

Blackpool Council - Equality Impact Assessment Record Form from March 2007

Department: Adult Social Care and Housing

Team or Service Area Leading Assessment: Policy Team, Strategic Commissioning Division

Title of Policy/ Service or Function: Access to, and Provision of, Equipment for People with Physical Disabilities.

Lead Officer: Karen Procter

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

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

An Equipment provision function transferred from North Lancashire Primary Care Trust to Blackpool Primary Care Trust (PCT) and Blackpool Council Adult Social Care and Housing Department with effect from 1st January 2008

There are proposals for further changes to the function.

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

The new function currently aims to improve the efficiency, effectiveness and economy of the provision of equipment to people with disabilities.

Additional changes to the function are intended to be put in place to increase personal choice and control for users of the service.

3. Please outline any proposals being considered.

The provision of equipment has moved from a Loan Store model managed by North Lancashire Primary Care Trust to a retail model, managed by Blackpool Council Adult Social Care and Housing Department.

It is intended that assessment for access to basic items of equipment (currently via Occupational Therapy assessment) will be moved from being managed by North Lancashire Primary Care Trust to Blackpool Council Adult Social Care and Housing Department via 'trusted assessors'.

There will then be three tiers of assistance:

1. Factsheet for people to choose and purchase themselves (private purchase)
2. Helpdesk advice on purchase if needs more complex - if necessary, referral on to:-
3. Occupational Therapy assessment

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

1. The current Loan Store contract was due for renewal. The Department and Blackpool PCT wanted a dedicated Blackpool service for Blackpool residents
2. There will be increased personal choice through proposals to encourage self-help/private purchases.
3. If a 'trusted assessor' arrangement is introduced OTs will be freed up to focus on more complex needs assessments and therefore waiting times for such assessments should reduce.
4. Provision of equipment has moved from a Loan Store model to a retail model in order to increase; flexibility of service, speed of delivery, personal control and choice. Over 90% of equipment supplied previously cost less than £30. In many cases people knew what they wanted and needed information on where to get it, rather than to wait much longer go through an OT assessment to get it.
5. All the above should lead to reduced overall costs, through better use of OT time and self purchase of smaller items of equipment.

5. What outcomes do we want to achieve

- increased service user control
- increased service user choice
- More flexible service
- Reduced service costs
- More effective use of Occupational Therapists' time
- Streamlined process
- Improved speed of delivery
- Local service focussed on local people

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

People of all ages in Blackpool who are assessed as requiring equipment to; improve their ability to be as independent as possible, be included in society, undertake the activities of daily life, have control and choice over their lives.

Carers of people with disabilities as equipment will assist them in their support role.

Blackpool Adult Social Care and Housing Department plus Blackpool Primary Care Trust in terms of savings made from providing the equipment service in a more efficient way. Those savings will be reinvested into Blackpool Adult Social Care services and Blackpool Primary Care Trust respectively.

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

People of all ages in Blackpool who require equipment, Blackpool Primary Care Therapy, Blackpool Adult Social Care and Housing Department, carers of people who require equipment, Blackpool Victoria Acute NHS Trust, Occupational Therapy and Physiotherapy staff, Social Care Practitioners, relevant Voluntary and Community agencies, retailers of

equipment.

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

- Improved equality of access for disabled people of all ages to; education, employment, leisure facilities, public buildings, retail outlets etc through provision of equipment
- Improved social inclusion through provision of equipment to enable people with disabilities to use community facilities and take an active involvement in the community

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

At present the function covers the delivery of equipment:

Stage 1

1. the Occupational Therapist emails an order through to one of 4 standard and/or 2 specialist suppliers, plus to the Helpline Co-ordinator Mailbox.
2. the supplier replies by email to both to confirm receipt of order.
3. the supplier delivers the equipment to targets of; within 24/48 hours if urgent, or, 48/72 hours if routine
4. the Helpline Co-ordinator rings the customer and Occupational Therapist to check that the equipment has been delivered and that the Occupational Therapist can visit to check.
5. Occupational Therapist visits to check installation/use of equipment is correct

Stage 2

1. People with low level equipment needs will be signposted (via Factsheet) to appropriate retail/online providers of equipment.
2. A database is to be developed to assist the helpline operator in following up orders, answering queries, plus it will provide necessary Performance Indicator data re delivery times.
3. A 'trusted assessor' will be used to assess for 'simple' cases where only small items of equipment are likely to be required.

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.

Date/ information

General Population Data

Blackpool has a resident population of some 142,900.

Blackpool has a high percentage of residents who are described as separated or divorced compared to the Northwest region and England & Wales.

Both in numerical and percentage terms Blackpool has a small black and minority ethnic (BME) population.

Birth rates for Blackpool residents are lower than regional and national figures; death rates are higher. Blackpool had more deaths than it had live births in 2005, whereas the Northwest Region and England & Wales had more live births than deaths.

The official mid-year estimation process for the year 1981-2001 records a reducing number of residents in Blackpool. The most recent estimates from 2003 to 2005 suggest this decline may have halted. Official projections for the future indicate a population increase to 159,900 by the year 2029. Official projections for the future indicate a rise in 65 plus year olds both in numbers and as a proportion of the total population

Research or comparative information

Health and Disability

A high proportion of residents describe their health as “not good” and state that they have a “limiting long term illness”. 42.9% of households in Blackpool include one or more person with a limiting long-term illness, statistics in the North West are 38.4% and in England 33.6%.

10% of people aged between 16-74 are permanently sick or disabled and economically inactive. Percentages are 8% for the North West and 5% for England. In Blackpool approximately a third more men than women are in this category.

115 people of working age in Blackpool are registered Blind with a further 180 registered as having a sight impairment. 50 people of working age are registered Deaf and a further 135 as having a hearing impairment. 473 people with dual sensory loss have been identified.

Life expectancy in Blackpool is a major cause for concern; the data suggests that while life expectancy increased slightly over the ten-year period, progress in extending the Blackpool life expectancy figures does not compare favourably with the national trend and other areas. The main causes of all deaths in Blackpool are broadly similar to those for England although deaths due to the digestive system and respiratory system are a little higher in Blackpool than in England as a whole.

The two main causes for reduced life expectancy for men in Blackpool are digestive diseases including cirrhosis of the liver and overdoses and poisoning. These are followed by coronary heart disease, other causes, other circulatory, stroke, self-harm, violence and other accidents. The top cause for reduced life expectancy for women in Blackpool is digestive diseases including cirrhosis of the liver, followed by other respiratory diseases, lung cancer, other cancer, stroke, coronary heart disease, other circulatory diseases and breast cancer.

Deaths from heart disease and stroke, smoking and cancer are higher in Blackpool than the regional and national average. Estimates suggest there are a higher percentage of smokers and ex-smokers in Blackpool than in England as a whole. Certainly there are fewer people who have never smoked.

Alcohol misuse is a significant problem in the North West. It is estimated that 22% of

adults in Blackpool binge drink, less than the regional but more than the national average. Admissions to hospital in Blackpool for alcohol related conditions are more than the regional and national average

The number of drug users aged 15-44 in contact with treatment services in Blackpool is the highest of all the local authorities in England. There has been a rise in mainstream misuse of steroids in Blackpool.

The number of people registered with severe long-term mental health problems and who are actively accessing treatment is higher than the regional and national average

The Standardised mortality ratio for all deaths under 75 years in Blackpool are higher than the average for England. Male mortality rates in Blackpool exceed female rates for key diseases for the under 75's. Blackpool key disease mortality rates for both males and females under 75 exceed those for England.

There has been a decline in Blackpool for deaths of under 75 year olds for both males and females in all key diseases except lung cancer where there has been a small increase for females.

A 'low birth weight places a baby at higher risk of illness and death'. It is demonstrably linked to deprivation. 8.9% of babies in Blackpool (all live births) had a low birth weight (Office for National Statistics 2004 data), which is higher than the national figure of 7.9% for England and Wales.

Blackpool Children with Physical Disabilities with a Planning Record (as at 14/2/08):

Level of Need	Mild	Moderate	Severe
Age			
4		2	3 + 1 SI*
5		1	1
6	1	2	3 + 1 SI*
7		1 + 1 SI*	2 + 2 SI*
8			2 + 2 SI*
9			1 + 1 SI*
10		4	2
11		1	1 + 2 SI*
12		1 SI*	4 + 2 SI*
13	1	2	1 + 1 SI*
14		3	2 + 1 SI*
15		1	3 + 1 SI*
16		1	1 + 1 SI*
17			6
18		1 SI*	1 + 1 SI*

* SI = Sensory Impairment

General Benefits Information

More than one third (36.5%) of Blackpool's total population were claimants of at least one key benefit at August 2006. 23.4% of the working age population in Blackpool were

claimants of at least one key benefit at August 2006. This was a higher percentage than for the other comparator local authorities with the exception of Knowsley (28.0%).

13.2% of Blackpool's working population were claimants of incapacity benefit at August 2006.

There are seasonal fluctuations in Blackpool for Job Seekers Allowance claimants showing more claimants in the winter months than in the summer months over the past two years. 2.88% of Blackpool's working age population were Job Seekers Allowance claimants at August 2006. Knowsley and Redcar had a higher percentage of their working age population who were Job Seekers Allowance claimants at August 2006 (4.5% and 3.9% respectively).

The numbers in Blackpool claiming Job Seekers Allowance are higher in August 2006 than in the previous two years at the same time of year; however, numbers had also increased in the comparator local authorities.

The numbers claiming income support in Blackpool have decreased between August 2004 and August 2006. This is the same for the majority of the comparator local authorities with the exception of Bournemouth and Poole. Blackpool has a higher number of income support claimants than the other comparator local authorities with the exception of Knowsley at August 2006.

Just over one fifth (21.7%) of Blackpool's population were claiming a State Retirement Pension at August 2006. Blackpool has a higher number of state retirement pension claimants than in comparator northern local authorities, and a lower number than in the southern comparator local authorities.

Numbers claiming pension credit in Blackpool have increased between August 2004 and August 2006. This is the same for the other comparator local authorities.

Blackpool has higher numbers of total benefits claimants than in the other comparator local authorities with the exception of Knowsley at August 2006.

Incapacity Benefit & Severe Disability Allowance

Incapacity Benefit is paid to people who are assessed as being incapable of work and who meet certain contribution conditions. Assessment is through the Personal Capability Assessment (PCA), which measures the claimant's ability to perform a range of every-day activities. Severe Disablement Allowance (SDA) was available until April 2001 to those who did not satisfy the contribution conditions for Incapacity Benefit but were incapable of work.

The table below shows that numbers claiming Incapacity Benefit and Severe Disability Allowance reduced between August 2004 and August 2006 in Blackpool. Numbers of cases had reduced between August 2004 and August 2006 in all local authorities except Poole. Numbers of cases in Blackpool were higher in 2006 than in the other local authorities in the table with the exception of Knowsley.

Table 5: Incapacity Benefit and Severe Disablement Allowance Combined (Thousands of cases)			
	August 2004	August 2005	August 2006
Blackpool	11.77	11.56	11.31
Blackburn with Darwen	10.07	9.83	9.90
Redcar & Cleveland	9.89	9.68	9.24
Knowsley	14.30	13.58	13.20
Southend-on-sea	7.34	7.30	7.27
Bournemouth	8.79	9.00	8.75
Poole	4.81	4.83	4.91
Torbay	7.80	7.62	7.76

Source: DWP website, Work and Pensions Longitudinal Study 100% data – Update on release of November 2006 data

By February 2007 the total number of claimants had reduced to 11,465 (10,520 Incapacity Benefit and 945 Sever Disablement Allowance).

Disability Living Allowance

Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65. It has two components which can be paid together or on their own; these being, a care component and a mobility component. There were higher numbers of people eligible as claimants of disability living allowance in Blackpool than for the other local authorities in the table with the exception of Knowsley in August 2006.

The number of claimants had increased in all the local authorities in the table below between August 2004 and August 2006.

Table 6: Disability Living Allowance All Entitled Cases (Thousands of cases)			
	August 2004	August 2005	August 2006
Blackpool	11.28	11.54	11.83
Blackburn with Darwen	9.45	9.83	10.02
Redcar & Cleveland	8.89	8.89	9.00
Knowsley	15.77	15.81	15.87
Southend-on-sea	6.31	6.50	6.69
Bournemouth	6.10	6.43	6.65
Poole	4.54	4.73	4.84
Torbay	7.44	7.82	8.09

Source: DWP website, Work and Pensions Longitudinal Study 100% data – Next update on release of November 2006 data

Attendance Allowance

Attendance Allowance (AA) provides a non-contributory, non-means - tested and tax-free contribution towards the disability-related extra costs of severely disabled people who are aged 65 and over when they claim help with those costs. It can be awarded for a fixed or indefinite period. More people in Blackpool were entitled to claim attendance allowance than in the other northern local authorities in August 2006.

Table 7: Attendance Allowance All Entitled Cases (Thousands of cases)

	August 2004	August 2005	August 2006
Blackpool	5.71	5.76	5.81
Blackburn with Darwen	4.05	4.26	4.40
Redcar & Cleveland	3.98	4.05	4.16
Knowsley	4.88	5.05	5.16
Southend-on-sea	5.69	5.74	5.78
Bournemouth	5.92	6.04	6.19
Poole	4.30	4.40	4.64
Torbay	6.30	6.34	6.50

Source: DWP website, Work and Pensions Longitudinal Study 100% data – Next update on release of November 2006 data

Key Benefits for all Client Groups of all Ages

More than one fifth (21.7%) of the population of Blackpool are claiming a State pension (this calculation is based on 2005 mid year estimates). This has remained at a similar level for the past three years. The numbers claiming are higher than in the other Northern local authorities in the table below but lower than in the Southern coastal local authorities.

The table below shows that 52,110 people in Blackpool were in receipt of at least one of the key benefits from the Department of Work and Pensions in August 2006. This is equivalent to more than one third of the population in Blackpool (36.5%) based on 2005 mid year population estimates. In terms of actual numbers there are more total claimants in Blackpool than in the other local authorities in the comparative table below with the exception of Knowsley.

Table 10: Key Benefits for Client Groups All Ages* August 2006 (Thousands of Cases)

	Job Seeker	Incapacity Benefits	Lone Parent	Carer	Others on Income Related Benefits	Disabled	Bereaved	Receiving State Pension Only	Total
Blackpool	2.88	11.31	2.48	2.40	9.45	6.90	0.37	16.33	52.11
Blackburn	2.81	9.90	2.34	2.24	6.80	5.56	0.30	10.87	40.82
Redcar & Cleveland	3.22	9.24	2.28	2.57	7.29	5.36	0.35	16.34	46.66
Knowsley	4.14	13.20	4.13	3.89	9.60	6.97	0.33	10.11	52.38
Southend-on-sea	2.87	7.27	2.62	1.63	7.95	5.78	0.33	21.31	49.76
Bournemouth	2.11	8.75	1.99	1.60	8.72	5.44	0.30	22.63	51.55
Poole	1.01	4.91	1.44	1.32	6.04	4.62	0.30	22.34	41.97
Torbay	1.88	7.76	1.79	2.28	8.29	6.20	0.28	19.39	47.88

Source: DWP website, Work and Pensions Longitudinal Study 100% data – Update on release of November 2006 data

Note: * Client Groups are Clients of Working Age, Clients of State Pension Age and Children. The Statistical Typology for the Client Groups presents each person by the main reason they are in contact with the Department.

Race and Ethnicity

Blackpool has a very low number/percentage of people from BME communities with 98.4% classifying themselves as white. The percentages are lower in the North West (94.4%) and in England (90.9%).

96.59% of people living in Blackpool were born in the United Kingdom as opposed to 95% regionally and 91% nationally. Of those born outside of the UK, the highest percentages were born in Western Europe (0.85%) and Asia (0.79%). Those countries outside of the

UK where Blackpool residents were born are Germany (586), Italy (191), Poland (127), South Africa (147), Hong Kong (195), and India (218).

There is anecdotal evidence to suggest that Blackpool's Polish community is growing. It is believed that there are 15,000 Polish people in Blackpool with 1000 registering to work in the FY postcode area during 2004/2005. There is also evidence that Blackpool has a large gypsy/traveller population.

The proportion of people from BME groups who use our services is low compared to the proportion of the population from BME groups. There may be a variety of cultural reasons for this but the fact remains that there are issues of inclusion that may need to be addressed.

Gender and Transgender

Blackpool's population is composed of 48% men and 52% women (similar to national gender balance).

The Census does not capture information on people who have changed gender and the Department does not routinely hold such information in a format that would enable data to be extracted.

Information from the University of Salford suggests that there are about 5,000 – 6,000 transgender people in the UK who are living permanently in their new gender role.

Religion or belief / faith communities

Only 1.2% of the population describe their religion as other than Christian, none/not stated, of which the highest percentage (0.44%) describe themselves as Muslim. The percentages of population for the North West are 4.3% (of which 3% is Muslim) and in England the percentage is 6% (again 3.1% being Muslim and 1.1% Hindu).

Sexuality

The percentage of people indicating they live in a same sex relationship is higher in Blackpool at 0.5% than in the North West or England (0.2%). There is anecdotal evidence to suggest that Blackpool has one of the largest gay and lesbian populations outside of the country's largest cities.

Age

Although over half of the population (55.1%) are less than 45 years of age, Blackpool has a high proportion of older residents, (aged 60 years and over), when compared to the Northwest region, and England & Wales. 23.7% are under 20 years of age, 51.2% are aged between 20 and 59; and almost one quarter (25.0%) are aged 60 years and over. The retired population will increase. There is an inextricable link between ageing and disability and almost 61% of those with a support need are over 60, and over 60% of them have a walking difficulty.

Young persons, those aged from 0-17 years, made up 21.1% of the whole Blackpool population at the time of the 2001 Census.
Key findings of consultation and feedback
<p>In 2003/2004 a survey of Service Users with physical disabilities and sensory impairments was carried out. The survey revealed:</p> <ul style="list-style-type: none"> • 28% of the people surveyed felt that their opinions and preferences were always taken into account. • 26% felt that they did not have as much contact with other people as they would like. • 30% felt that Social Services did not provide them with the information that they needed. • 42% said that they had not been told about direct payments. • Service Users wanted improvements to Home Care and access to services. • 37% said that they were not able to get out and about as often as they would like. • 46% said that they spent too long with nothing interesting to do. • 53% said that they found it difficult to find out about services that may help them.

11. What are the impacts or effects for communities?

Race or ethnicity
It is hoped that the provision of advice over the phone will have a positive impact on take-up by ethnic communities.
Gender and transgender
Positive impact on Blackpool residents with a disability. Impact neutral on equality group.
Age
Positive impact on all Blackpool residents (children, adults and older people) with a disability.
Disability
Positive impact on all Blackpool residents (children, adults and older people) with a disability.
Religion or belief/ faith communities
Positive impact on Blackpool residents with a disability. Impact neutral on equality group.

<i>Lesbian, gay, bisexual people</i>
Positive impact on Blackpool residents with a disability. Impact neutral on equality group.
<i>Other socially excluded communities or groups</i>
Positive impact on Blackpool residents with a disability. No impact on other socially excluded communities or groups.
<i>Relationships between or within communities</i>
Improved integration of people with disabilities into the general community.

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

Positive impact on all Blackpool residents of all ages with a disability, within the different equality groups.

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?

The ethnicity profile of Adult Social Care Service Users does not match the local profile, with a lower number of people from minority ethnic backgrounds using services than would be mathematically predicted. The exact reasons for this are not known but there is national evidence that extended family culture may mean that fewer people from minority ethnic backgrounds access Social Care Services.

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

There are higher concentrations of people with long-term disabilities in deprived wards and there are wards where the overall population is ageing at a faster rate than others. This may indicate that there will be a higher demand for equipment from these areas.

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

Access to social care services is governed by needs based eligibility criteria, which have been impact assessed and found not to cause inequalities.

The new retail model that replaces the 'Loan Store' will give people the choice, via signposting, to purchase items of equipment that they feel will assist them, without having to wait to be assessed for eligibility for such item.

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)

The equipment service specifically caters for people (young and old) with disabilities. The new way in which the service is now being delivered should further reduce the barriers to daily living for disabled people by being more efficient, effective, flexible and responsive.

If there is no access to the Helpline via Minicom or mobile phone text this will create a barrier for people with sensory impairments.

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.

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

Yes No

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

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.

As the service is designed for people with physical disabilities it does not directly impact on people in other equality groups unless they have a disability.

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.

There are no specific adverse impacts.

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

Yes No

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

Basic local and national information about adults with disabilities is readily available and is sufficient to be able to assess the impact of the equipment service. However, such information is not as readily available for children with disabilities, although data on the numbers of children with physical disabilities with a Planning Record have been obtained. In addition, it may prove helpful to obtain more detailed local data and information to broaden knowledge of disabled members of the other equality target groups.

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.

Building up a clearer local picture of the disabled community across ALL age groups and across other equality groups is likely to be resource and time intensive. Trends in data will be as important as baseline data for strategic planning purposes. This activity could perhaps be built into the Department's Strategic Commissioning function. Central collation will enable a greater consistency of information, improved quality of information, up-to-date information, and improve strategic decision-making as well as ensuring that the equipment service can develop in such a way that equality can be assured.

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 - any public information produced should carry the standard equalities statement and consideration should be given to minicom and text phone access to the equipment team's helpline.

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

No resources needed to add the equalities statement to any public information. Funding would be required to add minicom and text phone access, although it is not likely to be expensive and should be able to be funded from within the team's budget.

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

AD (Integrated Care Services) and PCT managerial approval.

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.

Equipment and Adaptations Review forms are given to all people using the equipment service to obtain feedback on the service. The Reviews Team manager may be able to provide some analysis of recent feedback forms compared to the previous Equipment service.

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.

Analysis of service user on-line testing of websites.
Analysis of Equipment and Adaptations Review forms.

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?

The Department of Health designed the Retail Model alongside people who use and deliver services.

In Blackpool, stakeholders have formed a Steering Group to make decisions on and oversee the implementation of the proposals.

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
Access limitations to Helpline	Purchase and incorporate Minicom and text phone access to Helpline	Increase the number of people accessing advice through Minicom or textphone.	April – June 2008	Caroline Bramhall	√

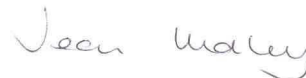
STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

Access to, and Provision of, Equipment for People with Physical Disabilities will be monitored and reviewed annually by the Steering Group

Date completed: 19/02/08

Signed:



Name: Jean Hedley

Position: Assistant Director - Central and Support Services