

**Function being assessed:**

**Transforming Adult Social Care Programme**

**Introduction**

The Transforming Social Care Programme is a major policy shift that was launched by a cross government concordat called Putting People First in December 2007.

The aim was to modernise Social Care giving people more choice and control about the support they need, and access to high quality flexible services which are tailored to individual need.

A Vision for Adult Social Care (2010) reinforces this through seven key principles of prevention, personalisation, partnership, plurality (choice), protection, productivity and people and the delivery of best outcomes for individuals who use services.

In line with the Transforming Social Care Programme, in March 2011 Kingston Council restructured to a contact, short, medium and long term service.

This programme is far reaching and has the potential to impact all people who are eligible for adult social care support. The process that will be adopted will ensure equity, fairness and transparency.

This is presented in the diagram below:



This Equality Impact Assessment is an overarching exercise This will be supported by specific EQIAS as and when the changes are made within the Programme. Engaging with service users and carers will be a key part of this process of change.

**Is this a new function or a review of an existing function?**

This is a review of an existing function to meet the needs of individuals eligible for adult social care support and will also provide advice and information where appropriate to enable people to live independently.

## **What are the aims/purpose of the function?**

The Council is committed to supporting people to continue to live independently and in their own home for as long as possible. This will be achieved by:

- Promoting personalisation and enhancing quality of life for people with care and support needs
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment
- Ensuring delivery is effective and efficient from a financial perspective

The Council's approach to providing choice, control and maximising independence is set out in the "Transforming Social Care" report, agreed by Executive in January 2010 and more recently in the Annex to the One Kingston report considered and agreed by Executive on 30 November 2010.

Due to the financial implications of the Transforming Social Care Programme proposed changes in the Council Budget Strategy Report were prepared for consideration at Executive on 8<sup>th</sup> February 2011 and the full Council on 1<sup>st</sup> March 2011.

## **Is the function designed to meet specific needs such as the needs of minority ethnic groups, older people, disabled people etc?**

The Transforming Social Care Programme changes will have the potential to impact all adults, though mainly people with disabilities. Naturally these changes will have an impact on families and carers.

The new way we will be delivering adult social care will affect the following:

### **Information and advice**

RBK is committed to ensuring that people have the information and advice that they need to make the right decisions about the care and support which will work for them including those who self fund their own care. This will enable people to make the best use of resources and to help them to live as independently as possible. This has been delivered through the One Council contact centre from 17<sup>th</sup> February 2011 through a single point of contact for all provisions of adult social care.

We have also established with the voluntary sector Kingston i, which is an information and advice giving service to support and enable individuals to continue to live independently. (EQIA completed 2010)

### **Reablement**

RBK will be providing a range of short term support to help people recover their skills and confidence after they have been for example, unwell or in hospital. Research shows that reablement can help people to be able to continue to live independently at home and will be less likely to need social care services on a long

term basis. It can have a positive impact on health related quality of care and is cost effective in terms of health and social care costs.

The core re-ablement service is currently in operation and is provided free of charge to all eligible residents, regardless of financial circumstances. Reablement will last up to 6 weeks and if longer term support needs are identified then a full needs assessment will be undertaken which will include a financial assessment.

### **Preventative services**

Supporting an adult who may be at risk of abuse is a key responsibility across all council services. A small team has been retained to coordinate activity across the multi agency partnership, ensure that learning is shared and a rigorous standard of practice is maintained. The team will provide challenge, leadership and support to all services within the borough. This will include in house and external care providers.

The Safeguarding Adults Partnership Board will monitor referrals across all equality strands and challenge apparent inequalities and promote safeguarding to ensure it is accessible.

RBK is keen to support people to retain and regain their independence. It is known that with early intervention, a significant proportion of care and support can be avoided (A Vision for Adult Social Care DH 2010). As an important part of this, RBK works with a number of partner organisations who provide preventative services in the community (such as Milaap day service, and Alfriston, day service).

### **Assessment and support**

All individuals who are assessed as eligible for social care support services will receive a Personal Budget using a Resource allocation system.. The purpose of a Personal Budget is to offer an amount of money which can be used to meet assessed needs and outcomes. This will enable people to have choice and control to decide how to use this to meet their needs and outcomes. A Personal Budget can be taken as either cashes (a Direct Payment, a service managed by the Council or a mixture of both). Those currently receiving services will have a Personal Budget at their next review and will continue to be able to receive this as a Direct Payment, a directly managed service, or a mixture of both.

The Council has made a clear commitment to support service users to manage their Personal Budget and arrange services on their behalf where appropriate and will continue to fulfil its safeguarding responsibilities where people may be at risk of harm.

RBK has established eligibility criteria for community care services based upon an analysis of individual's personal needs. This is based on national guidance, fair access to care (FACS). and Kingston's thresholds for meeting people's need who are critical or substantial remain unchanged.

It has established Contribution criteria for financial support to assist with costs of

on-going community care services. The Council has recently revised its Contributions policy in line with the transformation of adult social care. An EQIA was completed on the impact of these changes prior to a decision being made in March 2011.

RBK remains committed to meeting eligible needs, taking into account the best use of its limited resources and needs to continue to ensure value for money for service users and the Council.

### **Commissioning and providing services**

A Vision for Adult Social care emphasises the need to ensure that there is a broad range of support so that care and support is personalised as much as possible. RBK is committed to increasing personal choice and control and supporting the growth of markets that people want (Practical Approached to Market Development 2010).

In addition, to this the Councils commissioning strategy .will look at all current services that RBK provides including day services, meals on wheels , transport, day and residential care and EQIAs will be undertaken on any service that will be affected by these changes. (Community Care Commissioning Strategy 2008 – 2013).

RBK continues to aim to improve outcomes for service users while using resources effectively, achieving value for money and increased efficiency. It will continue to work to a common set of commissioning standards. (One Council Commissioning Framework).

### **What information has been gathered on this function? (Indicate the type of information gathered e.g. statistics, consultation, other monitoring information)? Attach a summary or refer to where the evidence can be found.**

The Councils approach has been informed by a significant body of National policy, National Studies and Local Research .which a sees a new direction for adult social care, putting personalised support and outcomes at the heart of adult social care. See Appendix 1.

#### **Council research**

The Council has undertaken two pilot projects to assess the impact of “Personal Budgets” and “Reablement. An evaluation report for each pilot has been produced and these have been used to inform the development of the Council’s Transforming Social Care Strategy .

In March 2009 and March 2010 the Council commissioned IPSOS MORI to undertake qualitative research to inform the development of its customer contact strategy. It has supplemented this with customer insight research commissioned

from Experian.

In addition to this there have also been a number of consultations:

- Transforming Adult Social Care January 2010
- Charging Policy
- Day Services

The Council's Strategy has been informed by the "Borough Profile 2009" document and the "Joint Annual Public Health Report for Kingston 2008". Together they provide a comprehensive analysis of key demographic trends in Kingston.

Examination of the existing model of service provision indicates that there were 3410 people aged 18 or over in receipt of adult social care during 2009/10. Of the 3410 service users, 1043 (30.5%) received community based services in their own home. 166 (5%) were in permanent residential homes and 23 (0.7%) in permanent nursing care. The percentages do not total 100% as some clients have received services in one or more of these service areas, for example, a client may have received community based services before moving into permanent residential care.

Community Care Services received 2279 contacts by new clients during 2009/10. These contacts concerned clients whose needs were attended to solely at or near the point of contact, usually signposting them elsewhere because they had not met our Fair Access to Care Services (FACS) eligibility criteria.

A further 2270 contacts were received during 2009/10 which resulted in further assessment of need. Essentially these service users have met our FACS eligibility criteria, either at substantial or critical levels.

Community Care Services completed 1098 assessments for new clients aged 18 or over in 2009/10. 315 (29%) were completed for clients aged 18-64, and 783 (71%) for clients aged 65 or over. Of those clients aged 18-64, 122(39%) have a physical disability/sensory impairment, 3 (1%) have a learning disability, 134 (43%) have a mental health problem, 56 (17%) are substance mis users and 0 (0%) are other vulnerable people.

**Does your analysis of the information show different outcomes for different groups (higher or lower uptake/failure to access/receive a poorer or inferior service)? If yes, indicate which groups and which aspects of the policy or function contribute to inequality?**

The changes which will come through Transforming Social care will be varied and widespread. The impact of each change will be looked at in separate area specific EQIA's.

Social Care services inevitably support; older people with disabilities, people with substance misuse or mental health problems, people with Learning disabilities and younger adults, people with long term conditions including HIV and people with Physical disabilities.

The impact of the changes will be experienced by these groups, rather than the wider population, as these are the target groups for Adult Social Care services.

The aim of the Transforming Social Care programme, both nationally and locally is to offer all users of services, regardless of all equality strands.

From the personalisation pilot undertaken in 2009, there is anecdotal evidence that people who were more familiar with making major life choice and exercising autonomy, made better use of the flexibilities personal budgets offered. The pilot did not demonstrate any differential impact by equality strand.

One of the key aspects of the policy, in its implementation, is to provide the appropriate level of support so people can exercise choice and control.

We are also particularly aware of the possible impact of these changes on carers and need to ensure that carers are not disadvantaged by having to take on extra responsibility as a result of these changes.

We are aware that the publicity about the changes should be available to all regardless of language or sensory impairment and that our communication strategy should reflect this.

### **Race, religion and beliefs**

Different communities have different ways in which they provide support and care. In TSC cultural, religious and individuals beliefs will be taken into account in the assessment process to ensure appropriate delivery. TSC should meet this objective better because individuals will be determining the way in which they want the service delivered. Communication needs have to be taken into account.

### **Disability**

TSC programme will have a significant impact on disabled people who are entitled to the service from adult social care. Each individual will have different requirements.

depending on the nature and level of disability. Appropriate measures need to be put in place to ensure that there is effective delivery e.g. communication and suitable support to understand the process and changes.

### **Gender**

TSC programme will have a neutral impact on all gender groups. The potential effect on women comes because they live longer and also because they become carers. The assessment process will need to take account of this.

Because the majority, although by no means all, carers are women, care needs to be taken that they are not disadvantaged by changes in the way those they care for

are delivered. Carers need to be fully involved in the process, while not compromising the primary aim of providing services around the needs of the service user. It is recognised that carers are likely to have greater administrative responsibilities as they manage personal budgets for those they care for and in some cases themselves, and some will need support with this. It will also be important to monitor the impact on young carers.

### **Sexual orientation**

In developing the local market to enable service users to choose their support, it is important that all potential service providers are aware of the need to respect people's sexual orientation and gender identity and provide services which recognize diversity. Faith groups need to beware of the needs of individuals if they do decide to enter into deliver the service.

### **Age**

These changes will inevitably impact more on older people, who constitute the bulk of service users and are more likely to be accustomed to receiving more traditional type services. Some older people may find the personalisation agenda difficult to understand and may struggle to take on the additional responsibilities that go with having greater freedom and choice.

However, as the majority of service users are older people, the changes have a significant potential to improve their quality of life and health. The Reablement service in particular is likely to lead to better outcomes for older people who often find themselves in need of support following a hospital admission.

In order to reap the benefits of the new model of social care, older people will need to be supported to ensure they are not excluded from options such as employing personal assistants by difficulties in dealing with employment issues.

TSC programme needs to take into account how they communicate to the current and potential service users. Some older people may find it difficult to have access to computers from a financial and technological aspect.

### **Are these differences justified (e.g. are there legislative or other constraints)? If they are, explain in what way.**

The transformed model aims to have a consistent and equitable approach for all those accessing social care support.

For those people not entitled to Council support better arrangements for information and advice should increase access to high quality services

However it is recognised that it will be important to look carefully at any changes the Council makes and therefore will address these through a series of separate EQIAs. See below.

The Council will continue to pay 'due regard' to its Public Sector duties under the

Equality Act 2010 when making any decisions.

**What action needs to be taken as a result of this Equality Impact Assessment to address any detrimental impacts or meet previously unidentified need? Include here any reasonable adjustments for access by disabled people. Include dates by which action will be taken. Attach an action plan if necessary.**

- The council will ensure that all relevant Equality Impact Assessments are undertaken as the Transforming Social Care Programme progresses. This work will be the responsibility of the Transformation Project Board.
- The Transforming Social Care Officer Group will have overall responsibility for reviewing and signing off each EQIA. Engagement with service users and carers will form a vital part of this process.
- The EQIA Framework forms an integral part of the Transforming Social Care Programme Plan and this will be monitored and reviewed quarterly by the Transforming Social Care Member Officer Group
- Underpinning the Equality analysis Framework is the Adult Social Care Performance Management Framework. Key access and equality indicators will be reviewed monthly at the Adult Social Care Performance Board
- As part of the roll out of its new approach to adult social care, a Performance Management Framework is being established to support the new service, as an essential part of ongoing analysis and monitoring. Incorporated within this is a suite of performance indicators to measure equality and accessibility. This will be ready by the end of October 2011 and will be monitored by the Performance management team.
- The Transforming Adult Social Care programme is aware that it needs to provide information in the right format and that this is accessible. This will be monitored, reviewed and actions taken as appropriate through the Transforming Social Care communications subgroup.
- Monitoring the take up of Personal Budgets and degree of autonomy taken by different client groups and reviewing this at the TSC Programme board.

### **Specific Equality analyses**

- **Access and information.** An equality analysis was completed on the Information and Advice service (Kingston i) in 2010. The Contact Centre completed an overarching Equality analysis in 2009.  
**Action:** An Equality analysis for the Contact Centre will be reviewed in August 2011 by which time more accurate data should be available from Adult Services data base.

- **The Resource Allocation System** including the RAS scoring system and how Personal Budgets are used in terms of choice control and impact on independence to examine if there is any differential impact on equality strands.  
**Action:** An analysis of data will take place in September 2011 This work will be the responsibility of the Transformation Project Board and monitored through the Equality Steering Group .In the interim adult Services will begin to look at the data so far available to identify possible themes and trends.
- **Reablement.** The Principal Managers of Adult Social Care services are currently working with the One Council Project manager, a Reablement Project Manager, the NHS and GPs to develop reablement services. The initial Reablement Project Initiation document has highlighted the need for an Equality analysis.  
**Action:** An equality impact assessment will be completed once proposals are finalised in September 2011.
- **Support planning.** An equality analysis to identify any potential impact on different groups in terms and unmet need.  
**Action:** This will be completed in December 2011 nine months following the Adult Services restructure.
- **A full EQIA on the new Contributions policy completed** and consultation feedback taken into consideration by the Council's decision making body in March 2011. A new Contributions Policy is currently being implemented.
- **Day services.** A consultation has taken place on the future of day services provision to consider options of a changed model of support which meets service user's outcomes in line with personalisation having a focus on flexible person centred choice..  
**Action:** An EQIA was completed in June 2011. Decisions about the future of day services in Kingston took place on the 14<sup>th</sup> July 2011 by the Councils People Services Committee and plans are now in place to implement the agreed proposals.

#### **Residential and nursing home services**

The Council will be considering options about a strategy for future provisions by the end of 2011. When this is clearer, this will trigger an outline EQIA with a more detailed equality analysis when options are identified.

**Action:** Ongoing updates through the bi monthly Equality Steering Group to review progress and current action.

#### **When will you evaluate the impact of action taken? Give review dates.**

Progress against the action plan will be reviewed quarterly by the Transforming Social Care Member Officer Group and the bi monthly Equality Steering Group.

## Assessment completed by

**NAME:** Dylan Champion

**SERVICE:** Adult Services.

**DATE:** 25 January 2011

updated 8-3-2011

updated 23-5-2011

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## Appendix 1

### National research

The Council's approach to Transforming Social Care has been informed by a number of national studies. In particular in 2005 the Department of Health undertook two consultative exercises: "Our Health, Our Care, Our Say" and "Independence, Well Being and Choice". 143,000 people contributed their views on Health and Social Care issues.

A Vision for Adult Social Care Capable Communities and Active Citizens 2010 DH  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508)

Transforming Adult Social Care: access to information advice and advocacy. Report Idea 2009 Putting People First  
<http://www.idea.gov.uk/idk/aio/9454528>

Research Works: Home care reablement services: investigating the longer term impacts Social Policy Research 2010  
<http://www.york.ac.uk/inst/spru/pubs/rworks/2011-01Jan.pdf>

Personal Budgets- checking the results 2010 Putting People First  
[http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/personal\\_budgets\\_checking\\_the\\_results\\_final\\_29\\_October\\_2010.pdf](http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/personal_budgets_checking_the_results_final_29_October_2010.pdf)

Practical Approaches to market and provider development 2010 Putting People First.  
[http://www.vsnw.org.uk/files/Practical%20approaches%20to%20market%20and%20provider%20development\\_12%20November%202010\\_v3\\_ACC.pdf](http://www.vsnw.org.uk/files/Practical%20approaches%20to%20market%20and%20provider%20development_12%20November%202010_v3_ACC.pdf)

Think Local Act Personal 2011 Putting People First.  
[http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/Partnership\\_Agreement\\_final\\_29\\_October\\_2010.pdf](http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf)