

**Blackpool Council - Equality Impact Assessment Record Form**

Department: Children, Adults and Families

Team or Service Area Leading Assessment: Strategic Commissioning

Title of Service: Keats Day and Community Support Service

Proposals to alter service

Date of proposals: September 2010

Team: Strategic Commissioning

Lead Officer: Jeanette Blackburn

**STEP 1 - IDENTIFYING THE PURPOSE OR AIMS**

1. What type of policy, service or function is this?

Existing  New/ proposed  **Changing**

2. What is the aim and purpose of the policy, service or function?

The aim of the service is to provide a specialist daytime support service focusing on improving and maintaining the health and well being of older people with diagnosed mental health problems. The service is split into two parts:

1. building based day service
2. community support service

The service will help to maintain and promote independent living within the community, meaningful activities and a purposeful life.

3. Please outline any proposals being considered.

The proposal is to expand the current daytime support service provision. The service will move to a new building which will enable a higher number of service users to attend each day. The attendance capacity will change from 12 people per session to 24 people per session. Flexible attendance patterns will be available including evening and weekend sessions.

The service will also be available for people who require a day care service over the long term. The current provision is only provided on short term basis.

Charges are not currently in place for the meals and transport element of the service provision, nor for the actual service itself. The proposal is to charge for all elements of the service. Please see answers to Questions 4, 8 and 17 for further information.

4. Why are the proposals being made - for what reason?

The proposals are being made in order to meet a current gap in the capacity of existing service provision to meet demand. Currently there are limited alternative daytime support opportunities for people with advanced stages of dementia who still live independently within the community. The only alternative to Keats is to attend a residential care home for day care.

The proposal to expand the service also provides an opportunity to modernise and developed the delivery model in order to better meet the needs of the people attending the service.

The new location will also see a number of benefits:

- an integrated approach as the day centre will be co-located with healthcare professionals and other referring agencies
- a more central location will improve accessibility to the service
- the building itself will provide a more secure environment that enables people to move around the premises independently.
- Colours and furnishings will be designed to be user-friendly to the particular client group.

Charging is being introduced to ensure that Keats is in line with all other day service provision. Through implementing charging Blackpool Council is ensuring that services are equitable and that a mental health diagnosis and access to Keats does not automatically entitle a service user to free provision when another service user at an alternative establishment may have to pay for such provision.

## 5. What outcomes do we want to achieve

- People are supported to maintain independent living, health and well-being, social inclusion and self-determination through the provision of structured activities.
- People are supported to maintain, re-learn and develop new skills and abilities through the provision of structured activities and opportunities;
- People are supported to maintain new and existing social roles, relationships, and take part in social/leisure activities of their choice;
- Provision of a day care service contributes to supporting people continue to live at home;
- People have their personal dignity maintained;
- Carers are able to continue their caring role through the provision of daytime respite breaks.

## 6. Who is the policy; service or function intended to help/ benefit?

Older people with diagnosed mental health problems living in Blackpool, or with a Blackpool GP who can benefit from a daytime support service to enable them to continue living in the community.

The service offered will be based on individual need, emphasising supporting and maintaining mental health and wellbeing. The number of day/hours allocated will be individually assessed and agreed at the point of referral. Regular reviews and care planning will be undertaken.

7. Who are the main stakeholders/ customers/ communities of interest?

- Residents of Blackpool who are older adults and have a mental health diagnosis
- Patients registered with a Blackpool General Practitioner
- Family/Carers of residents of Blackpool who have a mental health diagnosis
- NHS Blackpool
- Organisations working in a voluntary or professional capacity with older adults who have a mental health diagnosis
- Blackpool Council
- Third sector providers
- Community organisations
- Independent sector provider
- Elected members

8. Does the policy, service or function have any existing aims in relation to equality, social inclusion or community cohesion?

The proposed model of care will focus on providing services which maintain and promote independent living within the community, meaningful activities and a purposeful life.

The work of the service is based on the principles and values of Blackpool Council's Comprehensive Equality Policy. This is a document entitled *All different, all equal*. The joint equality policy sets out Blackpool Council and NHS Blackpool's vision and commitment to ensure equality of access and opportunities for the population of Blackpool. This joint comprehensive equality policy was developed to highlight shared values and demonstrate commitment to providing and improving quality services to all within the community. The single equalities scheme, currently in draft format, will continue to build on the equality work from the Comprehensive Equality Policy when agreed.

The service is required to respond to any issues that need to be considered surrounding equality and diversity. The service is required to promote choice and user involvement in its approach to planning and service delivery.

The Council's Fairer Charging policy will ensure that a financial assessment will be carried out with all service users. Those who cannot afford to pay for the service would not have to pay for the service.

9. How is the resulting service or function delivered/ administered?

The service is funded by NHS Blackpool and managed and delivered by Blackpool Council.

The work of the service will be evaluated and monitored through the Council's Strategic Commissioning Division. A performance monitoring framework will be developed with the provider that focuses on monitoring outcomes for individuals.

**STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU**

10. Please summarise the main data/ research and performance management information in the box below.

<b>Date/ information</b>																	
<p><b>Local information</b></p> <p>In Blackpool there are 28,000 people over 65. This equates to 25% of the local population and is higher than the national average of 18%.</p> <p>Projecting Older People Population Information (POPPI) indicates that by 2020 there will be an increase in people suffering with older adult related mental health problems in Blackpool such as depression, severe depression, dementia and living with stroke. The table below shows a comparison between the figures from 2008 and the projected figures in 2020.</p> <table border="1" data-bbox="445 667 1185 842"> <thead> <tr> <th>Condition</th> <th>2008</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Depression</td> <td>4125</td> <td>4800</td> </tr> <tr> <td>Severe depression</td> <td>1375</td> <td>1600</td> </tr> <tr> <td>Dementia</td> <td>1942</td> <td>2257</td> </tr> <tr> <td>Living with stroke</td> <td>708</td> <td>847</td> </tr> </tbody> </table> <p>The POPPI system has been developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED) and aims to be a user-friendly, practical and straightforward way to analyse population data, identify key characteristics within that population, project numbers into the future using census projections, and compare future populations against performance data.</p> <p><b>Ethnic Profile – Blackpool Figures last updated 24/6/2010</b></p> <p>3.5% of Blackpool's population were born outside of the United Kingdom, 1.8% outside the European Union. Blackpool has a low proportion of ethnic minority residents (1.6%) compared to the UK average and is smaller than in many other localities within the Northwest Region. The BME proportion of the population of the Northwest Region is 5.6% and 9.1% for England. Nearly a quarter of all Non-White people live in just two wards, Bloomfield and Park. The most recurrent single ethnic origin of non white residents is Chinese.</p>			Condition	2008	2020	Depression	4125	4800	Severe depression	1375	1600	Dementia	1942	2257	Living with stroke	708	847
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<b>Research or comparative information</b>																	
<p><b>National Dementia Strategy (2009 DoH)</b></p> <p><b>Objective 6: Improved community personal support services.</b> Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.</p> <p>The strategy acknowledges that there is a clear need for breaks and day services to support families in their caring role in the community. Such services need to be able to provide valued and enjoyable experiences for people with dementia and their family carers. They can play an important role in the prevention of institutionalisation and the maintenance of people with dementia in the community. The arrangements for such breaks need to be flexible and responsive to the needs of each individual with dementia and their carer. Breaks can be provided in a variety of settings, including the home of the person with dementia.</p>																	

<b><i>Key findings of consultation and feedback</i></b>
<p>A local carers survey carried out in 2009 regarding carers of people with dementia brought out the following points relating to day service provision:</p> <ul style="list-style-type: none"> <li>• Respite care that is more accessible, timely and responsive was needed</li> <li>• More help for carers. More support was requested as it was felt existing levels of support were inadequate for those caring for people with dementia (eg. day care, short term residential care, etc)</li> </ul>

11. What are the impacts or effects for communities?

<b><i>Race or ethnicity</i></b>
<p><b>Blackpool Figures last updated 24/6/2010</b></p> <p>Only 1.6% of residents in Blackpool are from a BME background which is significantly lower than the north west average which is 5.6%.</p> <p>There is no identified differential impact or effects on this group but the service provider will seek to ensure that there are no physical barriers or service delivery barriers. The service will be flexible to respond to specific needs as determined by individuals using the service.</p> <p>The provider will be expected to include equality and diversity awareness during recruitment and induction for new staff. Further awareness training should be provided as part of ongoing workforce development for all staff.</p>
<b><i>Gender and Trans</i></b>
<p>There is no identified differential impact or effects on this group but the service provider will seek to ensure that there are no physical barriers or service delivery barriers.</p> <p>The service would take a flexible approach to group activities dependent on need and tailor it to suit for example single sex or mixed sex groups. Service delivery is based on an holistic assessment of individual needs and will therefore take into account needs arising out of gender.</p> <p>The provider will be expected to include equality and diversity awareness during recruitment and induction for new staff. Further awareness training should be provided as part of ongoing workforce development for all staff.</p>
<b><i>Age</i></b>
<p>The service will be offered to older people with diagnosed mental health problems. There is no specific lower age limit. The emphasis will be on accepting referrals for people where they can benefit from use of the service, rather than excluding them on the basis of a rigid age requirement.</p> <p>There is no identified differential impact or effects on this group.</p> <p>The service provider will seek to ensure that there are no physical barriers or</p>

<p>service delivery barriers. The service will be flexible to need and will be dealt with on an individual basis as the need arises.</p> <p>During recruitment for additional staff, equality and diversity will be a specific issue that should be addressed and additional training in the area should be given to all current staff.</p>
<p><b><i>Disability</i></b></p>
<p>There is no identified differential impact or effects on this group.</p> <p>The service provider will seek to ensure that there are no physical barriers or service delivery barriers. The service will be flexible to need and will be dealt with on an individual basis as the need arises.</p> <p>Service delivery is based on an holistic assessment of individual needs and will therefore take into account needs arising from any disability. The new site for the proposed service will be DDA compliant. This requirement has been factored into the building project plan.</p> <p>The provider will be expected to include equality and diversity awareness during recruitment and induction for new staff. Further awareness training should be provided as part of ongoing workforce development for all staff.</p>
<p><b><i>Religion or belief/ faith communities</i></b></p>
<p>There is no identified differential impact or effects on this group.</p> <p>The service provider will seek to ensure that there are no physical barriers or service delivery barriers. The service will be flexible to need and will be dealt with on an individual basis as the need arises.</p> <p>The provider will be expected to include equality and diversity awareness during recruitment and induction for new staff. Further awareness training should be provided as part of ongoing workforce development for all staff.</p>
<p><b><i>Lesbian, gay, bisexual people</i></b></p>
<p>There is no identified differential impact or effects on this group.</p> <p>The service provider will seek to ensure that there are no physical barriers or service delivery barriers. The service will be flexible to need and will be dealt with on an individual basis as the need arises.</p> <p>The provider will be expected to include equality and diversity awareness during recruitment and induction for new staff. Further awareness training should be provided as part of ongoing workforce development for all staff.</p>
<p><b><i>Other socially excluded communities or groups</i></b></p>
<p>1. <u>Older adults with mental health needs</u> are at risk of social exclusion. This service is designed to specifically address the needs of this group.</p>
<p><b><i>Relationships between or within communities</i></b></p>
<p>There is no identified differential impact or effects between or within communities.</p>

12. What do you know about how the proposals will impact on different communities?

<p>The new service will not negatively impact on different communities. It will improve access to day time opportunities for older adults with a mental health problem and their families and carers.</p>
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### STEP 3 - ASSESSING THE IMPACT

13. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

There is no current evidence available to answer this question. The collection of equality data within contract monitoring will enable commissioners to monitor this.

14. Does the geography or demography of service users reveal anything?

Geography:

The new location of the service is more centrally located. The intention is that this will make it more accessible to people from across the whole Blackpool (the current location is in the central/south of the town). Also the new location of the service is more accessible by people using public transport to access it.

We will monitor the profile of service users to identify any areas of the town from which there are low take up rates.

Demography

Monitoring of the service user profile will enable to us to identify any issues relating to equity of access and use of the service.

15. Do any rules or requirements prevent any groups or communities from using or accessing the service?

None that we are aware of at this stage. Monitoring arrangements with the service provider will enable us to identify any emerging issues.

16. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people? (DDA duties arising out of DDA 1995)

There are no additional barriers created for disabled people by expanding the service or moving the location.

17. Does the way a service is delivered/ or the policy create any additional barriers for any other groups or communities, for example, due to limited income or because of the time during the week or day when the service is available? E.g. women, cultural reasons.

No additional barriers have been identified for any other groups or communities. Monitoring arrangements with the service provider will enable us to identify any emerging issues.

Charging for the service provision should not be a barrier for those attending as

financial assessments will be carried out. A flat rate charge will be implemented for meals and transport and this will not be part of the financial assessment. For the elements that are not part of the financial assessment a barrier could be created. The impact of this will be considered on a case by case basis.

18. Do any of these limitations amount to unlawful discrimination?

Yes  No

If yes, please explain (referring to relevant legislation) in the box below

N/A

19. If No, do they amount to a differential impact, which should be addressed?

Yes  No

If yes, please give details in the boxes below.

N/A

20. If the impact or effects are adverse for any community or group, can they be defended in order to provide equality for another community under legislation or policy?

Yes  No

Please give details below.

N/A

21. Do you have enough information to make a judgement?

Yes  No

If no, what information do you require, about which communities?

N/A

22. Is it possible to get the information quickly and easily or is it recommended that the collection of such data be included as an action for the action plan that will be developed? Please detail below.

#### STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

23. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

There are no specific adverse impacts. The service contract should be monitored and reviewed in line with Blackpool Council Strategic Commissioning Contract Monitoring and Review Procedures.

24. What would be needed to be able to do this? Are the resources likely to be available?

25. What other support or changes would be necessary to carry out these actions?

#### **STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS**

26. Please outline the steps taken to test out your findings and possible courses of action below.

Comments will be obtained from the Keats Steering Group which is made up of staff, people who use the service and carers.

Comments received will be incorporated into the Impact Assessment along with any actions that are taken.

27. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

28. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

29. If you are impact assessing some proposals, what steps have been taken to ensure that stakeholders have been able to voice their opinions on the proposals or the need for change?



## STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed
Transitional disruption for existing service users	Good lead in times and communication of the move and new service			Natalie Bainbridge	
Introduction of charging for meals and transport could lead to some service users finding the service unaffordable	Ensure introduction of charging for all aspects of the service are appropriately communicated with service users. Financial assessments to be completed for the service charge and discussions to take place with those service users who through financial hardship may not be able to afford charges for meals and transport.			Jeanette Blackburn/Natalie Bainbridge	

**STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW**

Please outline your arrangements for future monitoring and review below.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.
The provider will supply information about the breakdown of people who access the service.	Quarterly monitoring meetings		Integrated Contracts Team and Commissioning Manager	
Provider will supply information about the provision of staff training in equality and diversity issues.	Quarterly monitoring meetings		Integrated Contracts Team and Commissioning Manager	

Date completed: 7 September 2010

Signed:

Name: Jeanette Blackburn

Position: Commissioning Manager, Strategic Commissioning, Children, Adults and Family Services.