

# EQUALITY IMPACT ASSESSMENT

TITLE: All Age Learning Disability Plan 2024-2029

## VERSION CONTROL

Date	Version	Author	Description of Changes
June 2023	V1_draft	Gerard Buckley	Initial
July 2023	V2	Gerard Buckley	Consultation

## CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

<b>Department</b>	Integrated Commissioning Team		<b>Lead officer responsible for assessment</b>		Gerard Buckley	
<b>Service</b>	People Services		<b>Other members of team undertaking assessment</b>		TBC	
<b>Date</b>	07 October 2022		<b>Version 1</b>			
<b>Type of document (mark as appropriate)</b>	<b>Strategy</b> X	<b>Plan</b>	<b>Function</b>	<b>Policy</b>	<b>Procedure</b>	<b>Service</b> X
<b>Is this a new/ existing/ revision of an existing document (please mark as appropriate)</b>	<b>New</b>		<b>Existing</b>		<b>Revision</b> X	
<b>Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)</b>  <b>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</b>	<p><b>Learning Disability Strategy</b> Cheshire East Council are Health partners are developing a five-year (2023-2028) Learning Disability Strategy, which is a refresh of our current strategy: <a href="#">Cheshire East Learning Disability Strategy 2019-2022</a> and will be developed as an All Age Placed Based Strategy. A refreshed strategy pulls together the existing aims and objectives, which set out how people with learning disabilities and their families can be supported to improve their quality of life and have better outcomes. This joint strategy will be developed by the local authority and health partners to ensure that self-advocates, parent carers and partners can support and enable the growing population of people with learning disabilities to achieve their aspirations, whilst also managing within the financial resources available.</p> <p>People with learning disability should not be defined solely by their learning disability. People with learning disability have the right to live full and equal lives, with access to the same opportunities as other members of our communities. Despite this, we know that people with learning disability often experience many disadvantages compared to the rest of the population</p>					

	<p>The learning disabilities improvements contained within this plan are informed by this national policy and direction. The plan illustrates the current and future challenges that the service is facing to meet the growing pressures on a sustainable basis from limited resources and identifies actions to achieve the best outcomes for people within these resources. It identifies what is working well and what needs to improve. The plan intends to implement a service-wide approach to current and future priorities for the learning disability service in order to address some of the demographic challenges for the future and resulting capacity demands and deliver sustainable services within available resources.</p> <p>The strategy aims to bring about systemic change to how learners can access and progress through learning to reach their goals. Intended impacts and outcomes are that the strategy are informed by the refreshed strategy's priorities:</p> <ul style="list-style-type: none"> <li>▪ Community inclusion</li> <li>▪ Early help</li> <li>▪ Education and employment</li> <li>▪ Housing</li> <li>▪ Assistive Technology</li> <li>▪ Mortality, Health and Transforming Care</li> </ul>		
<p><b>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Parents/Carers</li> <li>▪ Service users</li> <li>▪ Councillors</li> <li>▪ Independent Sector Providers</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Commissioners</li> <li>▪ Operational Staff</li> <li>▪ Health colleagues</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>▪ Parents/Carers</li> <li>▪ Service users</li> <li>▪ Councillors</li> <li>▪ Independent Sector Providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Commissioners</li> <li>▪ Operational Staff</li> <li>▪ Health colleagues</li> </ul>
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<p><b>Consultation/ involvement carried out</b></p>	<p>We have been working extensively to develop a refreshed Learning Disability Strategy steered through the setting up of a project group of social care, education, and health professionals; community groups; self-advocates, and parent carers. A formal public consultation will be conducted during November 2022. The contents of the consultation will be informed and shaped by our project group which will enable individuals and groups of people who experience autism to guide the questions.</p> <p>Once a draft refreshed Strategy have been developed, we will seek to go out for public consultation on a second occasion in January 2023.</p>		

<b>What consultation method(s) did you use?</b>	<p>The consultation methods will include:</p> <ul style="list-style-type: none"> <li>▪ Public consultation, which will include easy read versions</li> <li>▪ Engagement with operational teams, community groups, forums and with people with life experiences of learning disability</li> </ul>
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**Stage 2 Initial Screening**

<p><b>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</b></p>	<p>A learning disability is a lifelong condition that can significantly affect the lives of people living with it, and it is part of the daily life of around 600,000 people in the UK. In Cheshire East, there are an estimated 378,800 people living in Cheshire East, with approximately 75,800 children under the age of 18 and 303,000 adults.</p> <p>Currently there are 931 adults with a learning disability [see Table 1] who access services within Cheshire East. However, it is likely that there are many more adults with learning disabilities living in the wider community who do not receive support from the council and are therefore not included in these numbers.</p> <p><b>Table 1: GP Cluster data - Cheshire East residents with learning disabilities</b></p> <table border="1" data-bbox="651 783 1942 1220"> <thead> <tr> <th data-bbox="651 783 1489 820">Area</th> <th data-bbox="1489 783 1942 820">Learning Disability</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 820 1489 857">Alderley Edge, Chelford, Handforth, Wilmslow</td> <td data-bbox="1489 820 1942 857">65</td> </tr> <tr> <td data-bbox="651 857 1489 893">Bollington, Disley, Poynton</td> <td data-bbox="1489 857 1942 893">27</td> </tr> <tr> <td data-bbox="651 893 1489 930">Congleton, Holmes Chapel</td> <td data-bbox="1489 893 1942 930">80</td> </tr> <tr> <td data-bbox="651 930 1489 967">Crewe</td> <td data-bbox="1489 930 1942 967">181</td> </tr> <tr> <td data-bbox="651 967 1489 1003">Knutsford</td> <td data-bbox="1489 967 1942 1003">57</td> </tr> <tr> <td data-bbox="651 1003 1489 1040">Macclesfield</td> <td data-bbox="1489 1003 1942 1040">242</td> </tr> <tr> <td data-bbox="651 1040 1489 1077">Nantwich and Rural</td> <td data-bbox="1489 1040 1942 1077">74</td> </tr> <tr> <td data-bbox="651 1077 1489 1114">Sandbach, Middlewich, Alsager, Scholar Green and Haslington</td> <td data-bbox="1489 1077 1942 1114">106</td> </tr> <tr> <td data-bbox="651 1114 1489 1150">Unknown</td> <td data-bbox="1489 1114 1942 1150">99</td> </tr> <tr> <td data-bbox="651 1150 1489 1187"><b>Grand Total</b></td> <td data-bbox="1489 1150 1942 1187"><b>931</b></td> </tr> </tbody> </table>	Area	Learning Disability	Alderley Edge, Chelford, Handforth, Wilmslow	65	Bollington, Disley, Poynton	27	Congleton, Holmes Chapel	80	Crewe	181	Knutsford	57	Macclesfield	242	Nantwich and Rural	74	Sandbach, Middlewich, Alsager, Scholar Green and Haslington	106	Unknown	99	<b>Grand Total</b>	<b>931</b>
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<p><b>Who is intended to benefit and how</b></p>	<ul style="list-style-type: none"> <li>▪ Cheshire East residents with a learning disability</li> <li>▪ Parents, families &amp; carers with life experiences supporting people with learning disabilities</li> <li>▪ Cheshire East Social Work Teams in the implementation of support</li> <li>▪ Wider partners and providers including voluntary and community sector</li> </ul>																						

<b>Could there be a different impact or outcome for some groups?</b>	There could be impacts for some people who currently access services in terms of the provision that they access changing which will be dependent on how things change following the implementation of the strategy. This may include the properties or buildings that services are currently delivered from could change as part of the review. This could have impacts on both individuals and carers.							
<b>Does it include making decisions based on individual characteristics, needs or circumstances?</b>	Yes, there could potentially be decisions made on what type of services are provided for people to ensure that the services they receive deliver the support required to meet their care and support needs.							
<b>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</b>	No – the provision detailed within the strategy and subsequent actions seeks to support all members of the learning disability community.							
<b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b>	We will be holding engagement and consultation events to ensure that the voice of all stakeholders are heard and that we enable us to ensure that we take on board any considerations around equality.							
<b>Is there an actual or potential negative impact on these specific characteristics? (Please tick)</b>								
Age	Y		Marriage & civil partnership		N	Religion & belief	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N
Gender reassignment		N	Race		N	Sexual orientation		N

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts	Level of Risk (High, Medium or Low)																																																																																				
<p><b>Age</b></p>	<p>Data information indicates Cheshire East residents with life experiences of learning disabilities will grow across all age groups between now and 2035 (See Table 2). This relates to all age groups, but in particular the older age group (age 65+) is likely to increase as people are living longer. The refreshed strategy will consider the needs of people with learning disabilities of different ages and also seeks to ‘futureproof’ support as set out in more detail in the strategy and covering report.</p> <p><b>Table 2: Cheshire East residents with learning disabilities Age profile</b></p> <table border="1"> <thead> <tr> <th colspan="7">Age Band</th> </tr> <tr> <th>18-34</th> <th>35-54</th> <th>55-64</th> <th>65-74</th> <th>75-84</th> <th>85+</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>32</td> <td>43</td> <td>29</td> <td>60</td> <td>155</td> <td>227</td> <td>546</td> </tr> <tr> <td>16</td> <td>22</td> <td>21</td> <td>31</td> <td>82</td> <td>173</td> <td>345</td> </tr> <tr> <td>38</td> <td>61</td> <td>48</td> <td>58</td> <td>175</td> <td>233</td> <td>613</td> </tr> <tr> <td>104</td> <td>136</td> <td>107</td> <td>120</td> <td>258</td> <td>344</td> <td>1069</td> </tr> <tr> <td>22</td> <td>39</td> <td>29</td> <td>32</td> <td>89</td> <td>159</td> <td>370</td> </tr> <tr> <td>113</td> <td>160</td> <td>127</td> <td>120</td> <td>221</td> <td>312</td> <td>1053</td> </tr> <tr> <td>34</td> <td>54</td> <td>38</td> <td>57</td> <td>124</td> <td>202</td> <td>509</td> </tr> <tr> <td>80</td> <td>84</td> <td>53</td> <td>107</td> <td>225</td> <td>364</td> <td>913</td> </tr> <tr> <td>63</td> <td>78</td> <td>32</td> <td>30</td> <td>62</td> <td>64</td> <td>329</td> </tr> <tr> <td>502</td> <td>677</td> <td>484</td> <td>615</td> <td>1391</td> <td>2078</td> <td>5747</td> </tr> </tbody> </table>	Age Band							18-34	35-54	55-64	65-74	75-84	85+	Grand Total	32	43	29	60	155	227	546	16	22	21	31	82	173	345	38	61	48	58	175	233	613	104	136	107	120	258	344	1069	22	39	29	32	89	159	370	113	160	127	120	221	312	1053	34	54	38	57	124	202	509	80	84	53	107	225	364	913	63	78	32	30	62	64	329	502	677	484	615	1391	2078	5747
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<b>Marriage &amp; civil partnership</b>	Engagement on the strategy considers the family, relationships, and support needs of people with learning disabilities and this will be explored in more detail through the development of the strategy delivery plan.	<b>Low</b>
<b>Religion</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Disability</b>	<p>This refreshed strategy seeks to address the core for the experiences of disability for people with learning disabilities, and the inequalities in access to health and wellbeing</p> <p><b>Health</b></p> <p>Overall, the proportion of people with learning disabilities who die from cancer in the UK is lower than among the general population (12-18%, compared with 26%), although they have proportionally higher rates of gastrointestinal cancer (48-59% vs 25% of cancer deaths). People with learning disabilities with cancer are less likely to be informed of their diagnosis and prognosis, to be given pain relief, to be involved in decisions about their care and they are less likely to receive palliative care.</p> <p>Coronary heart disease is a leading cause of death amongst people with learning disabilities (14-20%). Respiratory disease is possibly the leading cause of death for people with learning disabilities (46-52%) with rates much higher than for the general population. Adults with learning disabilities are 2.6 times more likely to die from asthma than those who do not have learning disabilities.</p> <p>The prevalence of epilepsy in the British population is between 0.5% and 1% among those with moderate learning disability this prevalence rises to 15%. Among those with severe and profound disability the rate raises further to 30%, with seizures commonly being multiple and resistant to drug treatment.</p> <p>Moreover, people with learning disability are 10 times more likely to have a serious sight problem than other people. 6 in 10 people with learning disabilities need glasses and often need support to get used to them. People living independently or with family are significantly less likely to have had a recent eye examination than people living with paid support staff.</p>	<b>Medium</b>

	<p>The <a href="#">Foundation for People with Learning Disabilities</a> states that around 40% of adults with a learning disability experience moderate to severe hearing loss in many cases the hearing loss may be linked the effects of an individual's learning disability, because it may sometimes go unrecognised or undiagnosed, with the behaviours associated with hearing loss being instead considered part of the learning disability.</p> <p>People who have a disability are twice as likely than people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).</p>	
<b>Pregnancy &amp; maternity</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Sex</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
<b>Gender Reassignment</b>	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic	<b>N/A</b>
<b>Race</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>
<b>Sexual Orientation</b>	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	<b>N/A</b>

#### Stage 4 Mitigation

<b>Protected characteristics</b>	<b>Mitigating action</b> <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce</i>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
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	<i>any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>			
<b>Age</b>	Physical access, Transport access, Explore flexible transport being added to service specifications to mitigate.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
<b>Marriage &amp; civil partnership</b>				
<b>Religion</b>	The rationale for change is that customers will have a greater choice about how services are provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics. For instance people with religious beliefs that require a quiet area for prayer at specific times of the day – this could be designed into individually tailored package	This will be captured through the continued consultation and engagement process	Gerard Buckley	April 2023
<b>Disability</b>	The rationale for change is that customers will have a greater choice about how services will be provided, with more flexibility. It is possible that this more individually tailored approach could be more beneficial to people with protected characteristics.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
<b>Pregnancy &amp; maternity</b>				


<b>Sex</b>				
<b>Gender Reassignment</b>				
<b>Race</b>	During the consultation we will establish if there are any individuals who require support with accessible information if English is not their first language. This could involve linking in with established support groups/forums.	This will be captured through the consultation and engagement process	Gerard Buckley	April 2023
<b>Sexual Orientation</b>				

## 5. Review and Conclusion

**Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed**

It is not envisaged that the EIA pre-consultation process would not identify indirect or direct discrimination through the policy intentions of the All Age Learning Disability Strategy. It has shown that despite limited evidence for some protected characteristics, evidence for the wider context in which provision operates shows that the impact of the Strategy will be positive across all many protected characteristics, in particular age, disability, sex, pregnancy and maternity, gender reassignment, sexual orientation, and race. For religion and belief, we have particularly limited data. We have found no evidence of negative consequences at this time, however, in line with best practice we will keep this under review as part of the monitoring of this EIA. Specific policy interventions for actions within the Strategy are yet to be developed. As these policies develop they will require their own EIA to ensure that the specific barriers for each protected characteristic are fully considered. Once these policies are implemented, we will gain a better understanding of the difference each policy will make in reducing discrimination and enhancing opportunity.

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
Identification of possible people who use services who may be affected to be completed as a priority prior to strategy being implemented	Contracts Team / Operational Staff/ consultation, customer questionnaire, drop in sessions, face to face meetings/virtual meetings.	Senior Commissioning Manager  Operational Heads of Service	April 2023
Enough time must be planned in to the transition plan to ensure effective transfer of those who may be impacted by any service changes and review of people can take place – thus ensuring no gap in service provision for those affected	Commissioning / Contracts Team / Operational Teams/ transition and mobilisation plan.	Operational Heads of Service  Senior Commissioning Manager	April 2023
<b>Please provide details and link to full action plan for actions</b>			
<b>When will this assessment be reviewed?</b>	Jan 2023		
<b>Are there any additional assessments that need to be</b>	No		

undertaken in relation to this assessment?			
Lead officer sign off	Gerard Buckley	Date: 07 Oct 2022	
Head of service sign off	Mark Hughes	Date 07 Oct 2022	M Hughes

**Please return to EDI Officer for publication once signed**