closure to visitors
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of the decision taken on 20 March 2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	Decision taken on 20/3/20 to cease to allow general visits from friends and family.  <b>Review process</b> Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been	Government advice at the start of the pandemic advised that people aged 70 and over were required to self – isolate. The expectation of further advice from government as to implications for care homes was anticipated, but with none arriving to inform this initial decision.  The advice in March from the Director of Public Health (DPH) and the written guidance updated on 20.3.2020 and the interpretation provided by the DPH, from advice he had received from Public Health England is that the words “strongly advised” meant, that we should I put visiting restrictions to homes for older people in place.

taken into consideration.	
Alternative Options Considered (if appropriate) and reasons for rejection of other options	<p>We considered keeping the homes open to restricted visitors (friends and families only), but this seemed insufficient in the light of the guidance and advice received. We considered further social distancing measures. These were to be a letter, to friends/ relatives advising them of the risks, asking them to consider their position and reminding them of hygiene and social distancing measures and the potential to visit outside of the home. This was in fact the position agreed at the 8.30 meeting on the 20.2.2020, however, we reverted subsequently after the advice from the DPH and formally changed the decision at a specially reconvened ASC Gold later in the day. Minutes of both meetings are available.</p>
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	<p>A risk assessment was not undertaken as the decision was taken urgently in response to national guidance issued by the Government in relation to the COVID-19 Pandemic. Subsequently some adverse impacts have been identified and these have been mitigated against – e.g. by ensuring all DCC HOPs and CCC's have access to Skype technology so family members can keep in touch.</p> <p>Further mitigations have now been developed to allow visiting to take place in prescribed and limited circumstances as detailed in the appendix to this ODR. This reflects changing government guidance in relation to the easing of the lockdown from 4 July 2020 which does permit limited contact with other people, but with the importance of keeping your distance from people not in your household. From 6 July structured, scheduled visits can now take place outdoors. This will need to be reviewed regularly to take account of the local and national circumstances and any further revised guidance. A quick decision may be required in the event of a second spike or localised outbreak to retract these arrangements and return to restricting all visits to residential care homes.</p>
Would the decision normally have been the subject of	<p>Yes, this decision would have been subject to consultation as it would potentially adversely impact on family members, carers and friends of the individual in</p>

<p>consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision</p>	<p>the home, as well as the person living in the care establishment. This decision had to balance the need to consult with the increased risk to vulnerable groups. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.</p>
<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>The decision will have had an impact on the people accessing care; their families and carers and staff employed to provide direct care services. The temporary restrictions to the service, brings with it the potential for further risks to those currently using and those needing the service, since it will be more difficult in some ways to monitor well-being, and identify changes in needs, without the fundamental role family and friends provide in advocating on behalf of, and interpreting the needs of their loved ones. It is also likely to be the case that many of those who visit their loved ones and friends within our care homes may be less likely to be connected digitally, so the usual alternative means of providing services, is available to a lesser degree.</p>
<p>Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))</p>	<p><u><a href="https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults">The guidance which initially supported the decision is: https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults</a></u></p> <p><u><a href="https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july">Revisions have been made to the visiting arrangements following the publication of this guidance: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july</a></u></p> <p><b>Feedback on original Officer Decision:</b></p> <p><b>Principal Social Worker</b> The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied this decision has been informed by</p>

Government advice for residential care and supported living guidance which states:

‘How care homes can minimise the risks of transmission? Care home providers should stop all visits to residents from friends and family. Medical staff and delivery couriers can still visit, but you should leave a hand sanitiser by the entrance and ask them to wash their hands as soon as they enter the building.’

The Principal Social Worker is satisfied that the decision maker has shown due regard for balancing the impact on Human Rights Act Article 8, Care Act 2014 Wellbeing Principle and the Department of Health and Social Care Ethical Framework when reaching this decision.

All Adult Social Care homes have been issued with a laptop and staff are supporting remote contact with family and friends via technology including telephone, videos, email and Skype so that essential family contact and links are maintained. All residents have person centred support plans and personal service plans that identify important others and contingency plans developed to ensure contact is promoted.

#### **Finance**

There are no additional costs associated with this decision.

#### **Human Resources**

#### **Legal**

Decision is not time limited – would be beneficial to indicate a review date.

Response: This decision will be reviewed every two weeks by SMT as part of RODR process and this will be referenced in Cabinet Report as mitigation

Decision has HR implications ( Article 8 – family life ) report should detail how these rights have been balanced and how residents might be supported in having contact with friends and family , otherwise than direct contact.

	<p>Response: This is referenced via mitigations provided via Skype and it is acknowledged that this an issue, however it is felt important in the current climate that this has to be balanced against an individual's wellbeing and the risks to a person's health if visiting is permitted within a home increasing chances of transmission of the disease.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>This took place with Cllr Wharmby by phone on 20<sup>th</sup> March 2020.          Consultation with Cllr Wharmby on Review 19/05/2020          Consultation with Cllr Wharmby on Review 27/05/2020          Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a>, <a href="#">09/07/2020</a> and <a href="#">23/07/2020</a></p>
<p>Decision:</p>	<p>To close all DCC residential homes with immediate effect on 20.3.2020 and to advise independent sector homes of our position and expectation.</p> <p><b>SMT review: 22/04/2020</b> - Social distancing requirements still in place and therefore need to maintain position. The national guidance now states there is a requirement to allow family members to visit loved ones at the end of life which is being delivered locally. Video calling arrangements are in place and has been positively received. SS is to provide clarity on end of life procedures across all establishments.</p> <p><b>Review by SMT 06/05/2020:</b> It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19.</p> <p>Feedback from staff working in Derbyshire County Council operated residential care homes informed the original decision as some individuals were becoming anxious about the on-going visits from relatives and the risk that posed to individuals living in the home. This remains a concern amongst operational teams in relation to infection control. Nationally, it is recommended that visiting restrictions are</p>

in place for care homes due to concerns about the prevalence of the disease in these settings.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally. Direct Care staff are developing a consistent approach to end of life visiting arrangements to facilitate the implementation of this national guidance. We have ensured that each DCC home has video calling facilities to allow family members to keep in regular contact with people living in a DCC residential care establishment and this has been received positively.

We have also informed PVI Sector homes of this ongoing position to inform their decision making.

**Review by SMT 21/05/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19.

**Review by SMT 04/06/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to

ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward.

**Review by SMT 11/06/2020:** Hold position as PVI sector currently more broadly is not seeking to relax visiting as a potential risk to the residents in the home in terms of infection prevention control. Officers to undertake a piece of work scoping of what might be possible and under what circumstances.

**Review by SMT 18/06/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward.

**Review by SMT 02/07/2020:** It is considered necessary to continue with general visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions

which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government officers a range of prescriptive visiting arrangements that enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained has been developed and will be implemented.

**Review by SMT 1607/2020:** Following ongoing work by officers the position has been revised so that whilst general visiting restrictions need to remain in place, temporary arrangements have been put in place to enable short visits to take place by family members in homes that have no cases of COVID-19. Guidelines have been developed and these will continue to be reviewed in line with national guidance and reflect the change in Government guidance on 4 July which still encourages those in the shielding cohort or with an underlying health condition to strictly observe social distancing measures and limit contact with people outside of their household. The newly announced testing for Care Home residents (every 28 days) and staff (every week) may impact on the ability to facilitate these visits i.e. if positive test results are returned.

Signature and Date: Simon Stevens 20/03/2020

## Appendix to ODR: Guidelines for visitors to Derbyshire County Council's residential care settings

Central government has recently announced new guidance relating to social distancing. The Council has considered this guidance alongside advice from its local health protection team. Given the particular risk posed by the virus to those over 70 and with underlying health conditions, a phased approach will be taken to the reintroduction of visits. We are pleased that we are now able to facilitate visits to our residential establishments. To ensure the safety of all of our residents and staff, these visits will need to be structured and the guidance below must be adhered to by all visitors.

Visits will only be permitted to homes where there are no cases of COVID19.

### Framework for visits

- 1 All visits will be held in the garden/outside area of the home. Visitors must not enter the care setting unless there are exceptional circumstances. Visitors should bring their own refreshments to enjoy during the visit if required.
- 2 Visits must be pre-arranged with the manager on duty at the home.
- 3 Visits will be restricted to a maximum of two people at any one time. Unfortunately young children are not permitted to visit at this time. All visitors must be able to maintain social distancing during the visit. Unfortunately pets cannot be accepted at the present time
- 4 Visits will be time limited to a maximum of 30 minutes in order to ensure all residents have the opportunity to spend time with their relatives/friends and to allow staff to clean chairs in between visits.
- 5 Visitors will not be able to access the interior of the home.
- 6 Visits may be cancelled at short notice if the weather is inclement or the resident is unwell.
- 7 On arrival visitors will be asked some COVID-19 related questions about their health;
  - a. Has anyone tested positive for COVID-19 in your household?
  - b. What was the date of the positive result?
  - c. Has 14 days elapsed since the positive test?
  - d. Do you believe yourself to be free of both symptoms of COVID-19 or any other infectious disease?
8. Upon arrival, you will be given a visor for your retention which should be taken home and used for subsequent visits.

- 9 Seats will be provided 2 metres apart in a designated area and must not be moved.
10. No physical contact should take place during the visit to avoid the need for your loved one to socially isolate following the visit.
12. Gifts must be placed in a plastic bag, any food items must be shop bought and in sealed packets.
- 13 Gifts should be left by the chair and will be retrieved by the staff and given to the resident once they have been sanitised.


<b>Derbyshire County Council</b>
<b>Equality Impact Analysis Record Form 2018</b>

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Homes for Older Adults - Temporary visitor restrictions.
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

### The Public Sector Equality Duty

The Council is required to exercise its functions having careful regard to the need to:

- (1) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
- (2) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of older and disabled adults who receive care and support services, and any particular risks that might be faced by those who are from BAME communities, mothers or pregnant Women, or whose gender, gender re-assignment, sex or sexual orientation or religion might lead them to experience particular difficulties.

### 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?

This Equality Impact Analysis concerns the decision taken by the Service Director of Adult Social Care (Deputy Director of Adult Social Services) on 20/3/20 to temporarily cease visits from friends and family to Older Adults within Council run residential homes known as HOP's (Homes for Older People) and RCCC's (Residential and Community Care Centres).

This decision was undertaken following advice from the Government; Public Health England and The Director of Public Health for Derbyshire, in order to reduce the risk of Covid-19 infection transmission. Specifically, the decision was taken to ensure appropriate social distancing measures, allowing for those adults over the age of 70 years; predominantly with underlying medical conditions to self-isolate more effectively. Therefore, meaning it was neither practical nor safe to keep older adult's Residential establishments open to visits from family and friends. The decision was also undertaken to support Residential Care staff members who were becoming increasingly concerned with the level of risk, not only for the people within their care, but also personally.

There was additional guidance in relation to professional visits from health staff for example, in that only essential visits from professionals should continue during the restrictions, however, use of technology such as Skype should be used to facilitate such consultations where possible and appropriate.

On 22/04/20 the Adult Care Senior Management Team reviewed the measures in place and alongside amendments to national guidance; eased restrictions to allow family members to visit loved ones at the end of life with protective protocols in place, including the use of PPE (Personal Protective Equipment).

Although there are only very small numbers of adults under the age of 70 years living in our HOP's and RCCC's (6 people April 2020), these people are also likely to fall into the category of having an underlying 'high risk' health condition that means they too would be strongly advised to socially distance under government guidelines.

Monitoring of the wellbeing of individuals has been undertaken during the period of visitor restrictions and Individual client-based risk assessments have been undertaken in relation to this decision and concerns relating to the effects on the wellbeing of both the individuals and their family and friends.

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

Within the County there are 24 homes for Older Adults provided within Adult Care, one of which was opened specifically ahead of time to enable hospital discharge of Older Adults who have contracted Covid-19 only as a temporary measure.

At 1<sup>st</sup> April 2020 Adult Care supported 567\* Adults within HOP's and RCCC's. These services provide 24-hour support for people whose needs are such that they are no longer able to fully manage independently or be cared for safely at home with the addition of a package of domiciliary care and informal care from family carer's where available.

Several of the residential care homes also provide what are referred to as 'Pathway 2' beds or 'Community Support Beds – CSB's'. These are residential beds, often in an identified 'wing' of a care home which provide a short term reablement support for an individual. Most of this type of care attracts intensive therapy input to support a person's discharge from hospital as a 'step down' measure, or to provide a period of therapeutic intensive support to those in the community to avoid hospital admission and empower individuals to reach their potential to remain independent at home. These individuals are primarily aged over 65 years, but on occasion can be Adults who are under 65 years. Enabling people to live independently and at home for as long as possible is key within Derbyshire County Council's Older People's Housing, Accommodation and Support strategy 2019-2035

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

Staff are at reduced risk of contracting and transmitting Covid-19 with visitor restrictions in place. Restrictions also provide staff with a greater sense of security regarding their own health and wellbeing.

As part of the restrictive measures on visiting, relief and agency staff have been directed to work in only 1 home rather than work across multiple homes which is usual practice, in order to lessen infection transmission. Ordinarily this would minimise the availability of shifts accessible to those workers which would have an adverse effect, however with the staffing vacancies within the homes prior to the Covid-19 Pandemic and the increased need to cover shifts for staff sickness and those shielded; it has had little negative impact on those staff.

## Stage 2. The team carrying out the analysis

<b>Name</b>	<b>Area of expertise/ role</b>
Rebecca Toms	Service Manager Adult Social Care Transformation
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

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

<p>This analysis will:</p> <ul style="list-style-type: none"> <li>• Examine whether implementing the decision to temporarily cease visits by friends and family members to Older Adults Residential care homes is likely to disproportionately affect particular groups of people, including those currently living within those homes 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;</li> <li>• 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</li> <li>• Where adverse impacts are identified, the EIA team will suggest suitable mitigations to negate or minimise the impact(s) found.</li> </ul>
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### Stage 4. Data and consultation feedback

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

<b>Source</b>	<b>Reason for using</b>
Mosaic data – Adult Social Care Management Information Team	Overview of HOP's/RCCC's usage by characteristic groupings.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire
Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018	Contextual information for Derbyshire
Alzheimer Europe and the European Governmental Expert Group on Dementia (24 March 2020) ' <i>Alzheimer Europe recommendations on promoting the wellbeing of people with dementia and carers during the COVID-19 pandemic</i> ' <a href="https://www.alzheimer-europe.org/Policy/Our-opinion-on/Wellbeing-of-people-with-dementia-during-COVID-19-pandemic">https://www.alzheimer-europe.org/Policy/Our-opinion-on/Wellbeing-of-people-with-dementia-during-COVID-19-pandemic</a>	To identify some of the key issues and challenges faced particularly by people with a dementia, and social care staff during the Covid-19 Pandemic and implement recommendations to reduce the risk of adverse effects.
Quality Compliance Systems ' <i>Care homes, Coronavirus, and Human Rights</i> ' Rachel Griffiths 13.03.20 <a href="https://www.qcs.co.uk/care-homes-coronavirus-and-human-rights/">https://www.qcs.co.uk/care-homes-coronavirus-and-human-rights/</a>	To identify some of the key issues and challenges faced particularly by people who have their liberty deprived during Covid-19 visitor restrictions.
Department of Health & Social Care GOV.UK <a href="http://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity">www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity</a>	Overview of support for people in care homes who are deprived of their liberty during the Coronavirus pandemic.

## 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 (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.</p> <p><b>Population of Derbyshire</b></p> <table border="1"> <thead> <tr> <th>Age</th> <th>Population<sup>1</sup></th> <th>Known to DCC<sup>2</sup></th> <th>%</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>136,713</td> <td>6,722</td> <td>4.9</td> </tr> <tr> <td>16-17</td> <td>16,559</td> <td>809</td> <td>4.7</td> </tr> <tr> <td>18-64</td> <td>471,187</td> <td>4,561</td> <td>0.9</td> </tr> <tr> <td>65-74</td> <td>96,829</td> <td>2,729</td> <td>2.8</td> </tr> <tr> <td>75-84</td> <td>53,961</td> <td>4,459</td> <td>8.6</td> </tr> <tr> <td>85+</td> <td>20,893</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>796,142</td> <td>23,807</td> <td>3</td> </tr> </tbody> </table> <p>Sources:            1-ONS Mid-2018 Population Estimates            2-DCC management information teams</p> <p>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 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population.</p> <p>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.</p> <p>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.</p> <p><b>Life expectancy by area</b></p> <table border="1"> <thead> <tr> <th>Area</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>80.0</td> <td>82.9</td> </tr> <tr> <td>Bolsover</td> <td>78.3</td> <td>82.0</td> </tr> <tr> <td>Chesterfield</td> <td>78.2</td> <td>81.8</td> </tr> <tr> <td>Derbyshire Dales</td> <td>80.7</td> <td>84.8</td> </tr> </tbody> </table>	Age	Population <sup>1</sup>	Known to DCC <sup>2</sup>	%	0-15	136,713	6,722	4.9	16-17	16,559	809	4.7	18-64	471,187	4,561	0.9	65-74	96,829	2,729	2.8	75-84	53,961	4,459	8.6	85+	20,893	4,502	21.8	N/K	0	25	0	Total	796,142	23,807	3	Area	Male	Female	Amber Valley	80.0	82.9	Bolsover	78.3	82.0	Chesterfield	78.2	81.8	Derbyshire Dales	80.7	84.8
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Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

**\*Age range of people cared for in HOP's and RCCC's**

Age range	Number of people within range	Percentage of overall number
45-54	1	0.2%
55-64	5	0.9%
65+	561	98.9%
Total	<b>567 people</b>	

\*Data correct at 01.04.20

**Conclusions**

The majority of People living in our homes for Older Adults are aged over 65 years, though a very small number are younger than this. The impact of the decision that this cohort might experience, could result in a reduced sense of wellbeing as well as feelings of isolation especially for those living within our care homes who have a Dementia or other cognitive disability. While it is noted that the visiting restrictions will greatly impact all people living in our care homes, for those with a cognitive disability or mental ill health the impact may be greater as they are more likely to struggle to understand or remember the reasons for the reduced familiar connections. This could have an impact on both physical and mental health if essential steps to mitigate as far as practicable are not taken. Technology has been used to reduce this risk This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered to.

Disability	<p>Across ASCH all disability-related issues must be taken account of for people with a physical disability; sensory impairment; cognitive impairment; learning disability; and mental health issues when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice given.</p> <p>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 of which many are likely to have secondary support needs such as mental ill health or cognitive impairment.</p>
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### 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
<b>Totals</b>	<b>16,276</b>	<b>100</b>

Source: Adult Social Care and Health MIT

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

In addition to this, it must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, they should not be relied upon in isolation as they do not provide an accurate picture of people's support needs as they only record the primary need, which may change over time. Often a cognitive impairment is missed in data recording because it has developed subsequent to the initial presenting need. Practitioners within our older adults Care homes understand the figures of people with cognitive impairment such as a Dementia or brain injury following a stroke to be substantially higher than the data suggests.

### Older Adult's HOP's and RCCC's – Primary Support Reason

Primary Support Reason		
Physical Support	444	78%
Learning Disability	6	1%
Mental Health	15	3%
Memory and Cognition	57	10%
Sensory Support	28	5%
Social Support	13	2%
Non-PSR	4	1%
<b>Total</b>	<b>567</b>	

Source: Adult Social Care and Health MIT at 01.04.20 both long and short term residential care

Most people living in one of Derbyshire County Council's HOP's or RCCC's are doing so with a PSR of physical support, 78%, with the next highest cohort being those with a PSR for Memory and Cognition at 10%. However, given the caveats above, it would not be unreasonable to suggest that some people have multiple support reasons, but these are not recorded in relation to admission to a care

home. The information below gives an overview of the number of people who have disclosed more than one health condition.

ASCH gathers 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	%
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
<b>Totals</b>	<b>7,527</b>	<b>100</b>

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing ASCH have between one to five health conditions, however, these may not always constitute a disability.

The impact people face may also depend upon the type of disability. Many people receiving services will, by virtue of their age, be more likely to have a disability relating to mobility, cognitive or visual and hearing impairment, and may have conditions which mean they are at a higher risk of infection regardless of their age.

### Employee Information

The number of employees who have declared a disability account for approximately 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 with 5% 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, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus e.g. those who are in the extremely clinically vulnerable group must shield and therefore remain at home and those who are vulnerable must remain at home where possible.

Staff from the care homes for whom this relates to have been asked to do alternative work from home where they can. Those who have family members at extremely high risk will not work with those who have contracted Covid-19. All staff must wear the Public Health England recommended Personal Protective Equipment or PPE in addition to protecting not only those living in our care homes, but those employees working in our care homes by introducing the visitor restrictions. A mental health wellbeing package of support is offered to all employees of the County Council particularly during the Pandemic.

### **Conclusion**

The decision to temporarily restrict visitors to HOP's and RCCC's will impact upon people living with a disability from the perspective of wellbeing, isolation loneliness and advocacy.

There are particular risks involving persons who lack capacity or who have reduced capacity to make specific decisions; most specifically in terms of them and their family members understanding to and agreeing to what is proposed in terms of temporary restrictions, but also requirements to socially isolate within the home and the need for increased hygiene practices.

Such persons may not understand or may have difficulties understanding the reasons for the temporary restrictions to the service from the point of view of social distancing or Government guidelines on people aged over 70 self-isolating. These concerns are being picked up and addressed where appropriate during the regular review calls that are being made. All the HOP's and RCCC's also have a link worker from an assessment team who is mindful of the impact the restrictions will have and will address these with the individual homes. As part of mitigations all personal service plans for people within the care homes should be updated to reflect any increasing need for support and plan of care the restrictions have resulted in.

As restrictions were put in place in March 2020 all HOP's and RCCC's were provided with a laptop to enable staff to support people within their care to access electronic communication such as Skype so that family and friendship connections could continue to be maintained for the wellbeing of both the person and their friends and family. Homes also have smart phones which staff have supported a number of people to make 1:1 calls with family and friends or applications such as WhatsApp to make face to face video calls. Several people within the homes have recorded messages and sent letters to their family members and vice versa. Many of the homes have also been supported by local school children with cards, letters and pictures. All possible steps have been taken to lessen the effects of isolation.

For those who have reduced mental capacity that perhaps have their liberty deprived under a DOL's in relation to where they live in a care home, (Deprivation of Liberty Safeguard Mental Capacity Act 2005) it

	<p>could be perceived that by restricting visitors there is a further deprivation of liberty, however this type of restriction is acceptable under Article 8 of the Human Rights Act 1998 in relation to the right to family life where it concerns the protection of public health.</p> <p>In terms of access to Best Interest Assessors (BIA's), advocacy and access to the Deprivation of Liberty Safeguards Team during visitor restrictions, alternative ways of supporting people have been put into place temporarily in order to mitigate. A framework for legal decision making and support under the Mental Capacity Act 2005 during Coronavirus has been issued in government guidance whilst temporary restrictions are in place and can be found at:  <a href="http://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity">www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity</a></p> <p>This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered too.</p>																					
Gender (Sex)	<p>The overall population of Derbyshire consists of 2% more women than men – 17% are aged 15 or below, 61% aged 16 to 64 and 22% are over 65 years (Derbyshire Observatory infographic based on ONS Mid-Year projections 2018).</p> <p>Projections published by the ONS in 2018 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 as women outlive men.</p> <p><b>Population of Derbyshire by Gender and Age</b></p> <table border="1" data-bbox="411 1352 879 1637"> <thead> <tr> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>0-14</td> <td>65,709</td> <td>62,723</td> </tr> <tr> <td>15-19</td> <td>20,877</td> <td>19,930</td> </tr> <tr> <td>20-64</td> <td>225,129</td> <td>230,091</td> </tr> <tr> <td>65+</td> <td>78,455</td> <td>89,338</td> </tr> <tr> <td>All ages</td> <td>390,170</td> <td>402,082</td> </tr> <tr> <td><b>Total</b></td> <td><b>792,252</b></td> <td></td> </tr> </tbody> </table> <p>Source: ONS Mid-Year Projections 2018</p> <p>The gender split for people accessing older adult's residential care homes indicates that 70.4% of clients are female, with 29.5% male. Which is slightly higher but generally in keeping with other services provided by Adult Social care.</p>	Age	Male	Female	0-14	65,709	62,723	15-19	20,877	19,930	20-64	225,129	230,091	65+	78,455	89,338	All ages	390,170	402,082	<b>Total</b>	<b>792,252</b>	
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Gender	Total	
Male	167	29.5%
Female	399	70.4%
Unknown/not declared	1	0.2%
<b>Total</b>	<b>567</b>	

Source: Adult Social Care and Health MIT

### **Conclusion**

It can, therefore, be concluded that women are more likely to be affected by any adverse impacts resulting from the implementation of the decision.

As restrictions were put in place in March 2020 all HOP's and RCCC's were provided with a laptop to enable staff to support people within their care to access electronic communication such as Skype so that family and friendship connections could continue to be maintained for the wellbeing of both the person and their friends and family. Homes also have smart phones which staff have supported a number of people to make 1:1 calls with family and friends or applications such as WhatsApp to make face to face video calls. Several people within the homes have recorded messages and sent letters to their family members and vice versa. Many of the homes have also been supported by local school children with cards, letters and pictures. All possible steps have been taken to lessen the effects of isolation.

This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered too.

Gender reassignment	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's care homes provided by the Council. 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></p> <p>It is not envisaged that the proposal to temporarily restrict visits to care homes for older people will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Marriage and civil partnership	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's care homes provided by the Council. However, there will be people who use our services who will be represented under this protected</p>

	<p>characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.</p> <p><b>Conclusion</b> It is not envisaged that the proposal to temporarily restrict visits to care homes for older people will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>																								
Pregnancy and maternity	This protected characteristic is not relevant to the service and the decision that forms the basis of this equality impact analysis.																								
Race	<p>At just 4.2%, Derbyshire has a lower than average population of people from a BAME 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 accessing Derbyshire County Council's care homes for older adults by BAME communities at 01 April 2020. The figure is lower than the average population of Derbyshire as a whole at only 0.2%, however there are another 3% of people who have not stated their ethnicity or it has not been obtained which may account for some of the deficit, however it is clear that proportionally the figures are lower than what would be in line with the Derbyshire demographics as a whole. The majority, 96.8%, identifying as being White or White British/Irish or any other white background.</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>543</td> <td>95.8%</td> </tr> <tr> <td>Not Known</td> <td>11</td> <td>2%</td> </tr> <tr> <td>Not Stated Information not yet obtained</td> <td>6</td> <td>1%</td> </tr> <tr> <td>White Any Other White Background</td> <td>5</td> <td>0.8%</td> </tr> <tr> <td>White Irish</td> <td>1</td> <td>0.2%</td> </tr> <tr> <td>Other Ethnic Group Any Other Ethnic Group</td> <td>1</td> <td>0.2%</td> </tr> <tr> <td><b>Total</b></td> <td><b>567</b></td> <td></td> </tr> </tbody> </table> <p>Source: Adult Social Care and Health MIT at April 01<sup>st</sup> 2020</p> <p>Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, this must be considered in terms of communicating the decision, any updates, and the mitigations as English may not be a first language for some people in these communities.</p>	Ethnicity	Total	%	White British	543	95.8%	Not Known	11	2%	Not Stated Information not yet obtained	6	1%	White Any Other White Background	5	0.8%	White Irish	1	0.2%	Other Ethnic Group Any Other Ethnic Group	1	0.2%	<b>Total</b>	<b>567</b>	
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	<p><b>Conclusion</b> Many people who have been affected by the decision are “White British”. It is nonetheless a concern that BAME service users could be disproportionately adversely affected by the decision.</p> <p>While social workers and care staff will already be aware of the need to ensure that people from BAME communities are not disadvantaged to any extent and are treated equally in the provision of care services, it would be beneficial for Social Work staff and those caring for people in our HOP’s and RCCC’s to be reminded of this underpinning principle particularly given that less people are likely to access services from BAME communities, yet as emerging research indicates these are the very communities which are at a far higher likelihood of being affected severely if Covid-19 is contracted. It is important to note that this will be of great concern to people from BAME communities within our care homes and even more so their families who are unable to physically visit them.</p> <p>It is also imperative within the assessment, review and care planning process that consideration be given to whether people from BAME communities using this service require any additions or variation to the service to take account of their cultural needs, or whether they are also in receipt of services from BME based community organisations, which provide essential additional support and community connections to ensure the wellbeing of people at a particularly isolating time. Thought must be given to how people maintain connections with their wider community during visitor restrictions particularly for those who are already at a disadvantage due to their ethnicity.</p>
Religion and belief including non-belief	<p>Data collected relating to this protected characteristic with reference to people accessing older adult’s care homes provided by the Council indicates a figure of only 3.6% that describe themselves as practicing a religion. Of that figure 3.3% describe themselves as practicing Christians and 0.3% have stated they practice a religion or belief however have not specified which. Assessments and service provision are offered to people in Derbyshire regardless of their religious status and steps are taken to support people to worship where they live either in a HOP or RCCC.</p> <p><b>Conclusion</b> It is not envisaged that the proposal to temporarily restrict visits to older peoples care homes will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. It will be important for staff within the care homes to support people to attend worship at a distance in alternative ways.</p>
Sexual orientation	The Council does not collect data relating to this protected characteristic with reference to people accessing older peoples care

homes provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.

### **Conclusion**

It is not envisaged that the proposal to temporarily restrict visits to older peoples care homes will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.

## 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 opportunities. In addition, older people accessing residential care have retired (if they previously worked) and may 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" data-bbox="411 1256 1190 1637"> <thead> <tr> <th>Local authority area</th> <th>Nº of people</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>1,258</td> </tr> <tr> <td>Bolsover</td> <td>941</td> </tr> <tr> <td>Chesterfield</td> <td>1,289</td> </tr> <tr> <td>Derbyshire Dales</td> <td>583</td> </tr> <tr> <td>Erewash</td> <td>1,154</td> </tr> <tr> <td>High Peak</td> <td>873</td> </tr> <tr> <td>North East Derbyshire</td> <td>1,138</td> </tr> <tr> <td>South Derbyshire</td> <td>706</td> </tr> <tr> <td><b>DERBYSHIRE</b></td> <td><b>7,943</b></td> </tr> </tbody> </table> <p>Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.</p> <p>Changes to pensions for couples where one person is of retirement age but their spouse is working were introduced in May 2019, but they did not affect pre-existing claimants. Those claiming since May 2019 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 problems encountered by claimants experiencing the roll-out of Universal Credit across Derbyshire, the</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>
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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>																				

negative impacts of this are still being felt by people accessing ASCH and their family's financial situations will need to be considered when being assessed under the Care Act.

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.

### 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 which they live in. The decision will not require staff to be redeployed to support other service areas and requires workers to remain at their base location particularly if they are relief or agency staff.

### Conclusions

It is assessed that the decision should 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. This should be noted for staff who are usually employed across several care homes. Any adverse effects should be alleviated by offering additional shifts to cover sickness and shielded staff during the Covid-19 Pandemic.

Rural

It is likely that People living in more rural locations will experience greater adverse effects as a result of the decision compared to those living in urban areas. Those in more rural care homes may have already experienced reduced contact with friends and family because of the nature of the restrictive travelling distances where rurality is more of a consideration; for example, in areas such as the High Peak.

The number of people living in rural or urban areas and accessing adult social care and health services is 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 Services MIT at April 01 2020

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 decision.

**Conclusion**

The decision to temporarily restrict visitors to older adult's care homes will affect all the people living in care homes in some form or another. Those living in more rural / isolated areas of the County may be more affected and feel greater effects of isolation. It is imperative that staff use all available resources to aid communication. This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered to.

- 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?

This decision to temporarily restrict visitors to older adult's care homes was an emergency officer decision taken by the Service Director of Adult Social Care (Deputy Director of Adult Social Care). There was no formal engagement undertaken prior to the decision with users of the service, their family/carers, or partner agencies. This was a decision that was undertaken on an urgent basis and in line with Government policies introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over the age of 70 and the need to ensure social distancing of 2 metres can be facilitated where possible.

<b>Protected Group</b>	<b>Findings</b>
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
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	No comments have been received with regards to this protected characteristic.
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	No comments have been received with regards to this protected characteristic.

#### Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

- 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?

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH 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

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

Source: Adult Social Care and Health MIT April 01<sup>st</sup> 2020

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**

The impact on carers must be considered and mitigated against as it becomes evident. The use of technology has provided some mitigation in ensuring carer's and families maintain a level of contact with their relatives.

#### 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
<p>Data in relation to the following protected characteristics:</p> <ul style="list-style-type: none"> <li>• race and ethnicity,</li> <li>• marriage and civil partnership,</li> <li>• Religion and belief</li> <li>• pregnancy and maternity</li> <li>• sexual orientation, and gender re-assignment</li> </ul>	<ul style="list-style-type: none"> <li>• Review how data can be improved for future analysis</li> <li>• Ensure demographic data is completed at the point of assessment particularly regarding secondary support reasons.</li> </ul>

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

- Consider the impact of the decisions made on people in receipt of support, and their carers.
- Carers can request to have their own assessment, and this should be reinforced during assessments and reviews of people with family carers.
- Consideration should be given to further developing the online and other advice and help available for carers.
- Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is restricted (tracking need over time).

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

The decision to close older adult's residential care homes was an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as the people themselves, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 20 March 2020, and

on subsequent occasions as part of the ongoing review process (19<sup>th</sup> and 27<sup>th</sup> May respectively).

The Principal Social Worker (PSW) has been engaged and consulted on with regards this decision. The PSW is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing and reducing risk of infection spreading for a vulnerable client group, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:

The Principal Social Worker is satisfied this decision has been informed by Government advice for residential care and supported living guidance. The Principal Social Worker is satisfied that the decision maker has shown due regard for balancing the impact on Human Rights Act Article 8, Care Act 2014 Wellbeing Principle and the Department of Health and Social Care Ethical Framework when reaching this decision.

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

This document was completed in order to analyse the potential impacts of the decision to temporarily restrict visitors to older adult's residential care homes and the temporary cessation of all but emergency respite provision considering Government guidance concerning the Coronavirus. The original decision was taken in light of guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2-metre social distancing. Its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on the people accessing care; their families and carers and staff employed to provide direct care services. The temporary restrictions to the service, brings with it the potential for further risks to those currently using and those needing the service, since it will be more difficult in some ways to monitor well-being, and identify changes in needs, without the fundamental role family and friends provide in advocating on behalf of, and interpreting the needs of their loved ones. It is also likely to be the case that many of those who visit their loved ones and friends within our care homes may be less likely to be connected digitally, so the usual alternative means of providing services, is available to a lesser degree. Work is now under way by officers to explore the possibility of reinstating some level of visiting. This work is being undertaken in consideration of current national guidance and advice from Public Health.

**Stage 9. Direct action to be taken.**

<b><i>Objective</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
Temporary visitor restrictions and cessation of all except emergency respite within DCC Older Adults residential care homes.	Regular review of peoples' support plans and personal service plans to ensure needs are still being met appropriately.	Adult Social Care and Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of clients within their areas. HOP's and RCCC's will review personal service plans on an ongoing basis.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Development of alternative temporary services.	Adult Social Care Leadership Group	June-July 2020	Outcomes of discussions to create alternative services in line with any new guidance will be reported through the Cabinet Member meetings where a decision is required.

## 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 Adult Social Care and Health Senior Management Team continue to regularly review the decision and its impact:

**SMT review: 22/04/2020** - Social distancing requirements still in place and therefore need to maintain position. The national guidance now states there is a requirement to allow family members to visit loved ones at the end of life which is being delivered locally. Video calling arrangements are in place and has been positively received. SS is to provide clarity on end of life procedures across all establishments.

**Review by SMT 06/05/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19.

Feedback from staff working in Derbyshire County Council operated residential care homes informed the original decision as some individuals were becoming anxious about the on-going visits from relatives and the risk that posed to individuals living in the home. This remains a concern amongst operational teams in relation to infection control. Nationally, it is recommended that visiting restrictions are in place for care homes due to concerns about the prevalence of the disease in these settings.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally. Direct Care staff are developing a consistent approach to end of life visiting arrangements to facilitate the implementation of this national guidance. We have ensured that each DCC home has video calling facilities to allow family members to keep in regular contact with people living in a DCC residential care establishment and this has been received positively received.

We have also informed PVI Sector homes of this ongoing position to inform their decision making.

**Review by SMT 21/05/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19.

**Review by SMT 04/06/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect

vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward.

**Review by SMT 11/06/2020:** Hold position as PVI sector currently more broadly is not seeking to relax visiting as a potential risk to the residents in the home in terms of infection prevention control. Officers to undertake a piece of work scoping of what might be possible and under what circumstances.

**Review by SMT 18/06/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward.

**Review by SMT 02/07/2020:** It is considered necessary to continue with general visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loved ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government officers a range of prescriptive visiting arrangements that enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained has been developed and will be implemented.

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

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on several Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

### **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):**

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks.

**Date of report:** 30 July 2020

**Author of report:** Helen Jones, Executive Director Adult Social Care and Health

**Audience for report e.g. Cabinet / date:** Cabinet / 30 July 2020

**Web location of report:** The report will be made available online at the following location

<https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0>

### **Outcome from report being considered**

The Cabinet Member for Adult Social Care and Health is asked to:

- v.** Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- vi.** Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

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

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for clients if the risks remain too high to re-open older adult's day centres.

## DERBYSHIRE COUNTY COUNCIL

## OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets	
Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – Older Adults Day Centres
Is this a review of a decision? If so, what was the date of the original decision?	Yes, original decision was taken on 20/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	<p>Closure of Older Adults Day Centres with effect from 5pm on 20/03/2020. Cessation of service delivery for people aged over 70 in LD Day Services with effect from 5pm on 20/03/2020</p> <p><b>Review process</b> Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.</p>
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	<p>Government and PHE advice in relation to reducing the risk of infection spread in relation to COVID-19 states that those over 70 should self-isolate and from 4 July should seek to minimise contact with people from other households.</p> <p>As the vast majority of users of our older adult's day centres are over 70 years old it is not possible to continue to operate those services as individuals self-isolate to adhere with social distancing requirements.</p> <p>Although there are small numbers of people aged under 70 attending the centres they are also likely to fall into the category of having an underlying 'high risk'</p>

	<p>health condition that means they are advised to strongly adhere to social distancing guidelines and reduce contact with others outside of their household.</p> <p>To support the Government guidance for people aged 70 and over to self-isolate and maintain social distancing it is appropriate that our day centres for older adults remain closed and we avoid bringing groups of six or more people together in a closed environment.</p> <p>Similarly we need to cease the attendance for those aged over 70 attending out learning disability day services so that we can follow Government guidance and protect those individuals, other service users and staff from increased risk.</p> <p>From 4 July onwards it is considered appropriate to maintain this position as individuals are advised to limit contact with other people and social distancing measures need to be maintained.</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>All individuals have been assessed in relation to ongoing alternative support to enable them to manage without their day centre service..</p> <p>Monitoring of the wellbeing of individuals will also be undertaken during the closure period.</p> <p>Additional support is being offered to Carers where appropriate.</p> <p>From 4 July onwards consideration is being given to linking in with local community activity created by the Community Response Hub, technology solutions and outdoor activities as alternative forms of provision for individuals where this is appropriate.</p>
<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative arrangements are being considered.</p> <p>These risk assessments are being reviewed on a regular basis to check that they remain appropriate in line with</p>

	national guidance and consideration of the range of support available as lockdown measures are eased.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision	Yes, it would have been subject to consultation with service users. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	<p>An Equality Impact Analysis has been undertaken and identified that the decision will have had an impact on both older people and their families and carers. This EIA was completed on 30 June and is being kept under review.</p> <p>The temporary suspension of the service, and the ongoing assessment of older people's care packages brings with it the potential for further risks to those who were attending the service. However, this risk needs to balance with the risk of infection from COVID-19 and adherence to national guidelines.</p> <p>Mitigations have been put in place through the regular reviews, and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has also been established to make sure vulnerable residents are supported through the coronavirus outbreak. A small number of older adults who use building-based day services have been referred to and have made use of the Community Response Unit's services.</p> <p>Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision</p>

	<p>being closed and carers emergency plans are being offered.</p> <p>The Council continues to review the access restrictions imposed on all its buildings in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people.</p>
<p>Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))</p>	<p>Staff have been temporarily redeployed to support other service areas responding to the COVID-19 pressures</p> <p><b>Feedback in relation to original Officer decision</b></p> <p><b>Legal</b></p> <p>Decision is not time limited, if the issue persists in the longer term then report would be beneficial to highlight longer term strategy to manage the needs of the affected cohort.</p> <p>Response: Two week review process is now in place and captured on RODR pro forma</p> <p>ODR indicates that individual assessments are to be undertaken to ensure affected person receive the support necessary – update and assurance could be given in the report to confirm timescales and outcomes for these assessments</p> <p>Response: This will be detailed in Cabinet report and RODR document, but reviews have taken place and are being actively reviewed by P&amp;P teams every two weeks. If appropriate following an initial RAG rated assessment social work teams are contacting some individuals on a daily basis to check there is no significant change in their circumstances that may require consideration and mitigation.</p> <p><b>Principal Social Worker</b></p> <p>The Principal Social Worker has been engaged and consulted with this decision. The Principal Social</p>

	<p>Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government’s guidance about social distancing, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:</p> <p>‘All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.’</p> <p>‘Monitoring of the wellbeing of individuals will also be undertaken during the closure period.’</p> <p>Co-funding contributions will be suspended for people whose only service is day care, but will continue for people who access other community-based services.</p> <p><b>Finance</b> It is estimated that the department will lose approximately £2,800 per week in co-funding contributions. This loss of income will be met from the COVID-19 Emergency Grant.</p> <p><b>Human Resources</b> Staff will be temporarily redeployed to support other service areas responding to the COVID-19 pressures.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Discussion with Cllr Jean Wharmby on 19/03/2020  Consultation with Cllr Wharmby on Review 19/05/2020  Consultation with Cllr Wharmby on Review 27/05/2020  Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a> ,<a href="#">09/07/2020</a> and <a href="#">23/07/2020</a></p>
<p>Decision:</p>	<p>Agreed  <b>Review agreed by CMT 07/04/2020 and SMT 08/04/2020</b></p> <p><b>Review by SMT 22/04/2020, 06/05/2020, 21/05/2020:</b></p>

It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. Clients who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

**Review by SMT 04/06/2020, 11/06/2020, 18/06/2020:**

It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance that prohibits people from meeting indoors in large groups. Clients who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in

	<p>the shielded group have greater restrictions still in place.</p> <p><b>Review by SMT 02/07/2020:</b> It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance that prohibits people from meeting indoors in large groups.</p> <p>Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic.</p> <p>Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services.</p> <p>Many of the buildings used as day centres have not been designed with this in mind, as historically the ethos of the offer is the facilitation of group activity for older people to reduce isolation and increase companionship.</p> <p>Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers.</p> <p>The services will not be able to support the same number of people and given the vulnerability of those who attend additional precautions will need to be taken.</p> <p>Consideration is being given to linking in with local community activity created by the Community Response Hub, technology solutions and outdoor activities as alternative forms of provision for individuals where this is appropriate.</p> <p><b>Review by SMT 16/07/2020:</b> following ongoing work by officers the current position is that building-based day services will remain closed due to the national</p>
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	<p>government guidance advised against gatherings in indoor spaces unless appropriate social distancing can be maintained and limiting contact with people from outside a household.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> <li>• Regular review of older adults, and where appropriate care packages have been adjusted</li> <li>• A small number of older adults who use building-based day services have been referred to and have made use of the Community Response Unit's services.</li> <li>• Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</li> </ul> <p>Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic.</p>
Signature and Date: Simon Stevens 20/03/2020	



## Derbyshire County Council

### Equality Impact Analysis Record Form 2018

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Older Adults Day Care - Temporary cessation of Service due to National Guidance concerning social distancing
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

### The Public Sector Equality Duty

The Council is required to exercise its functions having careful regard to the need to:

- (4) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
- (5) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (6) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that

this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

### Stage 1. Prioritising what is being analysed

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

This Equality Impact Analysis concerns the decision taken by Derbyshire County Council on the 20<sup>th</sup> March 2020 to cease the operation of the building-based day services for older people, a small proportion of these older people have a learning disability.

This decision was undertaken following Government and Public Health England advice to reduce the risk of Covid-19 infections spreading. Specifically, the need to ensure appropriate social distancing measures are in place and the proposals for people aged over 70 to self-isolate. These national guidelines warranted the cessation of these day centre services as it was neither practical nor safe for older people to continue to attend.

All individuals who were attending day centres are being assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this alternative support has been provided. Monitoring of the wellbeing of individuals is also taken place during this period.

Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative arrangements have been considered on an individual basis.

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

Derbyshire County Council's older adult's day centres provide support for people who live in their own homes but would benefit from meeting others, socialising and taking part in regular activities. All those receiving this service are eligible for adult social care support. Most of the day centres offer both half and full day sessions.

The service focuses on the outcomes that people want to achieve, and by enabling people to maximise their independence and improve their quality of life. The offer does reduce social isolation, provide stimulation and can also help improve people's confidence, for example, after a hospital stay or a fall. The offer does provide breaks and support for families and carers.

Services offered include:

- Chair based exercise
- Reminiscence sessions
- Independent living skills
- Dexterity games and rehabilitative exercises
- Carers support sessions
- Advice sessions including nutrition, benefits, housing and medication
- Support to use specialist mobility equipment
- Links with local health services including physiotherapists and community nurses.

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

Yes, there have been implications, employees working within the Day Centres have been temporarily redeployed to support other direct care service areas responding to the Covid-19 pressures for example support to residential care homes.

### Stage 2. The team carrying out the analysis

<i>Name</i>	<i>Area of expertise/ role</i>
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

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

This analysis will:

- Examine whether implementing the decision to temporarily cease older adult's day centres, due to national guidance, has disproportionately affected 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.
- Where adverse impacts are identified, the EIA team will explore mitigations, already in place or to be put in place to negate or minimise the impact(s) found.

### Stage 4. Data and consultation feedback

b. Sources of data and consultation used

<i>Source</i>	<i>Reason for using</i>
Derbyshire County Council SALT information – Adult Social Care Management Information Team	Overview of Day Service usage by characteristic groupings.

<b>Source</b>	<b>Reason for using</b>
Staffing Information - Adult Social Care Management Information Team	Understand the redeployment of staff from older adult's day centres during the Covid-19 outbreak.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire
Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018	Contextual information for Derbyshire

## Stage 5. Analysing the impact or effects

e. 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 (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.</p> <p><b><u>Population of Derbyshire</u></b></p> <table border="1"> <thead> <tr> <th>Age</th> <th>Population<sup>1</sup></th> <th>Known to DCC<sup>2</sup></th> <th>%</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>136,713</td> <td>6,722</td> <td>4.9</td> </tr> <tr> <td>16-17</td> <td>16,559</td> <td>809</td> <td>4.7</td> </tr> <tr> <td>18-64</td> <td>471,187</td> <td>4,561</td> <td>0.9</td> </tr> <tr> <td>65-74</td> <td>96,829</td> <td>2,729</td> <td>2.8</td> </tr> <tr> <td>75-84</td> <td>53,961</td> <td>4,459</td> <td>8.6</td> </tr> <tr> <td>85+</td> <td>20,893</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>796,142</td> <td>23,807</td> <td>3</td> </tr> </tbody> </table> <p>Sources: 1-ONS Mid-2018 Population Estimates 2-DCC Management Information Team</p> <p>Adult Social Care within Derbyshire County Council currently supports 11,715 people over the age of 65. This equates to 72% of all the people supported by Adult Social Care.</p> <p>There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. 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.</p> <p><b><u>Life expectancy by area</u></b></p> <table border="1"> <thead> <tr> <th>Area</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>80.0</td> <td>82.9</td> </tr> </tbody> </table>	Age	Population <sup>1</sup>	Known to DCC <sup>2</sup>	%	0-15	136,713	6,722	4.9	16-17	16,559	809	4.7	18-64	471,187	4,561	0.9	65-74	96,829	2,729	2.8	75-84	53,961	4,459	8.6	85+	20,893	4,502	21.8	N/K	0	25	0	Total	796,142	23,807	3	Area	Male	Female	Amber Valley	80.0	82.9
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Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

### **Age breakdown of older adult's day centres**

The number of older adult's accessing the 20 day centres during 2019/20 was 633. Of these 21 were aged 64 or under and the majority, 612 aged over 65, There are also a number of older people aged over 70 accessing Learning Disability Day Services.

### **Conclusion**

The cessation of the offer might well have increased the social isolation for this group which does have direct links to wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

### **Disability**

Across adult social care 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.

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

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

<b>Primary Support Reason</b>	<b>Number</b>	<b>%</b>
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
<b>Totals</b>	<b>16,276</b>	<b>100</b>

Source: Adult Social Care and Health MIT  
 Note: "PSR - Other" includes Children's cases in transition

It must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, however they may not give us an entirely accurate picture of people's support needs because they only record the primary need, which may change over time. Please see breakdown below being minded of the above.

### **Older Adult's Day Centre – Primary Support Reason**

<b>Primary Support Reason</b>		
Physical Support	388	61.3%
Learning Disability	12	1.9%
Mental Health	49	7.7%
Memory and Cognition	134	21.2%
Sensory Support	21	3.3%
Social Support	28	4.4%
Non-PSR	1	0.2%
<b>Grand Total</b>	<b>633</b>	

Source: Adult Social Care and Health MIT

Adult social care also collects data on the number of conditions people accessing its services have, in addition to their primary reason for support. The accuracy of this information is adversely affected by these people not always disclosing conditions, but it does create a clearer picture to understand the health challenges facing them, in addition to their primary reason for support.

### **Number of people with additional health conditions**

	<b>Adults</b>	<b>%</b>
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
<b>Totals</b>	<b>7,527</b>	<b>100</b>

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing adult social care have between one to five health conditions, however, these may

not constitute a disability. The impact individuals face may also depend upon the type of disabilities each individual has. Many people receiving the service will, by virtue of their age, be more likely to have a disability relating to mobility, visual and hearing impairment, and may have conditions which mean they are at a higher risk of infection regardless of their age.

### **Employee Information**

The number of employees who have declared a disability account for approximately 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 with 5% 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, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus for example working from home, social distancing if making any formal visits as part of an outreach service etc.

### **Conclusion**

The cessation of the offer might have contributed to a lack of supportive activities for older adult's which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

Gender (Sex)

Projections published by the Office for National Statistics in 2018 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 as women outlive men.

### **Population of Derbyshire by Gender and Age**

Age	Male	Female
0-14	65,709	62,723
15-19	20,877	19,930
20-64	225,129	230,091
65+	78,455	89,338
All ages	390,170	402,082
<b>Total</b>	<b>792,252</b>	

Source: ONS Mid-Year Projections 2018

	<p>The gender split for older adults using building based day services shows that 65% are female and 35% male. This is in keeping with other service provided by Adult Social care.</p> <p><b><u>Conclusion</u></b></p> <p>The cessation of the offer might have contributed to a lack of support for more females than males. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</p>
Gender reassignment	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status</p> <p><b><u>Conclusion</u></b></p> <p>It is not envisaged that the cessation of building based day services for older adults will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Marriage and civil partnership	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.</p> <p><b><u>Conclusion</u></b></p> <p>It is not envisaged that the cessation of building based day services for older adults will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Pregnancy and maternity	<p>This protected characteristic is not relevant to the service and decision that forms the basis of this equality impact analysis.</p>
Race	<p>At just 4.2%, Derbyshire has a lower than average population of people from a Black Asian and Minority Ethnic (BAME) background. The population is spread across a broad range of different racial and ethnic</p>

groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities.

The following table details the number of older adults accessing building based day services by BAME group as at 31 March 2020. In line with the BAME population of Derbyshire 4.1% of those attending day centres are from non-white backgrounds, with the majority, 95.9%, identifying as being White and/or British

#### **Ethnicity of older adults in day services**

<b>Ethnicity</b>		
Any Other Asian Background	2	0.3%
Any Other Mixed / Multiple Ethnic Heritage	1	0.2%
Any Other White Background	5	0.8%
White British	602	95.1%
Indian	2	0.3%
Information not yet obtained	7	1.1%
Irish	6	0.9%
NULL	8	1.3%
<b>Grand Total</b>	<b>633</b>	

Source: Adult Social Care and Health MIT

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

#### **Conclusion**

Many older adults who are affected by the decision are “White British”. It is nonetheless a concern that BAME service users could be adversely affected by the decision. While social workers will already be aware of the need to ensure that BAME service users are not disadvantaged to any extent and are treated equally in the provision of care services, it has been beneficial for this principle to be underlined to social workers.

It is also important that consideration be given to whether people from BME communities using this service require any additional or variation to the service to take account of their cultural needs, or whether they are also in receipt of services from BME based community organisations, which provide additional support.

Religion and belief including non-belief

The Council does not collect data relating to this protected characteristic with reference to people accessing older adult’s day centres provided by the Council. However, there will be people who use our services who will be represented under this protected

	<p>characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.</p> <p><b><u>Conclusion</u></b></p> <p>It is not envisaged that the cessation of building based day services will have had an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals through the regular reviewing process.</p>
Sexual orientation	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.</p> <p><b><u>Conclusion</u></b></p> <p>It is not envisaged that the cessation of building based day services will have had an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges this will be addressed in the first instance by social work professionals through the regular reviewing process.</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 people in receipt of Pension Credit Guarantee Credit in Derbyshire. Analysis by district is summarised below.</p> <p><b><u>Number of people in receipt of benefits, by Derbyshire locality</u></b></p> <table border="1"> <thead> <tr> <th>Local authority area</th> <th>Nº of people</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>1,258</td> </tr> <tr> <td>Bolsover</td> <td>941</td> </tr> <tr> <td>Chesterfield</td> <td>1,289</td> </tr> <tr> <td>Derbyshire Dales</td> <td>583</td> </tr> <tr> <td>Erewash</td> <td>1,154</td> </tr> </tbody> </table>	Local authority area	Nº of people	Amber Valley	1,258	Bolsover	941	Chesterfield	1,289	Derbyshire Dales	583	Erewash	1,154
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High Peak	873
North East Derbyshire	1,138
South Derbyshire	706
<b>DERBYSHIRE</b>	<b>7,943</b>

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

Changes to pensions for couples where one person is of retirement age, but their spouse is working were introduced in May 2019, but they did not affect pre-existing claimants. Those claiming since May 2019 can only access support through the working age benefit system, replacing access to Pension Credit, pension age Housing Benefit and working-age benefits.

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.

#### **Deprivation by Area**

<b>Area</b>	<b>Population deprivation by area</b>
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 decision may require some staff to be redeployed to support other service areas, e.g. residential care, or provide outreach services but these proposals would be in line with their existing terms and conditions.

#### **Conclusions**

It is assessed that the decision should 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.

	<p>The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:</p> <ul style="list-style-type: none"> <li>• food shopping and delivery</li> <li>• checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need</li> <li>• collecting and delivering prescriptions</li> </ul> <p>Social work professionals are aware of this offer and will refer older people if required.</p>																					
Rural	<p>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 adult social care and health services is detailed in the table below.</p> <p><b>People accessing services by rurality</b></p> <table border="1" data-bbox="411 1010 1173 1559"> <thead> <tr> <th rowspan="2">Rural Urban classification</th> <th colspan="2">People accessing services</th> </tr> <tr> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>A1 – Major conurbation – Urban</td> <td rowspan="3">18,391</td> <td rowspan="3">77</td> </tr> <tr> <td>B1 – Minor conurbation – Urban</td> </tr> <tr> <td>C1- City and town – Urban</td> </tr> <tr> <td>D1 – Town and Fringe – Rural</td> <td rowspan="3">4,931</td> <td rowspan="3">21</td> </tr> <tr> <td>E1 – Village – Rural</td> </tr> <tr> <td>F1 – Hamlets and Isolated Dwellings – Rural</td> </tr> <tr> <td>No information</td> <td>485</td> <td>2</td> </tr> <tr> <td><b>Total</b></td> <td><b>23,807</b></td> <td><b>100</b></td> </tr> </tbody> </table> <p>Source: Adult Social Care and Health Services MIT</p> <p>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. Furthermore, restrictions put in place during the current pandemic, such as obligatory face masks on public transport may be</p>	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>
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	<p>difficult to understand for some people accessing day services via that route – particularly those with sensory needs who need to be able to see someone’s full face to understand what is being communicated.</p> <p>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 decision.</p> <p><b><u>Conclusion</u></b> It is not envisaged that the proposal to temporarily close older adult’s day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. Social work professionals are aware of the Community Response Unit and will refer older people if necessary.</p>
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- f. 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?

The Council’s decision to temporarily cease delivery of building based day services for older people was undertaken as an urgent officer decision, this was in line with the Government National directives introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over 70 and the need for social distancing.

There was not an opportunity to complete formal engagement prior to the decision with older adults, their family/carers, or partner agencies. However, all older people and their families/ carers were contacted individually and continue to receive regular rules.

<b>Protected Group</b>	<b>Findings</b>
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
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	No comments have been received with regards to this protected characteristic.
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	No specific comments have been received with regards to this protected characteristic.

## Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

- g. 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 as they will no longer have the opportunity for a break in their caring role whilst the day centres are not operating. 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 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 MIT

Carers of all ages could be affected by the decision 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**

Derbyshire County Council, contracts with Derbyshire Carers Association (DCA) who have been active in supporting carers across Derbyshire during the Coronavirus pandemic. This work has included:

- Physical Isolation and activity packs to offer coping strategies for all Carers. Recipes and menus have been provided to help with meal planning and to encourage a healthy diet. Online exercise classes and ideas were also introduced. Seed packs for gardening were provided. Reading lists and relaxation/breathing techniques were advised.
- Practical Helping of Carers contact pharmacies for repeat prescriptions. Coordinating volunteers to collect medical supplies for Carers who are shielding or self-isolating. Emergency food delivery plans have been arranged. Care and continence packages delivered. Delivery of PPE to vulnerable families.
- Emotional Support calls to help Carers feel less isolated. Referrals to medical professionals relating to mental health concerns. Referrals to DCA's befriending service. Zoom chats and coffee sessions.
- Financial Referrals to food banks and other financial advice and support. Links to employment law and social housing organisations. Personal budgets issued via Support Workers (set criteria). Advice on bill management and referrals to utility providers.

#### h. 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> <li>• sexual orientation, and gender re-assignment</li> </ul>	Review how data can be improved for any future analysis

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

Consider the impact of the decision 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. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).

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

The decision to cease providing building based day services for older adults an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as older adults, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 19 March 2020, and on subsequent occasions as part of the ongoing review process (19<sup>th</sup> and 27<sup>th</sup> May and 11<sup>th</sup> June and will continue to be updated on a fortnightly basis whilst the decision remains in place.).

The Principal Social Worker (PSW) has been engaged and consulted on with regards this decision. The PSW is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing and reducing risk of infection spreading for a vulnerable group, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:

All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided

Monitoring of the wellbeing of individuals will also be undertaken during the closure period.

Co-funding contributions will be suspended for people whose only service is day care but will continue for people who access other community-based services.

### Stage 8. Main conclusions and recommendations

This document was completed in order to analyse the potential impacts of the decision to cease providing building-based day services for older adults in light of Government guidance concerning the Coronavirus. The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2 metre social distancing its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on both older people and their families and carers. The temporary suspension of the service, and the ongoing assessment of older people's care packages brings with it the potential for further risks to those who were attending the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to National Guidelines.

Mitigations have been put in place through the regular review of older adults, and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has also been established to make sure vulnerable residents are supported through the

coronavirus outbreak. Social Care professionals are aware of these services and will make referrals as necessary.

Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

The Council continues to review the access restrictions imposed on all its buildings in line with national guidance concerning social distancing and shielding / self-isolation requirements for vulnerable people. A working group is to be established to explore the future options.

**Stage 9. Direct action to be taken.**

<b><i>Objective</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
Temporary closure of older adult's day services	Regular review of a person's care package to ensure it is meeting their needs	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of a person's within their areas.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Development of alternative temporary services.	Adult Social Care Leadership Group	June-July 2020	Outcomes of discussions to create alternative services in line with any new guidance will be reported through the Cabinet Member meetings where a decision is required.

## 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 Adult Social Care and Health Senior Management Team continue to regularly review the decision and its impact:

### **Review agreed by CMT 07/04/2020 and SMT 08/04/2020**

**Review by SMT 22/04/2020** - social distancing requirements are still in place therefore appropriate to maintain closures for a further two weeks.

**Review by SMT 06/05/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

**Review by SMT 21/05/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

**Review by SMT 04/06/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate

whether this is feasible as individuals in the shielded group have greater restrictions still in place.

**Review by SMT 11/06/2020:** Additional weekly review has not resulted in a change in position as the scoping work is continuing to take place. Day Centres to be added to the asset management list to scope in terms of feasibility of re-opening.

**Review by SMT 18/06/2020** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For People with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in the shielded group have greater restrictions still in place.

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

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on a number of Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

## **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):**

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks

**Date of report:** 30 July 2020

**Author of report:** Helen Jones, Executive Director Adult Social Care and Health

**Audience for report e.g. Cabinet / date:** Cabinet / 30 July 2020

**Web location of report:** The report will be made available online at the following location

<https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0>

**Outcome from report being considered**

The Cabinet Member for Adult Social Care and Health is asked to:

- vii.** Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- viii.** Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

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

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for people if the risks remain too high to re-open older adult's day centres.

**Updated by:**

**Date:**

## DERBYSHIRE COUNTY COUNCIL

## OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets	
Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – Learning Disability Day Services
Is this a review of a decision? If so, what was the date of the original decision?	Yes, original decision date was 23/03/2020.
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	<p>Closure of building based Day Centres for people with a Learning Disability with effect from 5pm on 23/03/2020.</p> <p>This will mean the closure of DCC run day centres for people with a day service and advice to PVI services that operate in large groups using a building base to close.</p> <p>Other PVI day services that operate in small groups outside and through one to one activity with personal assistance are not at this time being advised to close.</p> <p><b>Review process</b> Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.</p>
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to	In order to adhere to Government guidance we need to close our day centres for people with a learning disability and avoid bringing groups of people together in a closed indoor environment where social distancing may not be able to be effectively maintained.

<p>Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.</p>	
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>At the start of lockdown, we tried to deliver the service using opportunities to do this in a way that enable social distancing but this has not proven sustainable.</p> <p>All individuals have been assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.</p> <p>Monitoring of the wellbeing of individuals will also be undertaken during the closure period.</p> <p>From the 17 April, it was agreed that the limited operation of two day centres would take place to support people with complex needs has been considered and approved as appropriate risk mitigation to prevent placement breakdown and reduce the probability of hospital admission.</p> <p>As lockdown measures are eased from 4 July onwards, the following measures are being considered as alternatives if appropriate for the individual.</p> <ul style="list-style-type: none"> <li>• digitally</li> <li>• phone calls to Service users or there their carers</li> <li>• Activity packs to do at home</li> <li>• Shopping</li> <li>• Newsletters, Support letters and photographs</li> <li>• Some farms were offering and delivering food packs to service user's doors and into the local community.</li> </ul> <p>Some private, voluntary and independent sector services have continued to provide alternative provision to support families and carers.</p>

<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative arrangements are being considered.</p> <p>These risk assessments are being reviewed on a regular basis to check that they remain appropriate in line with national guidance and consideration of the range of support available as lockdown measures are eased.</p>
<p>Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision</p>	<p>Yes, it would have been subject to consultation with people who access DCC day service provision. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.</p> <p>From 4 July as lockdown measures eased, the intention within Derbyshire is to co-produce “a new offer” with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need.</p>

<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the adhere to the 2 metre social distancing.</p> <p>The decision will have had an impact on both people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of people’s care packages brings with it the potential for further risks to those who were attending the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to national guidelines.</p> <p>Mitigations have been put in place through the regular reviews, and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. A temporary day service is being provided by the Council for some people living with complex learning disabilities where it was felt appropriate to continue to provide that service. This has been done in accordance with Government guidelines concerning social distancing, use of PPE and infection control measures.</p> <p>An EIA was completed on 30 June and is being kept under review.</p> <p>The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit’s services.</p> <p>Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</p>
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	<p>Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people, it is not expected that building-based services will be returning as previously provided prior to COVID-19.</p> <p>A programme group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability and will report back to Cabinet with a position that will update/ override this ODR and put longer term arrangements in place.</p>
<p>Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))</p>	<p><b>Feedback in relation to original Officer decision</b></p> <p><b>Principal Social Worker</b></p> <p>The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government’s guidance about social distancing, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:</p> <p>‘All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.’</p> <p>‘Monitoring of the wellbeing of individuals will also be undertaken during the closure period.’</p> <p>Co-funding contributions will be suspended for people whose only service is day care, but will continue for people who access other community-based services.</p> <p><b>Finance</b></p>

	<p>It is estimated that the department will lose approximately £5,000 per week in client contributions. This loss of income will be met from the COVID-19 emergency grant.</p> <p><b>Human Resources</b> Staff will be temporarily redeployed to support other service areas responding to the COVID-19 pressures.</p> <p><b>Legal</b> The Council has powers in accordance with s1-6 of the Localism Act 2011 to do that which will be to the 'benefit of the authority, its area or persons resident or present in its area'. The proposed benefit of this action is to support the reduction in COVID-19 infections and reduce the transmission of the virus. Due to the timescales involved it has not been possible to consult affected persons but arrangements have been put in place to assess those current service users who will be impacted by the decision and to ensure that they are provided with alternate support should this be required. An evaluation of the risks of this course of action and the mitigation of these risks and an EIA are being undertaken.</p> <p>The decision is a proportionate and reasonable response to COVID-19 risks. The suspension of this service type, in isolation, where other services will continue on a business as usual basis is possible applying flexibilities under the Care Act 2014. It represents a Stage 2 decision as set out within the Care Act easements: Guidance for local authorities</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Discussion between Helen Jones and Cllr Jean Wharmby on 23/03/2020          Consultation with Cllr Wharmby on Review 19/05/2020          Consultation with Cllr Wharmby on Review 27/05/2020          Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a> ,<a href="#">09/07/2020</a> and <a href="#">23/07/2020</a>.</p>
<p>Decision:</p>	<p>Agreed by CMT 23/03/2020</p>

	<p>Review agreed by CMT 07/04/2020 and SMT 08/04/2020</p> <p><b>Review by SMT 17/04/2020</b> proposal to utilise two learning disability day service buildings during COVID-19 outbreak was agreed.</p> <p><b>Review by SMT 22/04/2020, 21/05/2020, 06/05/2020, 04/06/2020, 11/06/2020, 18/06/2020:</b> It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. Clients who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.</p> <p>Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</p> <p>For clients with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.</p> <p><b>Review by SMT 02/07/2020:</b> it is considered necessary to keep the closure of day centre provision in place.</p> <p>Everyone who attended a day service has been assessed, contingency plans put into place, with these being reviewed on a two-weekly basis to ensure social care need is being met. A very small number of adults with learning disability have continued to access some building-based support to prevent family breakdown. This has been complex to manage and has required significant risk assessments to be in place.</p>
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	<p>Some private, voluntary and independent sector services have continued to provide alternative provision to support families and carers.</p> <p>A variety of the alternative support being delivered is:</p> <ul style="list-style-type: none"> <li>• digitally</li> <li>• phone calls to Service users or there their carers</li> <li>• Activity packs to do at home</li> <li>• Shopping</li> <li>• Newsletters, Support letters and photographs</li> <li>• Some farms were offering and delivering food packs to service user’s doors and into the local community.</li> </ul> <p>Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. Transport provision to support people to get to a day centre also needs to be considered in line with social distancing requirements and this may mean there is reduced capacity.</p> <p>The intention with Derbyshire is to co-produce “a new offer” with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need.</p> <p><b>Review by SMT 16/07/2020:</b> Following ongoing work by officers the current position is that learning disability day services will remain closed. A working</p>
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	<p>group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability and reported on at an appropriate time. This group is actively reviewing Government guidance, including that issued from 4 July to consider how these services can be re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. Transport provision to support people to get to a day centre also needs to be considered in line with social distancing requirements and this may mean there is reduced capacity.</p> <p>Several factors are being explored these have been raised nationally through the Association of Directors for Adult Social Services (ADASS). This includes testing, use of face masks, the ability to manage with dignity, social distancing for people who lack capacity to understand the need and requirement for this. The experience of the attendee and their family/ carer to ensure that this remains a positive experience</p> <p>The intention within Derbyshire is to co-produce “a new offer” with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need. People with Learning Disability and their carers will shortly be receiving letters communicating this approach.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p>
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	<ul style="list-style-type: none"><li>• Regular review of people with a learning disability or autism, and where appropriate care packages have been adjusted</li><li>• Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so.</li><li>• A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit's services.</li><li>• Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</li></ul>
Signature and Date: Simon Stevens 23/03/2020	



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

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Cessation of buildings based Day centres for Adults with a learning Disability
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

**The Public Sector Equality Duty**

The Council is required to exercise its functions having careful regard to the need to:

- (7) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
- (8) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (9) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and

promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

### Stage 1. Prioritising what is being analysed

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

This Equality Impact Analysis concerns the decision taken by Derbyshire County Council on the 23<sup>rd</sup> March 2020 to cease the operation of the building-based day services for people with a learning disability.

This decision was undertaken following Government and Public Health England advice to reduce the risk of Covid-19 infections spreading. Specifically, the need to ensure appropriate social distancing measures are in place and the proposals for people aged over 70 and/or with high-risk clinical conditions to self-isolate. These national guidelines warranted the cessation of these day centre services as it was neither practical nor safe for people with a learning disability to continue to attend.

All individuals who were attending day centres are being assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this alternative support has been provided. Monitoring of the wellbeing of individuals is also taking place during this period.

People with a learning disability who have accessed day services have had risk assessments undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative temporary day-service arrangements have been considered on an individual basis.

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

Derbyshire County Council's learning disability day services provide activities that have a focus on being community as well as building-based, such as going to a leisure centre or could be provided through groups with a specific aim such as learning life skills.

The activities offered are targeted to the individual to help them achieve their personal objectives, for example, help with learning how to travel on public transport confidently and safely. Some services are provided in buildings that are set up for people who need support with their personal care and need access to facilities that keep them safe. The day service staff monitor and review an individual's progress against their objectives to make sure activities continue to meet their needs.

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

Yes, there have been implications, some employees working within the Day Centres have been temporarily redeployed to support other direct care service areas responding

to the Covid-19 pressures for example support to residential care homes. Some staff have been delivering an emergency day-service in line with Government guidelines on social distancing and use of PPE for some people with complex learning disabilities.

## Stage 2. The team carrying out the analysis

<b>Name</b>	<b>Area of expertise/ role</b>
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

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

This analysis will:

- Examine whether implementing the decision to temporarily cease building based learning disability day services is likely to disproportionately 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.
- Where adverse impacts are identified, the EIA team will explore mitigations, already in place or to be put in place to negate or minimise the impact(s) found.

## Stage 4. Data and consultation feedback

### c. Sources of data and consultation used

<b>Source</b>	<b>Reason for using</b>
Derbyshire County Council SALT information – Adult Social Care Management Information Team	Overview of LD Day Service usage by characteristic groupings.
Staffing Information - Adult Social Care Management Information Team	Understand the redeployment of staff from LD Day centres during the Covid-19 outbreak.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire

## Stage 5. Analysing the impact or effects

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

<b>Protected Group</b>	<b>Findings</b>
Age	The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.

**Population of Derbyshire**

Age	Population <sup>1</sup>	Known to DCC <sup>2</sup>	%
0-15	136,713	6,722	4.9
16-17	16,559	809	4.7
18-64	471,187	4,561	0.9
65-74	96,829	2,729	2.8
75-84	53,961	4,459	8.6
85+	20,893	4,502	21.8
N/K	0	25	0
Total	796,142	23,807	3

Sources:

1-ONS Mid-2018 Population Estimates

2-DCC management information teams

Adult Social Care within Derbyshire County Council currently supports 11,715 people over the age of 65. This equates to 72% of all the people supported by Adult Social Care.

There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. 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.

**Life expectancy by area**

Area	Male	Female
Amber Valley	80.0	82.9
Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

**Age breakdown of learning disability day centres**

The number of people with a learning disability accessing the building based services during 2019/20 was 605. Of these 93 were aged 65 or over and the majority, 512, aged between 18 and 64. Some of those aged over 65 may include older adults with a learning disability who are accessing learning disability day services as opposed to older adult's as it is more appropriate to their needs - these people were advised not to attend services from 20 March 2020 (a separate EIA has been completed for older adult's day services).

	<p><b><u>Conclusions</u></b></p> <p>The cessation of the offer might well have increased the social isolation for this group which does have direct links to wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</p> <p>A temporary service has been put in place to support people living with complex learning disabilities and their families. This service has been operating out of the Parkwood Centre in Alfreton and has been open to anyone, regardless of age.</p> <p>A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.</p>																														
Disability	<p>Across adult social care and health 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.</p> <p>The table below details the Primary Support Reasons (PSR) for people accessing ASCH support. There are 2,189 adults accessing services who have a PSR recorded as being a learning disability (not all of these will be accessing day services, and some with a different PSR may be using the service).</p> <p><b><u>Adult Social Care &amp; Health primary support reasons</u></b></p> <table border="1" data-bbox="411 1406 1046 1825"> <thead> <tr> <th>Primary Support Reason</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Physical Support</td> <td>8,718</td> <td>53.6</td> </tr> <tr> <td>Learning Disability</td> <td>2,189</td> <td>13.4</td> </tr> <tr> <td>Mental Health</td> <td>901</td> <td>5.5</td> </tr> <tr> <td>Memory &amp; Cognition</td> <td>825</td> <td>5.1</td> </tr> <tr> <td>Sensory Support</td> <td>452</td> <td>2.8</td> </tr> <tr> <td>Social Support</td> <td>354</td> <td>2.2</td> </tr> <tr> <td>Non-PSR</td> <td>2,321</td> <td>14.3</td> </tr> <tr> <td>PSR - Other</td> <td>516</td> <td>3.2</td> </tr> <tr> <td>Totals</td> <td>16,276</td> <td>100</td> </tr> </tbody> </table> <p>Source: Adult Social Care and Health MIT Note: "PSR - Other" includes Children's cases in transition</p> <p>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</p>	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
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because they only record the primary need, which may change over time.

### **Learning Disability Day Centres – Primary Support Reason**

<b>Primary Support Reason</b>		
Physical Support	58	9.6%
Learning Disability	519	85.8%
Mental Health	4	0.7%
Memory & Cognition	9	1.5%
Sensory Support	8	1.3%
Social Support	5	0.8%
Non-PSR	2	0.3%
<b>Grand Total</b>	<b>605</b>	<b>100</b>

. Source: Adult Social Care and Health MIT

Adult social care also collects data on the number of conditions people accessing its services have, in addition to their primary reason for support. The accuracy of this information is adversely affected by these people not always disclosing conditions, but it does create a clearer picture to understand the health challenges facing them, in addition to their primary reason for support.

### **Number of people with additional health conditions**

	<b>Adults</b>	<b>%</b>
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
<b>Totals</b>	<b>7,527</b>	<b>100</b>

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing adult social care services in Derbyshire have between one to five health conditions, however, these may not constitute a disability.

The impact individuals face may also depend upon the type of disabilities they have, whether learning and/or physical and the level of support provided for at the day centre.

	<p>A review of all people with a learning disability accessing day services was in place when this decision was made. It was estimated, as part of that work, that 70% of people attending day services would be considered non-complex and 30% complex. Complex is often referred to as people living with profound and multiple learning disabilities (PMLD). This programme of work has been revised and will continue with the reviews whilst also focussing on the future of in-house learning disability day service provision is currently being established.</p> <p><b><u>Employee Information</u></b></p> <p>The number of employees who have declared a disability account for approximately 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 with 5% of staff working in assessment teams with a declared disability.</p> <p>It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus – e.g. working from home, social distancing if making any formal visits as part of an outreach service etc.</p> <p><b><u>Conclusion</u></b></p> <p>The cessation of the offer might have contributed to a lack of supportive activities for people with a learning disability which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</p> <p>A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.</p> <p>A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July.</p>
Gender (Sex)	<p>Projections published by the ONS in 2018 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 as women outlive men.</p>

### **Population of Derbyshire by Gender and Age**

<b>Age</b>	<b>Male</b>	<b>Female</b>
0-14	65,709	62,723
15-19	20,877	19,930
20-64	225,129	230,091
65+	78,455	89,338
All ages	390,170	402,082
<b>Total</b>	<b>792,252</b>	

Source: ONS Mid-Year Projections 2018

The gender split for people accessing the Council's learning disability day care services shows that 52.9% are male, with 46.9% female. This is slightly different in terms of gender split to other adult social care services such as older adult's day care – where most people tend to be female.

<b>Gender</b>	<b>Total</b>	
Male	320	52.9%
Female	284	46.9%
Not recorded	1	0.2%
<b>Grand Total</b>	<b>605</b>	

Source: Adult Social Care and Health MIT

### **Conclusion**

The cessation of the offer might have contributed to a lack of support for more males than females. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

Gender reassignment

The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic.

	<p>Assessments and services are offered to people in Derbyshire regardless of their gender status</p> <p><b><u>Conclusion</u></b> It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Marriage and civil partnership	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. 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><u>Conclusion</u></b> It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Pregnancy and maternity	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there may 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 this protected characteristic.</p> <p><b><u>Conclusion</u></b> It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Race	<p>At just 4.2%, Derbyshire has a lower than average population of people from a BAME 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 accessing learning disability day services by BAME group as at 31 March 2020. There are fewer people from a BAME background attending day centres than</p>

compared to the wider population at just 1%, with most people, 98%, being from a White background.

### **Ethnicity of people accessing learning disability day services**

<b>Ethnicity</b>		
African	1	0.2%
Any Other Asian Background	1	0.2%
Any Other Mixed / Multiple Ethnic Heritage	1	0.2%
Any Other White Background	4	0.7%
British	587	97.0%
Caribbean	1	0.2%
Indian	2	0.3%
Information not yet obtained	1	0.2%
NULL	5	0.8%
White and Asian	1	0.2%
White and Black Caribbean	1	0.2%
<b>Grand Total</b>	<b>633</b>	<b>100%</b>

Source: Adult Social Care and Health MIT

Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, however, further analysis of the data suggests that services in these areas are under-represented in terms of these groups.

### **Conclusion**

The cessation of the offer might have contributed to a lack of support for people from BAME backgrounds. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

Religion and belief including non-belief

The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there may be people who use our services who will be represented under this protected characteristic.

	<p>Assessments and services are offered to people in Derbyshire regardless of this protected characteristic.</p> <p><b><u>Conclusion</u></b> It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p> <p>A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.</p> <p>A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.</p>
Sexual orientation	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there may 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 this protected characteristic.</p> <p><b><u>Conclusion</u></b> It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p> <p>A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.</p> <p>A small number of contracted providers of learning disability day services in Derbyshire are also open or planning to reopen in July.</p>

## Other- non statutory

Socio-economic	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
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benefits) and may experience poorer health or have lower life chances. In addition, older carers may (if they previously worked) have retired and be in receipt of a low income from benefits and/or a state pension.

#### **Number of people in receipt of benefits, by Derbyshire locality**

<b>Local authority area</b>	<b>Nº of people</b>
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>

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

There have also been 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 their family's financial situations will need to be considered when being assessed under the Care Act.

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.

#### **Deprivation by Area**

<b>Area</b>	<b>Population deprivation by area</b>
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 decision may require some staff to be redeployed to support other service areas, e.g. residential care, or provide outreach services but these proposals would be in line with their existing terms and conditions.

### **Conclusions**

It is assessed that the decision should 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.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:

- food shopping and delivery
- checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need
- collecting and delivering prescriptions

There have been a small number of people with a learning disability who use building-based day services that have been both referred to and used the Community Response Unit.

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 adult social care and health services is 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 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. Furthermore, restrictions put in place during the current pandemic, such as obligatory face masks on public transport may be difficult to understand for some people accessing learning disability day services via that route – particularly those with sensory needs who need to be able to see someone's full face to understand what is being communicated.

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 decision.

### **Conclusion**

It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

	<p>The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:</p> <ul style="list-style-type: none"> <li>• food shopping and delivery</li> <li>• checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need</li> <li>• collecting and delivering prescriptions</li> </ul> <p>There have been a small number of people with a learning disability who use building-based day services that have been both referred to and used the Community Response Unit.</p>
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- j. 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?

The Council's decision to temporarily cease delivery of building based day services for people with a learning disability was undertaken as an urgent officer decision, this was in line with the Government National directives introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over 70 and with high-level clinical needs and the need for social distancing.

There was not an opportunity to complete formal engagement prior to the decision with people with a learning disability, their family/carers, or partner agencies. However, all people with a learning disability and their families/ carers were contacted individually and continue to receive regular rules.

<b><i>Protected Group</i></b>	<b><i>Findings</i></b>
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
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	No comments have been received with regards to this protected characteristic.
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	No specific comments have been received with regards to this protected characteristic.

## Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

- k. 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 as they will no longer have the opportunity for a break in their caring role whilst the day centre is closed. 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 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 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**

Derbyshire County Council, contracts with Derbyshire Carers Association (DCA) who have been active in supporting carers across Derbyshire during the Coronavirus pandemic. Some of the emerging risks they have identified and mitigations that they have undertaken include:

<p><b>Rising levels of care:</b> Many carers have been affected by the reduction/closure of services or have declined formal care due to fear of infection, others benefitted from increased support and recognition from wider family/community networks.  <u>Response:</u> offered regular telephone support, befriending and/or connection with other carers, information and practical solutions, referral to other agencies and support mechanisms,</p> <p><b>Financial pressures:</b> carers facing financial difficulty following a reduction in income or increased living costs.  <u>Response:</u> referred to food banks, community support groups and specialist financial/welfare benefits organisations.</p> <p><b>Working carers:</b> carers expected to return to work, raising concerns about the risk this poses to the person depending on them for care, particularly if formal support cannot resume.  <u>Response:</u> provided with 'letters of recommendation' to evidence the caring role to employers.</p> <p><b>Worries and Fears:</b> Many carers have experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care.  <u>Response:</u> offered regular telephone support, befriending and/or connection with other carers, together with drive to update emergency plans and/or issue carer identification cards to enable priority access to shopping and other essentials.</p> <p><b>Practical issues</b> <u>Response:</u> The service has coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. Many carers have been linked to the Crisis Response Unit and the provision of support from local volunteering and mutual aid schemes.</p>
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#### I. 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> <li>• sexual orientation, and gender re-assignment</li> </ul>	Review how data can be improved for any future analysis

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

Consider the impact of the decision 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. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).

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

The decision to cease providing building based day services for people with a learning disability was an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as people with a learning disability, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 19 March 2020, and on subsequent occasions as part of the ongoing review process (19<sup>th</sup> and 27<sup>th</sup> May and 11<sup>th</sup> June and will continue to be updated on a fortnightly basis whilst the decision remains in place.).

The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:

All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.

Monitoring of the wellbeing of individuals will also be undertaken during the closure period.

Co-funding contributions will be suspended for people whose only service is day care but will continue for people who access other community-based services.

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

This document was completed in order to analyse the potential impacts of the decision to cease providing building based day services for people with a learning disability in light of Government guidance concerning the Coronavirus. The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2 metre social distancing its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on both people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to

those who were attending the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to National Guidelines.

Mitigations have been put in place through the regular review of people with a learning disability known to Adult Social Care and Health and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. A temporary day service is being provided by the Council for some people living with complex learning disabilities where it was felt appropriate to continue to provide that service. This has been done in accordance with Government guidelines concerning social distancing, use of PPE and infection control measures.

The Council, through the Community Lives framework, contracts with several private, voluntary, and independent (PVI) groups who also provide learning disability day services. As at the end of June 2020, three providers have re-opened and a further six are planning to during July.

The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit's services.

Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and shielding / self-isolation requirements for vulnerable people, it is not expected that building-based services will be returning as previously provided prior to Covid-19. A programme group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability.

**Stage 9. Direct action to be taken.**

<b>Objective</b>	<b>Planned action</b>	<b>Who</b>	<b>When</b>	<b>How will this be monitored?</b>
Temporary closure of learning disability day services	Regular review of people's care package to ensure it is meeting their needs	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of people's within their areas.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Temporary learning disability day centre open for emergency cases	Adult Social Care Social Work and Direct care staff (via Area Teams)	April 202 onwards	Through the periodic reviews of people's care packages, those identified as benefiting from some day centre activities will be able to access the temporary service.
	Development of alternative temporary day service provision	Adult Social Care Leadership Group (via Area Teams)	June 2020 onwards	Outcomes of discussions to create alternative services in line with any new guidance will be reported through the Cabinet Member meetings where a decision is required.

## 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?

**Review by SMT 17/04/2020** in light of report embedded as a background paper re proposal to utilise two learning disability day service buildings during COVID-19 outbreak.

**Review by SMT 22/04/2020** alongside OP Day Centre closure - social distancing requirements are still in place therefore appropriate to maintain closures for a further two weeks.

**Review by SMT 06/05/2020** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For people with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

**Review by SMT 21/05/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

**Review by SMT 04/06/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For people with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in the shielded group have greater restrictions still in place.

**Review by SMT 11/06/2020:** Additional weekly review has not resulted in a change in position as the scoping work is continuing to take place. Day Centres to be added to the asset management list to scope in terms of feasibility of re-opening.

**Review by SMT 18/06/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

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**Review by SMT 02/07/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would

normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For people with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in the shielded group have greater restrictions still in place.

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

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on a number of Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

### **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):**

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks

**Date of report:** 30 July 2020

**Author of report:** Helen Jones, Executive Director Adult Social Care and Health

**Audience for report e.g. Cabinet / date:** Cabinet / 30 July 2020

**Web location of report:** The report will be made available online at the following location

<https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0>

**Outcome from report being considered**

The Cabinet Member for Adult Social Care and Health is asked to:

- ix.** Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- x.** Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

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

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for people with a learning disability if the risks remain too high to re-open learning disability day services.

**Updated by:**

**Date:**

## DERBYSHIRE COUNTY COUNCIL

## OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets	
Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – planned respite.
Is this a review of a decision? If so, what was the date of the original decision?	Yes, review of decision made 23/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and <b>when it will be (further) reviewed</b> ):	<p>Cessation of planned respite breaks services for Older Adults and people with a Learning Disability with effect from 23/03/2020</p> <p><b>Review process</b> Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.</p>
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	<p>Government and Public Health England advice in relation to reducing the risk of infection spread in relation to COVID-19 states that those aged 70 and over 70 should self-isolate and adhere to social distancing requirements.</p> <p>We need to reduce the risk of cross infection for both those using respite and long-term care home residents to reduce the number of individuals coming in and out of the services to reduce risks in relation to infection.</p> <p>As the vast majority of users of our older adult respite care services are used by people aged 70 and over it is not possible to continue to operate those services safely.</p>

	<p>Similarly, significant numbers of the people using our learning disability respite services are likely to fall into the category of having an underlying ‘high risk’ health condition that means they would be advised to socially distance and minimise contact with others from outside of their household.</p> <p>In order to protect them and other residents within our residential care homes non-urgent respite provision remains closed.</p>
Alternative Options Considered (if appropriate) and reasons for rejection of other options	All individuals are being monitored and reviewed during the period the provision does not operate as normal to ensure that the withdrawal of planned respite does not lead to significant risks to their health and wellbeing.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term emergency respite if appropriate and alternative arrangements are being considered.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision	Yes it would have been subject to consultation with service users. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	The decision will have had an impact on older adults, people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to those who make use of the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to national guidelines.

	<p>Mitigations have been put in place through the regular review of people who would normally access the provision, and where appropriate care packages have been adjusted to accommodate the temporary cessation of the service. Emergency respite services have continued to operate from a number of the Council's establishments, or as an outreach services for some people, to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.</p> <p>The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. Whilst it is not known if people who have previously accessed respite services have been referred to or used the Unit, it is known that older adults and people with a learning disability who use other services such as building-based day care have accessed this Unit's services.</p> <p>Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of the cessation of planned respite and carers emergency plans are being offered.</p> <p>Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people, it is not expected that the building-based planned (bookable) respite service will return to normal operating arrangements in the short to medium term.</p> <p>An EIA was completed on 30 June and is being kept under review.</p>
Background/Reports/Information considered and attached (including Legal,	Any excess staffing capacity generated as a result of this cessation of service will be temporarily redeployed

<p>HR, Financial and other considerations as required))</p>	<p>to support other service areas responding to the COVID-19 pressures</p> <p><b>Feedback on original Officer Decision:</b></p> <p><b>Legal</b></p> <p>Decision is not time limited, if the problem persists in the longer then report would be beneficial to highlight longer term strategy to manage the needs of the affected cohort.</p> <p>Response: Two week review process is now in place and captured on RODR pro forma</p> <p>ODR indicates that individual assessments are to be undertaken to ensure affected person receive the support necessary – update and assurance could be given in the report to confirm timescales and outcomes for these assessments</p> <p>Response: This will be detailed in Cabinet report and RODR document, but reviews have taken place and are being actively reviewed by P&amp;P teams every two weeks.</p> <p><b>Finance</b></p> <p>There are no additional financial considerations in relation to this proposal.</p> <p><b>Principal Social Worker</b></p> <p>The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the government’s guidance about social distancing and COVID-19 guidance in relation to residential care and supported living full consideration has been given to contingency discussions and planning for alternative support evidenced by the following statement: ‘All individuals will be monitored and reviewed during the cessation period to ensure that the withdrawal of planned respite doesn’t lead to significant risks to their health and wellbeing’.</p>
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	<p>Guidance has been issued to frontline assessment staff to inform their person centred conversations when exploring equivalent levels of support. Associated RAG rating records have been regularly completed and updated.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Discussion between Helen Jones and Cllr Jean Wharmby on 22/03/2020          Consultation with Cllr Wharmby on Review 19/05/2020          Consultation with Cllr Wharmby on Review 27/05/2020          Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a>, <a href="#">09/07/2020</a> and <a href="#">23/07/2020</a></p>
<p>Decision:</p>	<p>Agreed  <b>Review agreed by CMT 07/04/2020 and SMT 08/04/2020</b></p> <p><b>Review by SMT 22/04/2020, 06/05/2020, 21/05/2020, 04/06/2020, 18/06/2020 and 02/07/2020:</b> It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community.</p> <p>We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential.</p> <p>Clients who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</p>

	<p>In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care.</p> <p>Urgent respite provision is still in place as a mitigation where this is considered appropriate.</p> <p><b>Review by SMT 16/07/2020:</b> Following ongoing work by officers the current position is that building-based planned respite services will remain closed. Emergency respite provision continues to be offered , both through building-based services or through outreach services to an individual’s home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control).</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> <li>• Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted</li> <li>• Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so.</li> <li>• Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.</li> </ul>
Signature and Date: Simon Stevens 22/03/2020	



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

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Cessation of planned respite breaks service for older adults and people with a learning disability
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

**The Public Sector Equality Duty**

The Council is required to exercise its functions having careful regard to the need to:

- (10) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
- (11) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (12) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

### Stage 1. Prioritising what is being analysed

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

This Equality Impact Analysis concerns the decision taken by Derbyshire County Council on the 23<sup>rd</sup> March 2020 to cease the provision of the building-based planned respite services for older people and people with a learning disability.

This decision was undertaken following Government and Public Health England advice to reduce the risk of Covid-19 infections spreading. Specifically, the need to ensure appropriate social distancing measures are in place and the proposals for people aged over 70 and/or with high-risk clinical conditions to self-isolate. These national guidelines warranted the cessation of the service as it was neither practical nor safe for people to attend.

All individuals and their family or carers who had respite care planned are being regularly assessed as to whether they require ongoing alternative support to enable them to manage without this service being provided. Monitoring of the wellbeing of individuals is also taking place during this period.

Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, have been considered and the provision of emergency respite if appropriate provided on an individual basis.

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

Derbyshire County Council's provides respite, or short term breaks / care, for people who require assistance with personal care because of disability, frailty, mental ill health or who are recovering from a period of ill health or family difficulty. Short term care can also give carers, who provide a substantial amount of support to a cared for person, the chance to take a break.

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

Yes, there have been implications, some employees working within the settings that provide respite care may have been temporarily redeployed to support other direct care service areas responding to the Covid-19 pressures for example support to residential care homes. Some staff have been delivering an emergency respite services either from one of our designated respite centres – or in some cases as an outreach service in a person's home. All services that have been operating have done so in accordance with

Government guidelines on social distancing, use of personal protective equipment and infection control.

## Stage 2. The team carrying out the analysis

<b>Name</b>	<b>Area of expertise/ role</b>
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

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

This analysis will:

- Examine whether implementing the decision to temporarily cease provision of respite services is likely to disproportionately 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.
- Where adverse impacts are identified, the EIA team will explore mitigations, already in place or to be put in place to negate or minimise the impact(s) found.

## Stage 4. Data and consultation feedback

d. Sources of data and consultation used

<b>Source</b>	<b>Reason for using</b>
Derbyshire County Council SALT information – Adult Social Care Management Information Team	Overview of respite service usage by characteristic groupings.
Staffing Information - Adult Social Care Management Information Team	Understand the redeployment of staff from respite settings during the Covid-19 outbreak.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire

## Stage 5. Analysing the impact or effects

m. What does the data tell you?

<b>Protected Group</b>	<b>Findings</b>
Age	The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.

**Population of Derbyshire**

Age	Population <sup>1</sup>	Known to DCC <sup>2</sup>	%
0-15	136,713	6,722	4.9
16-17	16,559	809	4.7
18-64	471,187	4,561	0.9
65-74	96,829	2,729	2.8
75-84	53,961	4,459	8.6
85+	20,893	4,502	21.8
N/K	0	25	0
Total	796,142	23,807	3

Sources:

1-ONS Mid-2018 Population Estimates

2-DCC management information teams

Adult Social Care within Derbyshire County Council currently supports 11,715 people over the age of 65. This equates to 72% of all the people supported by Adult Social Care.

There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. 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.

**Life expectancy by area**

Area	Male	Female
Amber Valley	80.0	82.9
Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

**Age breakdown of respite care services**

During 2019/20 the Council's building-based respite services were accessed 1,980 times by 741 people. Of these 198 were aged between 18 and 64 and the majority, 543, aged over 65.

**Conclusions**

The cessation of the offer might well have increased anxiety for this group, or their family / carer which does have direct links to wellbeing and independence. This had to be balanced with the risk of infection

	<p>from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who access respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk. Emergency respite provision has continued to be provided where appropriate either at a DCC establishment or via an outreach service.</p>																																													
Disability	<p>Across adult social care and health 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.</p> <p>The table below details the Primary Support Reasons (PSR) for people accessing adult social care support. There are 8,718 adults accessing services who have a PSR recorded as physical support (not all of these will be accessing respite services, and some with a different PSR may be using the service).</p> <p><b><u>Adult Social Care &amp; Health primary support reasons</u></b></p> <table border="1" data-bbox="411 1003 1046 1422"> <thead> <tr> <th>Primary Support Reason</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Physical Support</td> <td>8,718</td> <td>53.6</td> </tr> <tr> <td>Learning Disability</td> <td>2,189</td> <td>13.4</td> </tr> <tr> <td>Mental Health</td> <td>901</td> <td>5.5</td> </tr> <tr> <td>Memory &amp; Cognition</td> <td>825</td> <td>5.1</td> </tr> <tr> <td>Sensory Support</td> <td>452</td> <td>2.8</td> </tr> <tr> <td>Social Support</td> <td>354</td> <td>2.2</td> </tr> <tr> <td>Non-PSR</td> <td>2,321</td> <td>14.3</td> </tr> <tr> <td>PSR - Other</td> <td>516</td> <td>3.2</td> </tr> <tr> <td>Totals</td> <td>16,276</td> <td>100</td> </tr> </tbody> </table> <p>Source: Adult Social Care and Health MIT Note: "PSR - Other" includes Children's cases in transition</p> <p>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.</p> <p><b><u>Respite – Primary Support Reason</u></b></p> <table border="1" data-bbox="411 1818 1038 2027"> <thead> <tr> <th>Primary Support Reason</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Physical Support</td> <td>440</td> <td>59.4%</td> </tr> <tr> <td>Learning Disability</td> <td>191</td> <td>25.8%</td> </tr> <tr> <td>Mental Health</td> <td>19</td> <td>2.6%</td> </tr> <tr> <td>Memory &amp; Cognition</td> <td>50</td> <td>6.7%</td> </tr> </tbody> </table>	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	Primary Support Reason			Physical Support	440	59.4%	Learning Disability	191	25.8%	Mental Health	19	2.6%	Memory & Cognition	50	6.7%
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Sensory Support	21	2.8%
Social Support	12	1.6%
Non-PSR	8	1.1%
<b>Grand Total</b>	<b>741</b>	<b>100</b>

Source: Adult Social Care and Health MIT

Adult social care also collects data on the number of conditions people accessing its services have, in addition to their primary reason for support. The accuracy of this information is adversely affected by these people not always disclosing conditions, but it does create a clearer picture to understand the health challenges facing them, in addition to their primary reason for support.

### **Number of people with additional health conditions**

	<b>Adults</b>	<b>%</b>
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
<b>Totals</b>	<b>7,527</b>	<b>100</b>

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing adult social care services in Derbyshire have between one to five health conditions, however, these may not constitute a disability.

The impact individuals face may also depend upon the type of disabilities they have, whether learning and/or physical and the level of support they receive when in respite.

### **Employee Information**

The number of employees who have declared a disability account for approximately 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 with 5% 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, beyond those temporary arrangements introduced to ensure safe working

practices during the Coronavirus – e.g. working from home, social distancing if making any formal visits as part of an outreach service, appropriate use of Personal Protective Equipment etc.

### **Conclusion**

The cessation of the service might have contributed to a lack of supportive activities for people with physical support or a learning disability which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who have used respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

Emergency respite service have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

Gender (Sex)

Projections published by the ONS in 2018 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 as women outlive men.

### **Population of Derbyshire by Gender and Age**

Age	Male	Female
0-14	65,709	62,723
15-19	20,877	19,930
20-64	225,129	230,091
65+	78,455	89,338
All ages	390,170	402,082
<b>Total</b>	<b>792,252</b>	

Source: ONS Mid-Year Projections 2018

The gender split for people accessing respite services shows that 59.5% are female, with 40.4%% male. This is in keeping with other service provided by Adult Social care.

Gender	Total	
Female	441	59.5%
Male	299	40.4%
Not recorded	1	0.1%
<b>Grand Total</b>	<b>605</b>	

Source: Adult Social Care and Health MIT

### **Conclusion**

The cessation of the service might have contributed to a lack of supportive activities for people with physical support or a learning

	<p>disability which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who have used respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</p> <p>Emergency respite service have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.</p>
Gender reassignment	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. 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 not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Marriage and civil partnership	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. 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 not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Pregnancy and maternity	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. 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 not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>																																							
Race	<p>At just 4.2%, Derbyshire has a lower than average population of people from a BAME 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 accessing respite services by BAME group as at 31 March 2020. There are fewer people from a BAME background using respite care than compared to the wider population at just 0.5%, with most people, 96.4%, being from a White background.</p> <p><b>Ethnicity of people accessing respite services during 2019/20</b></p> <table border="1" data-bbox="411 931 1286 1469"> <thead> <tr> <th data-bbox="419 931 1082 969">Ethnicity</th> <th data-bbox="1090 931 1166 969"></th> <th data-bbox="1174 931 1286 969"></th> </tr> </thead> <tbody> <tr> <td data-bbox="419 976 1082 1014">Any Other Ethnic Group</td> <td data-bbox="1090 976 1166 1014">1</td> <td data-bbox="1174 976 1286 1014">0.1%</td> </tr> <tr> <td data-bbox="419 1021 1082 1059">Any Other Mixed / Multiple Ethnic Heritage</td> <td data-bbox="1090 1021 1166 1059">1</td> <td data-bbox="1174 1021 1286 1059">0.1%</td> </tr> <tr> <td data-bbox="419 1066 1082 1104">Any Other White Background</td> <td data-bbox="1090 1066 1166 1104">8</td> <td data-bbox="1174 1066 1286 1104">1.1%</td> </tr> <tr> <td data-bbox="419 1111 1082 1149">British</td> <td data-bbox="1090 1111 1166 1149">701</td> <td data-bbox="1174 1111 1286 1149">94.6%</td> </tr> <tr> <td data-bbox="419 1155 1082 1193">Caribbean</td> <td data-bbox="1090 1155 1166 1193">1</td> <td data-bbox="1174 1155 1286 1193">0.1%</td> </tr> <tr> <td data-bbox="419 1200 1082 1238">Indian</td> <td data-bbox="1090 1200 1166 1238">1</td> <td data-bbox="1174 1200 1286 1238">0.1%</td> </tr> <tr> <td data-bbox="419 1245 1082 1283">Information not yet obtained</td> <td data-bbox="1090 1245 1166 1283">7</td> <td data-bbox="1174 1245 1286 1283">0.9%</td> </tr> <tr> <td data-bbox="419 1290 1082 1328">Irish</td> <td data-bbox="1090 1290 1166 1328">2</td> <td data-bbox="1174 1290 1286 1328">0.3%</td> </tr> <tr> <td data-bbox="419 1335 1082 1373">NULL</td> <td data-bbox="1090 1335 1166 1373">16</td> <td data-bbox="1174 1335 1286 1373">2.2%</td> </tr> <tr> <td data-bbox="419 1379 1082 1417">White and Asian</td> <td data-bbox="1090 1379 1166 1417">2</td> <td data-bbox="1174 1379 1286 1417">0.3%</td> </tr> <tr> <td data-bbox="419 1424 1082 1462">White and Black Caribbean</td> <td data-bbox="1090 1424 1166 1462">1</td> <td data-bbox="1174 1424 1286 1462">0.1%</td> </tr> <tr> <td data-bbox="419 1469 1082 1507"><b>Grand Total</b></td> <td data-bbox="1090 1469 1166 1507"><b>741</b></td> <td data-bbox="1174 1469 1286 1507"><b>100%</b></td> </tr> </tbody> </table> <p data-bbox="411 1469 962 1507">Source: Adult Social Care and Health MIT</p> <p>Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, however, further analysis of the data suggests that services in these areas are under-represented in terms of these groups.</p> <p><b><u>Conclusion</u></b> The cessation of the offer might have contributed to a lack of support for people from BAME backgrounds. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who have used respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</p>	Ethnicity			Any Other Ethnic Group	1	0.1%	Any Other Mixed / Multiple Ethnic Heritage	1	0.1%	Any Other White Background	8	1.1%	British	701	94.6%	Caribbean	1	0.1%	Indian	1	0.1%	Information not yet obtained	7	0.9%	Irish	2	0.3%	NULL	16	2.2%	White and Asian	2	0.3%	White and Black Caribbean	1	0.1%	<b>Grand Total</b>	<b>741</b>	<b>100%</b>
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	Emergency respite service have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.
Religion and belief including non-belief	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. 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 not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</p>
Sexual orientation	<p>The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. 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 not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</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 be in receipt of a low income from benefits and/or a state pension.</p> <p><b><u>Number of people in receipt of benefits, by Derbyshire locality</u></b></p> <table border="1"> <thead> <tr> <th>Local authority area</th> <th>Nº of people</th> </tr> </thead> <tbody> <tr> <td>Amber Valley</td> <td>1,258</td> </tr> <tr> <td>Bolsover</td> <td>941</td> </tr> </tbody> </table>	Local authority area	Nº of people	Amber Valley	1,258	Bolsover	941
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>

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

There have also been 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 their family's financial situations will need to be considered when being assessed under the Care Act.

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.

#### **Deprivation by Area**

<b>Area</b>	<b>Population deprivation by area</b>
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 decision may require some staff to be redeployed to support other service areas, e.g. residential care, or provide outreach services but these proposals would be in line with their existing terms and conditions.

#### **Conclusions**

It is assessed that the decision should 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

	<p>opportunities to promote greater independence and wellbeing, whilst reducing financial inequality.</p> <p>Emergency respite services have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.</p> <p>The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:</p> <ul style="list-style-type: none"> <li>• food shopping and delivery</li> <li>• checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need</li> <li>• collecting and delivering prescriptions</li> </ul> <p>Data is not available to determine if there have been any people who have used respite services that have been both referred to and used the Community Response Unit. However social work professionals are aware of the service and can make referrals as necessary.</p>																					
Rural	<p>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 adult social care and health services is detailed in the table below.</p> <p><b><u>People accessing services by rurality</u></b></p> <table border="1" data-bbox="411 1339 1173 1888"> <thead> <tr> <th rowspan="2">Rural Urban classification</th> <th colspan="2">People accessing services</th> </tr> <tr> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>A1 – Major conurbation – Urban</td> <td rowspan="3">18,391</td> <td rowspan="3">77</td> </tr> <tr> <td>B1 – Minor conurbation – Urban</td> </tr> <tr> <td>C1- City and town – Urban</td> </tr> <tr> <td>D1 – Town and Fringe – Rural</td> <td rowspan="3">4,931</td> <td rowspan="3">21</td> </tr> <tr> <td>E1 – Village – Rural</td> </tr> <tr> <td>F1 – Hamlets and Isolated Dwellings – Rural</td> </tr> <tr> <td>No information</td> <td>485</td> <td>2</td> </tr> <tr> <td><b>Total</b></td> <td><b>23,807</b></td> <td><b>100</b></td> </tr> </tbody> </table> <p>Source: Adult Social Care and Health Services MIT</p> <p>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</p>	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>
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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. Furthermore, restrictions put in place during the current pandemic, such as obligatory face masks on public transport may be difficult to understand for some people accessing respite services via that route – particularly those with sensory needs who need to be able to see someone's full face to understand what is being communicated.

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 decision.

### **Conclusion**

It is not envisaged that the proposal will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.

Emergency respite services have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:

- food shopping and delivery
- checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need
- collecting and delivering prescriptions

Data is not available to determine if there have been any people who have used respite services that have been both referred to and used the Community Response Unit. However social work professionals are aware of the service and can make referrals as necessary.

- n. 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?

The Council's decision to temporarily cease delivery of respite services for older people and people with a learning disability was undertaken as an urgent officer decision, this was in line with the Government National directives introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over 70 and with high-level clinical needs and the need for social distancing.

There was not an opportunity to complete formal engagement prior to the decision with people with a learning disability, their family/carers, or partner agencies. However, all people with a learning disability and their families/ carers were contacted individually and continue to receive regular rules.

<b>Protected Group</b>	<b>Findings</b>
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
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	No comments have been received with regards to this protected characteristic.
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	No specific comments have been received with regards to this protected characteristic.

#### Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

- o. 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 as they will no longer have the opportunity for a break in their caring role whilst this decision is in place. 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 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 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

Emergency respite services have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

In addition to the emergency respite, Derbyshire County Council, contracts with Derbyshire Carers Association (DCA) who have been active in supporting carers across Derbyshire during the Coronavirus pandemic. Some of the emerging risks they have identified and mitigations that they have undertaken include:

**Rising levels of care:** Many carers have been affected by the reduction/closure of services or have declined formal care due to fear of infection, others benefitted from increased support and recognition from wider family/community networks.

**Response:** offered regular telephone support, befriending and/or connection with other carers, information and practical solutions, referral to other agencies and support mechanisms,

**Financial pressures:** carers facing financial difficulty following a reduction in income or increased living costs.

**Response:** referred to food banks, community support groups and specialist financial/welfare benefits organisations.

**Working carers:** carers expected to return to work, raising concerns about the risk this poses to the person depending on them for care, particularly if formal support cannot resume.

Response: provided with 'letters of recommendation' to evidence the caring role to employers.

**Worries and Fears:** Many carers have experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care.

Response: offered regular telephone support, befriending and/or connection with other carers, together with drive to update emergency plans and/or issue carer identification cards to enable priority access to shopping and other essentials.

**Practical issues** Response: The service has coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. Many carers have been linked to the Crisis Response Unit and the provision of support from local volunteering and mutual aid schemes.

p. 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> <li>• sexual orientation, and gender re-assignment</li> </ul>	Review how data can be improved for any future analysis

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

Consider the impact of the decision 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. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).

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

The decision to cease providing respite services for older people and people with a learning disability was an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as people who have accessed respite care, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 22<sup>nd</sup> March 2020, and on subsequent

occasions as part of the ongoing review process (19<sup>th</sup> and 27<sup>th</sup> May and 11<sup>th</sup> June and will continue to be updated on a fortnightly basis whilst the decision remains in place.).

The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the government's guidance about social distancing and COVID-19 guidance in relation to residential care and supported living full consideration has been given to contingency discussions and planning for alternative support evidenced by the following statement:

All individuals will be monitored and reviewed during the cessation period to ensure that the withdrawal of planned respite doesn't lead to significant risks to their health and wellbeing'.

Guidance has been issued to frontline assessment staff to inform their person centred conversations when exploring equivalent levels of support. Associated RAG rating records have been regularly completed and updated.

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

This document was completed in order to analyse the potential impacts of the decision to cease providing respite services for older adults and people with a learning disability considering Government guidance concerning the Coronavirus. The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2 metre social distancing its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on older adults, people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to those who make use of the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to National Guidelines.

Mitigations have been put in place through the regular review of peoples care packages, and where appropriate these have been adjusted to accommodate the temporary cessation of the service Emergency respite services have continued to operate from a number of the Council's establishments, or as an outreach services for some people, to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. Whilst it is not known if people who have previously accessed respite services have been referred to or used the Unit, social work professionals are aware of the service and are able to make referrals as necessary.

Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of the cessation of planned respite and carers emergency plans are being offered.

Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and shielding / self-isolation requirements for vulnerable people, it is not expected that the building-based planned (bookable) respite service will be opening imminently.

**Stage 9. Direct action to be taken.**

<b><i>Objective</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
Temporary cessation of planned respite services	Regular review of a person's care package to ensure it is meeting their needs	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of person's within their areas.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Continued provision of Emergency respite services (building-based and outreach)	Adult Social Care Social Work and Direct care staff (via Area Teams)	April 2020 onwards	Through the periodic reviews of people's care packages, those identified as at risk of carer breakdown or in need of emergency respite provision will be offered an emergency service

## 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?

### **Review agreed by CMT 07/04/2020 and SMT 08/04/2020**

**Review by SMT 22/04/2020** - Respite needs to continue to cease non urgent activity to support social distancing and the respite beds are also being utilised to support hospital discharge. Urgent respite provision is still in place as a mitigation.

**Review by SMT 06/05/2020:** It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community.

We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

**Review by SMT 21/05/2020:** It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community.

We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate

**Review by SMT 04/06/2020:** It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. The revised guidance from the Government reducing some of the lockdown measures does not suggest the recommencing this type of activity is appropriate at this time. There continues to be clear evidence that spread within care homes is due to bringing people in from the community to these settings.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

**Review by SMT 18/06/2020:** It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. The revised guidance from the Government reducing some of the lockdown measures does not suggest the recommencing this type of activity is appropriate at this time. There continues to be clear evidence that spread within care homes is due to bringing people in from the community to these settings.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

**SMT Review 02/07/2020:** It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. The revised guidance from the Government reducing some of the lockdown measures does not suggest the recommencing this type of activity is appropriate at this time. There continues to be clear evidence that spread within care homes is due to bringing people in from the community to these settings.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

## Stage 11. Agreeing and publishing the completed analysis

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on a number of Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

### 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):**

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks

**Date of report:** 30 July 2020

**Author of report:** Helen Jones, Executive Director Adult Social Care and Health

**Audience for report e.g. Cabinet / date:** Cabinet / 30 July 2020

**Web location of report:** The report will be made available online at the following location

<https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0>

**Outcome from report being considered**

The Cabinet Member for Adult Social Care and Health is asked to:

- xi.** Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- xii.** Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

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

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for people if the risks remain too high to re-open planned respite services.

**Updated by:**

**Date:**

DRAFT

## DERBYSHIRE COUNTY COUNCIL

## OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets  Risk Management in relation to Residential Care	
Subject of Decision: (i.e. services affected)	Essential maintenance and specific fire risk mitigation works in our Residential Care Homes for Older People
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of decision taken on 22/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	To continue to undertake essential maintenance and specific fire risk mitigation works in our Residential Care Homes for Older People in order to deliver on previously identified risk mitigation and ensure the safety of residents and staff.  <b>Review process</b> Decision is subject to a minimum of fortnightly review by SMT and CMT in line with national guidance re vulnerable groups and social distancing from HM Government.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision)  Where the decision is subject to statutory guidance please state	Despite the Coronavirus outbreak and the requirements for people to work from home where possible and manage contact with other individuals through social distancing it is necessary for previously identified fire risk mitigation works to be completed so that residents and staff are supported to operate in a safe environment.  Property colleagues had identified that all non-essential works should cease to protect their staff from the risk of infection and had suggested that the

<p>how this has been taken into consideration.</p>	<p>remaining fire risk mitigation works could be suspended.</p> <p>Further detailed discussions have taken place between Directors from both departments to weigh up the risks to residents and ASC staff associated with not completing the works against the risks to Property staff from undertaking them and it has now been agreed that those fire risk mitigation works and any other essential maintenance will continue to be completed.</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>Property and adult social care managers and staff will complete individual risk assessments for each establishment / area of work and seek to ensure that infection control measures and social distancing requirements are maintained whilst the operatives are on site, including ensuring that the work area is closed to access for residents and staff whilst the tradespeople are on the premises.</p>
<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>Ongoing risk assessments have taken place to inform the wider mitigation works programme by Property Services and colleagues in health and safety.</p>
<p>Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision</p>	<p>No, this would not have been subject to consultation with service users and the public as it relates to maintenance of residential care homes. It is separate to the decision which has been subject to consultation regarding the long-term strategy for Direct Care Homes for Older People.</p>
<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>Not applicable as decision relates to maintenance work.</p>
<p>Background/Reports/Information considered and</p>	<p>Property fire risk mitigation reports and work progress documents.</p>

<p>attached (including Legal, HR, Financial and other considerations as required))</p>	<p><b>Feedback on original Officer decision:</b></p> <p><b>Principal Social Worker</b> The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework when reaching decisions which take due account of existing legislation and guidance alongside flexible approaches to ensure safety standards are maintained as evidence in the following statement: 'Property and Adult Social Care managers and staff will complete individual risk assessments for each establishment / area of work and seek to ensure that infection control measures and social distancing requirements are maintained whilst the operatives are on site, including ensuring that the work area is closed to access for residents and staff whilst the tradespeople are on the premises.'</p> <p><b>Finance</b> There are no additional costs associated with this decision.</p> <p><b>Legal</b> The proposed work and the risks inherent in either undertaking or discontinuing this has been carefully evaluated. The decision to continue the work is a proportionate response to this evaluation. In the event of new guidance being received regarding the presence of operatives within residential settings the decision should be promptly revisited.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Agreement at <a href="#">Cabinet 23/04/2020</a> Taken to CMT for discussion w/c 30/03/2020 Discussion with Cllr Wharmby 30/03/2020 Consultation with Cllr Wharmby on Review 19/05/2020 and 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a> ,<a href="#">09/07/2020</a> and <a href="#">23/07/2020</a></p>
<p>Decision:</p>	<p>Agreed</p>

	<p>Review agreed by CMT 08/04/2020 and SMT 07/04/2020</p> <p><b>Review by SMT 22/04/2020,06/05/2020, 21/05/2020, 04/06/2020, 18/06/2020 and 02/07/2020:</b> Fire risk mitigation works are continuing to take place and there have been some delays to the delivery of the work as per the programme plan. Therefore in light of these outstanding issues it is appropriate the arrangements remain in place.</p> <p><b>Review by SMT 16/07/2020:</b> The current position is that the majority of scheduled work has taken place across the Homes for Older People estate, with only a small number of tasks outstanding and will be undertaken from the end of July. This work relates to tasks that have been delayed due to disruption with the supply chain for key supplies due to the COVID-19 pandemic. Restrictions still remain in place for general visiting to the Homes for Older People as outlined in a separate Officer Decision Record, therefore these interim measures need to remain in place</p>
Signature and Date: Simon Stevens 22/03/2020	

## DERBYSHIRE COUNTY COUNCIL

## OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care and Health all care packages
Delegated Power Being Exercised: Emergency Powers	
Subject of Decision: (i.e. services affected)	To adjust the client contribution guidance to meet changes in service due to COVID-19
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of a decision approved by CMT on 8 April
Key decision? If so have Democratic Services been notified?	Yes,
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	That client charging for specific scenarios will be as outlined in the attached appendix.  This decision will be subject to a fortnightly review to make sure that the change arrangements appropriately reflect operational service arrangements which are in place in line with national guidance regarding social distancing and supporting vulnerable people throughout the COVID-19 pandemic.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	A number of services have now been closed and some people are prevented from accessing other services. In these circumstances, guidance is required to outline which charging regime applies in these different scenarios.
Alternative Options Considered (if appropriate) and	The only alternative option would have been to continue to charge people, which we could technically have done under our current co-funding scheme. But as

reasons for rejection of other options	individuals are no longer receiving a service, it was thought that they would consider this to be unfair and would give rise to numerous complaints.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	No risk assessment was carried out with regards to the ceasing of charging. But risk assessments were carried out for all people to ensure that they would be safe when their services were removed.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision	No. We would not expect to go to consultation when removing a charge, only when introducing or changing a charging regime.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	No.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	<p>There will be a reduction in income, but this is not expected to be significant, as the number of clients who cease to receive any services is a small proportion of the total client base.</p> <p><b>Feedback on original Officer Decision</b>  <b>Principal Social Worker</b>  <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#annex-b-guidance-on-streamlining-assessments-and-reviews">https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#annex-b-guidance-on-streamlining-assessments-and-reviews</a></p> <p><i>Local Authorities should always ensure there is sufficient information and advice available in suitable formats to help people understand any financial contributions they</i></p>

	<p><i>are asked to make, including signposting to sources of independent financial information and advice.</i></p> <p><i>Legal approved – 07/04</i></p> <p><i>No comments on ODR received from HR and Corporate Finance</i></p>
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	<p>Consultation with Cllr Wharmby on Review 19/05/2020</p> <p>Consultation with Cllr Wharmby on Review 27/05/2020</p> <p>Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a>, <a href="#">09/07/2020</a> and <a href="#">23/07/2020</a></p>
Decision:	<p>08/04/2020</p> <p><b>SMT Review 22/04/2020, 06/05/2020, 21/05/2020, 04/06/2020, 18/06/2020 and 02/07/2020:</b> There are no changes and the interim arrangements are approved for a further two weeks as position remains the same. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed.</p> <p><b>Review by SMT 16/07/2020:</b> Following ongoing work by officers the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person’s support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place.</p>
Signature and Date: Julie Vollar	

	<b>APPENDIX</b>
<b>COVID-19 CHANGES TO THE CHARGING POLICY</b>	
Situation	Action

A client is only having a day service, and this is closed (or the client follows government guidance about avoiding groups) without the client accessing any replacement service	Co-funding (CoF) ceased from date of day centre closure or day centre non-attendance
A client is only having a day service, and this is closed (or the client follows government guidance about avoiding groups), but the client then accesses replacement services	CoF continues unchanged, unless the reduced package is less than the CoF, in which case CoF is reduced to match the cost of the reduced package
A client is only having a day service, and this is closed (or the client follows government guidance about avoiding groups), but the client already accesses other services	CoF continues unchanged, unless the reduced package is less than the CoF, in which case CoF is reduced to match the cost of the reduced package
Their care package is decreased due to shortage of care staff etc	CoF continues unchanged, unless the reduced package is less than the CoF, in which case CoF is reduced to match the cost of the reduced package
Their care package is increased due to shortage of informal care at home	CoF continues unchanged
A client goes into respite care and then can't return home for a Covid-19 related reason (e.g. home in lockdown, or home care package has failed) and they <b>do not</b> currently receive a community package	Respite charge during planned period of respite. Thereafter - no charge
A client goes into respite care and then can't return home for a Covid-19 related reason (e.g. home in lockdown, or home care package has failed) and they currently receive a community package	Respite charge during planned period of respite. Thereafter - to charge as for services they would have had i.e. in a domiciliary setting (presumably what was being provided prior to respite placement) were it not for C-19; provided that charge is the lower of the two options
A client goes into emergency respite due to Covid-19	Added as an interim service with no charge to the client
A client goes into respite care and then can't return home for a Covid-19 related reason (e.g. home in lockdown, or home care package has failed) and a 3rd Party contribution is in place	Respite charge (plus top up) during planned period of respite. Thereafter - to charge as for services they would have had i.e. in a domiciliary setting (presumably what was being provided prior to respite placement) were it not for C-19; provided that charge is the lower of the two options

**CHARGING GUIDANCE FOR HOSPITAL DISCHARGES DURING THE COVID 19 PANDEMIC****Scenario****Financial Clarification**

<b>RESIDENTIAL PLACEMENT</b>	
Client discharged to <b>DCC</b> Community Support bed for further assessment, recuperation, recovery from delirium or any other reason.	<b>Nil</b> client contribution applies for the duration of the Covid 19 pandemic. Purchase order request required although these are already funded by health so no recharge will be required.
Client discharged to an <b>external</b> residential placement for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason.	<b>Nil</b> client contribution applies including any top-up fees Top up fees to be treated as a specialist fee adjustment. Purchase order request should be completed stating that the whole cost (including top up) to be funded from the Covid 19 budget, rechargeable to health. However, If the placement continues on a long term basis after the pandemic has ended, client needs to be aware that any top-up would have to be met by a third party (not the client) and would have to be sustainable.
Client discharged to a short term placement in a <b>DCC HOP</b> for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason.	<b>Nil</b> client contribution applies. Purchase order request should be completed, stating that it is re-chargeable to Health under the Covid 19 Hospital Discharge budget.
Client discharged back to existing long-term residential placement.	Pre-existing funding arrangements continue as before.
Client discharged to an alternative residential placement, because the existing provider declined to accept the person back.	Pre-existing funding arrangements continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request and cancellation of previous contract should be completed.
Client had a home care package before hospital admission and discharged to long-term residential placement	Pre-existing funding arrangements including Co-funding contribution continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request

	and cancellation of previous contract should be completed.
<b>NURSING PLACEMENT</b>	
Client discharged to a nursing placement for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason. The discharging hospital should provide CCH with an up to date assessment of so that CHC are aware of the person's nursing needs and in agreement that a nursing placement is required.	<b>Nil</b> client contribution applies including any top-up fees. Top up fees to be treated as a specialist fee adjustment. Purchase order request should be completed stating that the whole cost (including top up) to be funded from the Covid 19 budget, rechargeable to health. However, If the placement continues on a long term basis after the pandemic has ended, client needs to be aware that any top-up would have to be met by a third party (not the client) and would have to be sustainable. Placements above the CHC contracting rate of £909.15 Will need to be agreed by CHC.
Client discharged back to existing long-term nursing placement.	Pre-existing funding arrangements continue as before.
Client who was previously in residential care discharged to a nursing placement for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason, including long term care. The discharging hospital should provide CCH with an up to date assessment of so that CHC are aware of the person's nursing needs and in agreement that a nursing placement is required.	Pre-existing funding arrangements continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request and cancellation of previous contract should be completed. Placements above the CHC contracting rate of £909.15 Will need to be agreed by CHC.
Client had a home care package before hospital admission and discharged to long-term nursing placement	Pre-existing funding arrangements including Co-funding contribution continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request and cancellation of previous contract should be completed.

## DERBYSHIRE COUNTY COUNCIL

## OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care and Health
Delegated Power Being Exercised: Emergency powers	
Subject of Decision: (i.e. services affected)	The ability to make discretionary payments in order maintain our Shared Lives carer capacity and reliance with effect from 1 April 2020 to support placements.
Is this a review of a decision? If so, what was the date of the original decision?	Yes, 22 May 2020
Key decision? If so have Democratic Services been notified?	No – as it does not affect significant numbers of people in two or more electoral divisions.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	<p>From 1 April 2020 it is proposed to:</p> <ul style="list-style-type: none"> <li>• Pay full time Shared Lives carers an additional £40 per week.</li> <li>• Pay short break and day support Shared Lives carers the amount which they ordinarily would have earned.</li> </ul> <p>Due to the lack of day and residential short breaks being available to Shared Lives carers they are in effect being asked to provide unpaid care for three days per week 9am-5pm plus the four weeks 28 days per year (pro rata). Over the two months since the suspension of day and residential services this equates to a total of 27 days unpaid work.</p> <p>This proposal would be initially implemented for a period of eight weeks, after which a review will take place with the service manager responsible for Shared Lives and the appropriate Group Manager with Assistant Director oversight on a fortnightly basis. The review would ascertain whether the additional payments need to continue for a further period of time. This would be a delegated decision.</p>

<p>Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision)</p> <p>Where the decision is subject to statutory guidance please state how this has been taken into consideration.</p>	<p>Shared Lives carers provide family based 24 hour accommodation and support primarily for people with learning disabilities.</p> <p>Some Shared Lives carers also provide both day care and overnight short break opportunities in order that carers of people who continue to live in a family home can have a break from their caring roles</p> <p>In order to sustain what can be a demanding role, the current offer to DCC Shared Lives carers who provide family type accommodation includes the following regular short breaks from their caring role</p> <ul style="list-style-type: none"> <li>• three days daytime breaks per week between 9am to 5pm</li> <li>• four weeks residential short breaks</li> </ul> <p>This is typically (though not exclusively) accessed through DCC Direct Care day services and DCC or health residential short breaks provision.</p> <p>The COVID-19 pandemic has resulted in closure of all day and short break services including those run by DCC and the NHS health trust. Consequently, this has curtailed available breaks for Shared Lives carers forcing them to undertake care on a 24/7 basis for the foreseeable future.</p> <p>Those Shared Lives carers who provide regular short breaks for the families/carers of people with learning disabilities and breaks during the day are currently unable to do so due to both the closure of day services and the rules on social distancing. Consequently, they have seen a significant drop in their income.</p> <p>These Shared Lives carers are not able to take advantage of government schemes for the self-employed throughout the pandemic response period and are therefore financially disadvantaged unless DCC makes an additional payment.</p> <p>Despite a recent local marketing and media campaign to highlight this valuable role, recruiting Shared Lives</p>
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	<p>carers has been very difficult in Derbyshire. We are very concerned that without providing some additional support to this valuable resource we will be unable to sustain existing carers throughout the COVID-19 pandemic and may also risk losing those carers who may feel they are no longer able to, or afford to continue in this role. Consequently, we propose to make an additional £40 per week payment to all our Shared Lives carers until such times we can reintroduce our previously agreed respite/short breaks arrangements.</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>For short break and day support carers a 'one off' payment was considered, but this was thought to be unfair due to the different level of support that each carer gives. The proposed method better reflects the range of activities undertaken by the carer to support each individual/s they care for.</p>
<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>The ongoing risk for the department is that if we do not show some recognition of the role carers are undertaking in terms of providing increased support as part of as Shared Lives placement they may potentially look to end the Shared Lives placement they support. There is a risk of losing some very good carers and the people they are caring for would then have to be placed in significantly more expensive care and support packages put in place.</p> <p>For short break and day support carers the risk to them is they receive no or a reduced income and there is no opportunity to take advantage of the government support schemes. The risk to the department is the loss of Shared Lives carers.</p>
<p>Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision</p>	<p>No</p>

<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>No groups are being negatively impacted as this involves increasing payment to enable individuals to continue to provide support to people with a long term health condition or disability.</p>
<p>Background/Reports / Information considered and attached (including Legal, HR, Financial and other considerations as required))</p>	<p><b>Feedback on original Officer Decision:</b></p> <p><b>Finance</b></p> <p>The weekly costs of these proposals are estimated to be:</p> <ul style="list-style-type: none"> <li>• Full Time Carers - £1,800</li> <li>• Respite Carers - £1,500</li> </ul> <p>With the total monthly cost being £14,340</p> <p>This would be a commitment against council resources and partially offset from the non-ring-fenced COVID-19 Government Grant.</p> <p>All decisions around meeting COVID-19 costs are unlikely to be fully funded from current Government additional funding available. As such implications will fall on the ability to provide services for the rest of the financial year and into the medium term</p> <p><b>Principal Social Worker</b></p> <p>Shared Lives is an important way we can help support people to stay as independent as possible and our Shared Lives carers require both skill and commitment to values of caring for others. This commitment helps to ensure Shared Lives arrangements are safe, supported and valued. This in turn should support the wellbeing of people who are in a Shared Lives placement.</p> <p>Information about these arrangements need to be appropriately shared in accessible formats.</p> <p><b>Legal</b></p> <p>No implications from a Care Act perspective. It seems to be a financial decision around how much is allocated for this purpose. It is sensible to seek to support these providers, given the market shaping duties under the Care Act.</p>
<p>Consultation with relevant Cabinet Member</p>	<p><a href="#">Approval of ODR by Cabinet Member 25/06/2020</a></p>

<p>(s) – please note this is obligatory.</p>	<p>Consultation with Cllr Wharmby on decision 27/05/2020.          Consultation with Cllr Wharmby at Cabinet Member Committee <a href="#">11/06/2020</a> ,<a href="#">25/06/2020</a>, <a href="#">09/07/2020</a> and <a href="#">23/07/2020</a></p>
<p>Decision:</p>	<p>Agreed by CMT 22/05/2020.</p> <p><b>Review by SMT 04/06/2020, 18/06/2020 and 02/07/2020:</b> Due to the lack of day and residential short breaks being available to shared lives carers, individuals are in effect being asked to provide unpaid care for 3 days per week 9 to 5 plus and this needs to be recognised formally via additional payments. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. It is proposed that this arrangement continues.</p> <p><b>Review by SMT 16/07/2020:</b> Following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carer will continue to receive the amount they ordinarily earn. These arrangements remain subject to fortnightly review by Senior Managers to ensure they are appropriate. Shared Lives Carers have stepped up and taken on additional responsibilities to support people at home whilst day centre provision has been closed and these payments recognise those additional responsibilities. As noted in the section above day centre provision continues to remain closed, with only limited respite provision in place due to ongoing requirements in relation to social distancing which means that day centres cannot operate at fully capacity.</p> <p>Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and</p>

	for full time carers we are seeking to liaise with them in terms of accessing respite provision if required.
Signature and Date: Helen Jones 22/05/2020	

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