

EQUALITY IMPACT ASSESSMENT FORM

Equality impact assessment is a legal requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also legally required to publish assessments.

Section 1: Description

Department	Childrens, Families and Adults		Lead officer responsible for assessment		Jacqui Evans	
Service	Adult Services		Other members of team undertaking assessment		Nik Darwin	
Date	16/02/12		Version		4	
Type of document (mark as appropriate)	Strategy x	Plan	Function	Policy	Procedure	Service x
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
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) Please attach a copy of the strategy/plan/function/policy/procedure/service	<p>Improvements to Adult Social Care Services</p> <p>The Improvements to Adult Social Care Consultation concerned the Council putting a vision forward for how the Council could deliver services in the future. The vision involved customers who currently receive Day Services being given more choice over what they do during the day. Customers would be able to attend lifestyle groups run from buildings in the community where they would be able to access a much greater range of activities than they do presently to meet their assessed needs and interests.</p> <p>Customers with more complex needs would still attend traditional day services. However, the number of these would be reduced. Some of the money from these changes would be used to re-invest in the remaining buildings.</p> <p>The specific buildings put forward for potential decommissioning were: Peatfields (Macclesfield) and Dean Row (Wilmslow). Discussions were also to be had on services in Knutsford including Bexton Court (Knutsford), Stanley Centre (Knutsford). An additional proposal put forward was to transfer respite services from the centre at Queens Drive (Nantwich) to Mountview (Congleton) due to the fact that this building was unsuitable for people with more complex needs.</p>					

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Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	Customers, their families and carers
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Section 2: Initial screening

Who is affected? (This may or may not include the stakeholders listed above)	Customers and their families and carers, members of staff at the affected centres (including respite services), organisations which deliver day type services in Cheshire East
Who is intended to benefit and how?	Customers from taking part in an increased variety of activities during the day. These will also occur at places within the community thus increasing their integration with local people. Customers with complex needs using respite services.
Could there be a different impact or outcome for some groups?	<p><u>Lifestyle</u></p> <p>One tenet of the lifestyle approach is that it is only suitable for those with lower levels of need, with customers with more complex needs continuing to receive care in a traditional day centre setting. It is also more focussed on people with learning disabilities. As a result of both these factors there could be a differing impact on equality groups. In addition to this there are potential issues that changes may cause for carers.</p> <p><u>Day Care/Respite</u></p> <p>Whilst the proposals to decommission centres and transfer users predominantly affect people with learning disabilities (e.g. Peatfields, Stanley Centre, Dean Row, Queens Drive) the proposal to close Bexton and to move people from the Brocklehurst Unit also affects people with dementia. There are, however, indirect effects on other groups as well as a result of customers transferring to centres. Affected centres include: Hollins View, Redesmere, Mountview and Mayfield. In addition to this there are potential issues that changes may cause for carers.</p> <p>A specific question relating to the impact on individuals was included in the consultation questionnaire to record issues. Other feedback was also analysed for further information on this topic.</p>

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Does it include making decisions based on individual characteristics, needs or circumstances?			Decision making will take into account a customer's individual needs, including factors such as the degree and type of their disability.								
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)			Issues have been raised during the consultation regarding the treatment of people with learning disabilities. It could be construed that they have been disadvantaged over other groups because of the number of day centres that they use that are affected by the proposals although people with dementia etc are involved in the changes as well.								
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?			The lifestyle approach may be seen as targeted action as one of its principles is to encourage integration between groups of people with disabilities and the wider community								
Is there an actual or potential negative impact on these specific characteristics? (Please tick)											
Age	Y		Marriage & civil partnership		N	Religion & belief		N	Carers	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N	Socio-economic status	Y	
Gender reassignment		N	Race		N	Sexual orientation		N			
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										Consultation/involvement carried out	
										Yes	No
Age			<p>There are a number of potential impacts on different age groups as a result of the consultation proposals affecting different client types (e.g. those with learning disabilities etc.). However, it is deemed that this is best addressed under the disability section.</p> <p>Overall usage of day care is highest amongst older people. Although there is a small peak of customers in the lower age bands as well as a result of learning disability customers. Please see Appendix 1 for data. There are similar proportions for respite</p>							Y	

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	<p>(also see Appendix 1).</p> <p>The Lifestyle approach has the potential to have a positive impact on the wellbeing of older people e.g. see research contained in 'Looking Forward to Old Age' by the Kings Fund.</p>		
Disability	<p>The lifestyle approach contains a number of potentially positive benefits for customers with a disability. This is due firstly to the increased choice and control that it offers (for instance in the choice of activity they could have). See Appendix 1 for a breakdown of the number of people with disabilities making up day centre usage. See Chapter 1 of the Consultation Report for information on the number of customers with a disability who responded via the questionnaire. It also tries to put into practice the findings given in the SCIE (Social Care Institute for Excellence) guide "Community-Based Day Activities and Supports for People with Learning Disabilities".</p> <p>The physical element of some of the activities as well as those that assist with every day life (e.g. healthy eating, cooking) also have the potential to impact favourably on customer's health. Studies have shown people with a learning disability are 58 times more likely to die aged under 50 than other people. There are also four times as many people with a learning disability who die of preventable causes compared to people in the general population. There are also numerous studies on the benefits of physical activity for older people. For instance, the NICE document 'Active for life: Promoting physical activity with older people' gives evidence of the potential benefits in terms of longer life expectancy and quality of life that aerobic activity can give. The social aspect of the lifestyle approach is also highly likely to have a positive impact on customer's mental wellbeing.</p> <p>However, it is also the case that the proposals could have a number of potentially negative impacts on people with disabilities. The extent of these impacts will depend on the type and level of their disability. Examples include; transport (inc. potential for</p>	Y	

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	reduced time in day care as a result of increased travelling time), facilities that can be accessed, disruption to wellbeing caused by change in location. The latter could be particularly detrimental to those with learning disabilities or dementia.		
Gender reassignment	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.	Y	
Marriage & civil partnership	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.	Y	
Pregnancy & maternity	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.	Y	
Race	No impacts were recorded on this protected characteristic during the course of the consultation process. The proportion of respondents of different ethnicity broadly correlates with what would be expected given the composition of Cheshire East (see appendix 2), the composition of day care users (see appendix 1) and the number of responses received. Copies of the consultation information pack were circulated to a range of groups associated with this protected characteristic. However, further work is required to understand the impact of any service transfers on local areas.	Y	
Religion & belief	No impacts were recorded on this protected characteristic during the course of the consultation process. The proportion of respondents of different religions broadly correlates with what would be expected given the composition of Cheshire East (see appendix 2), the composition of day care users (see appendix 1) and the number of responses received. There is also no other evidence to suggest an impact is likely. As	Y	

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	such, the effect of the proposals is deemed neutral on this protected characteristic. See Appendix 3 for a profile of the religion of respondents and Appendix 1 for a profile of the religion of customers. Copies of the consultation information pack were circulated to a range of groups associated with this protected characteristic.		
Sex	There is a much larger ratio of females to male service users in Cheshire East (see Appendix 1). This can largely be explained by the differences in life expectancy between the sexes. As such a greater proportion of female service users are likely to receive day and respite services. However, the policy in itself is not deemed to have disproportionate effects for either gender. No impacts were recorded on this protected characteristic during the course of the consultation process. However, further work needs to be done to look at gender issues related to staff employment.	Y	
Sexual orientation	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic. See Appendix 3 for data on the sexual orientation of respondents to the consultation.	Y	
Carers	The Office of National Statistics estimates that 10% of the population are likely to be carers i.e. 36,500 people in Cheshire East. However, the proposals are likely to have an impact on a defined group of carers; those who care for people using respite or day services. Particular concerns would be; changes to service location and its resulting transport requirements (this could bring about a reduction in the overall respite that was taken up by carers), increased pressure brought about on the caring role as a result of the disruption caused to customers.	Y	
Socio-economic status	Both people with a disability and those who support them are often cited to have reduced economic advantage compared to the overall population. For instance, the Cabinet Office Report, "Improving the Life Chances of Disabled People", states that disabled people are more likely to be economically inactive, more likely to experience	Y	

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	problems with housing and more likely to experience problems with transport. As such any policy needs to be carefully evaluated to understand its potential economic impact on these groups. The proposals to relocate users may entail increased transport costs on them and as such there is the potential for it to disproportionately impact on this group.		
Proceed to full impact assessment? (Please tick)			
Yes			Date: 06/02/12

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)

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			Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	
Age	It has been highlighted that there is the potential for a disproportionate impact on people who are elderly because proportionally more attend day services than from other age bands (see Appendix 1). There is also a small 'bulge' in day centre usage amongst younger age groups due to customers with learning disabilities. As issues are identical to those under disability they are addressed in this section		Medium	
Disability	<u>Learning Disability</u> Opinion expressed during the consultation and through expert knowledge states that people with complex learning disabilities can find moving to a new building (or the transfer of other customers from or to the building they are in) stressful to their	<u>Lifestyle</u> <i>Health and Wellbeing</i> The emphasis on lifestyle options that is in the proposals may bring about improved health and wellbeing for disabled customers in general. The extent that this occurs	High	<u>Disruption</u> 1.Work should be conducted to investigate how the impact of change should be managed in a person centred way. Good practice from national research and local knowledge should be utilised e.g. 'Having a Good Day' by the social Care Institute for Excellence and guidelines from the the Dementia Coalition

¹ Michigan Department of Community Health, Moving Persons with Dementia, <http://www.dementiacoalition.org/resources/pdfs/Caring6.pdf>

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	<p>wellbeing. The proposals put forward may lead this to occur in a number of instances. A number of carers/families have put this issue forward as a potential problem.</p> <p>An example quote from the consultation is: <i>"These changes would turn me upside down and make me sad because I know what to expect from my day centre, and everyone knows me and what I need and I like Dean Row."</i></p> <p>Some carers/families indicated that the lifestyle option as an alternative would not be suitable for their loved one. Feedback can be summarised as stating that their mental and physical capacity is the chief issue. It is true to state however, that there has always been an awareness in policy-making that people with complex needs would continue to attend traditional day services. Nevertheless it should be emphasised that taking up the lifestyle option should</p>	<p>will depend on the number of customers who opt to receive this service and the nature of their disabilities (physical activity will be more limited for those with severe physical disabilities). People with a learning disability are 58 times more likely to die aged under 50 than other people. There are also four times as many people with a learning disability who die of preventable causes as people in the general population.²</p> <p><i>Activities and variety</i></p> <p>The lifestyle options have the potential to offer much greater choice and variety for customers. Proposals would involve retaining the Wilmslow and Macclesfield pilot sites and the possible future roll out of other groups. The principal of providing services away from a traditional day service building is</p>	<p>http://www.dementiacoalition.org/resources/pdfs/Caring6.pdf. Giving sufficient time for transition to take place and taking the needs of each individual into account in a person centred way will be key. [Note: this was referenced in the Information Pack and the presentation in day centres]. A focus should be had on minimising the amount of moves by customers with complex needs.</p> <p>Staffing would also need to be taken into account so that if any customers do move they would still see familiar faces which would ease transition. This should also ensure that they transfer with service users that they also socialise with (where possible).</p> <p><u>Transport</u></p> <p>2. Customers must have a viable transport option in order to get to a day centre. Options would include Dial a Ride, public transport (supported by travel training) or volunteers/carers providing transport.</p>
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² MENCAP website, What is a Learning Disability, <http://www.mencap.org.uk/page.asp?id=1684>

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	<p>be related to need and be a matter of choice.</p> <p>It was flagged by Stanley Centre carers that If customers with lower level needs opted to attend lifestyle services it might mean that peer groups were split. However, it is also true to say that removing this choice for this group of customers (with less complex needs) could reduce their individual life chances.</p> <p>Continuity of staffing and other attendees has been sighted as another issue that is important to individuals with learning disabilities.</p> <p>Issues of separation between client groups was also raised as a concern during the consultation process. For instance in relation to possible relocation to Redesmere.</p> <p><i>Transport</i></p> <p>Transport was also cited as a key issue for those with learning disabilities. This would be a concern for those relocating</p>	<p>well established in other areas of Cheshire East and these proposals will build on this practice. The success of this approach has been captured in questionnaires and in focus groups. A majority of respondents to the consultation (58%) stated that they would like customers to have the opportunity to take up 'lifestyle activities'.</p> <p><u>Physical Disabilities</u></p> <p>One element of the proposal is to invest in Mountview and Lincoln House so that it has facilities for people with severe physical disabilities. Queens Drive which is the only provision for Learning Disability respite at the moment does not have the facilities to provide this care.</p> <p>The provision of care at Mountview and Lincoln House might also mean that a higher level of care can be provided due to other staff and</p>		<p>Assessment of viability needs to be done carefully including taking income into account. Review of the issues that have come up in this process should take place so that learning can lead to a more refined process in the future.</p> <p><u>Lifestyle</u></p> <p>3. A longer term policy decision may relate to personal budgets being offered as part of the transition to lifestyle groups. If this is the case a personal budget should be of a sufficient level to cover customer social care needs. They should also at least have the potential to provide sufficient hours of occupation during the day (e.g. the time spent in day services should not fall as a result of this policy unless the customer chooses to opt for more expensive activities which result in this)</p> <p>4. Procedures need to be put in place to ensure that an informed decision is made by a customer over whether the lifestyle option is right for them. Advocates should be involved where necessary. Customers should have the option of remaining in</p>
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	<p>to a new centre e.g. Peatfields, Queens Drive and Dean Row. A basic travel analysis (see appendix 4) purely based on road and time distance between the users home and proposed centre finds that most customers are only marginally impacted by relocation. For Peatfields customers, there would be an increase of 0.2 miles in travel and 0.4 miles for Dean Row customers. In the case of Queens Drive there would be a 3.3 mileage reduction. Nevertheless, many transport issues were raised during the consultation in connection with these centres. For instance, it was stated that some Peatfields customers walk to their centre and would no longer be able to do so following a move. This could mean increased travelling time and reduced physical and mental wellbeing. Cost of transport was also raised as an issue (this also related to the removal of fleet transport). Difficulty of convenient public transport was also raised.</p> <p><u>Dementia</u></p> <p>A new environment can be challenging</p>	<p>facilities being available on site.</p>		<p>traditional day services should they so wish. A re-assessment of a person's needs should be conducted if this has not taken place for some time.</p> <p>5. Whilst touched on in strategy, it should be emphasised that positive links should be made with services in learning and employment so that the lifestyle approach is not just an end in itself but a springboard to improved life chances for disabled people.</p> <p><u>Respite</u></p> <p>6. The proposed respite care for service users with learning disabilities at Mountview and Lincoln House should be a separate unit designed around their needs (e.g. décor could reflect the younger nature of this client type). This should also include a separate entrance (if this does not incur excessive expense). Separation should be easily achieved at Hollins View for dementia customers.</p> <p>7. Transport options should be investigated for customers moving from</p>
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	<p>for a person with dementia. Although this point should be tempered by research that has shown that it generally takes a person less than three months to adjust to their new surroundings (depending on the level of their dementia)¹. This includes both a person moving to a centre and disruption caused by new customers being moved to an individual's centre. This particularly concerns the transfers that have already taken place from Bexton Court, and those proposed from the Brocklehurst Unit. Continuity of staffing was particularly stressed during consultation in connection with the latter.</p> <p>One relevant comment from the Salinae Centre meeting was: "Dementia sufferers need routine, structure and familiarity, these are really important. Changes bring too much anxiety."</p> <p><i>Transport</i></p> <p>Following analysis of former customers of Bexton Court (see appendix 4) we can see</p>			<p>Queens Drive to ensure that any day service arrangements can be maintained.</p> <p>8. Changes in service demand should be monitored and service planning adjusted where practicable. This would aim to ensure that customer choice was maintained i.e. that there would be sufficient supply of internal places for customers to meet demand.</p> <p>9. Further work required to understand 3rd sector groups making use of day centre buildings which may be decommissioned with alternative venues explored.</p>
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	<p>that 61% were not based within the Knutsford LAP area. Out of former customers of Bexton who continue to receive day or respite services 50% would find their alternative centre closer, with 50% being nearer to Bexton. 4 people are currently receiving day services who live in the Knutsford LAP, whereas 22 users of respite live in this LAP area. Few issues were raised specifically on Bexton during the consultation although the need for local services was highlighted.</p> <p>Analysis of location for customers of the Brocklehurst finds that the vast majority of customers would benefit from the change in centre at least in terms of reduced road mileage. No transport issues were raised during the consultation regarding Brocklehurst.</p> <p><u>Physical Disability</u></p> <p>The proposals will also impact on people with physical disabilities even if services are not specifically stated as for this customer group.</p>			
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	<p>Transport is perhaps even more of a key issue for this customer group. Any change in centre is likely to therefore have impact on this group of customers. See previous comments on transport for further information.</p> <p>The Council needs to ensure that a viable transport option is available for customers. Further details of this approach is contained within the separate Transport EIA (although some actions are also suggested in this EIA).</p> <p><u>Further Respite related Issues</u></p> <p>Queens Drive is a small building in a residential area predominantly provides respite care to people with physical and learning disabilities. As such, carers stated during the consultation that they value the homely environment that this centre provides. Whilst Mountview and Lincoln House will bring about more specialist provision for customers, it is not possible to replicate this environment fully.</p>			
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	<p>A further point that was raised in the consultation is that there might be a 'stigma' attached to people with learning disabilities attending a centre for older people. One comment was: <i>"Would you put a child of yours with a learning disability in service with older people?"</i>. Although to some extent it might be argued that this is a unfair attitude to hold (something asserted by an attendee during the consultation meeting at Crewe Alexandra Football Ground). Staff and carers have stressed the fact that different client groups will require separation within a building because of the different needs and a different way of identifying themselves. Physical arrangements to arrange this have already been investigated.</p> <p>One additional point that was raised during the consultation was that changing respite location can impact on the ability of customers to receive their day service at a familiar location. For instance, there was reference to a</p>			
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	<p>gardening club. A review of customer transport and social care needs should be used to take this into account.</p> <p><u>Mental Health Disabilities</u></p> <p>Some customers have mental health disabilities who use day and respite services (although this does not mean that this is necessarily their primary client type). Most of the issues raised with this set of customers do not stand apart from the mentioned concerns. These include over disruption to customers and transport provision. However, it should be stressed that as part of care planning planning day services should be considered as an option for mental health users if there is a joint agreement that it would be to their best advantage.</p> <p><u>Demand</u></p> <p>Present decisions could have ramifications for the ability of future customers to take up internal services. However, forecasting analysis (see the business case) would suggest that</p>			
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	<p>proposals would meet short-medium term demand.</p> <p><u>General</u></p> <p>Some 3rd sector groups which provide services for people with disabilities currently use day service buildings to hold meetings. Any decommissioning of buildings could potentially result in these groups being required to find other premises.</p>			
Gender reassignment		<p>No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.</p>		
Marriage & civil partnership		<p>No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is</p>		

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		deemed neutral on this protected characteristic.		
Pregnancy and maternity		No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Race	There are potential impacts on local areas of centres closing. For instance, less throughput of customers in local shops. Analysis also required of ethnicity of people over these shops to ensure that there isn't any disproportionate impact on any ethnic group. No other impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.			

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Religion & belief		No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Sex	<p>Whilst arguably it is the case that due to the greater proportion of service users who are female that these proposals have a potential to disproportionately impact on this group. It is currently felt that these issues are better picked up in the category of disability.</p> <p>In the longer term the general movements towards the lifestyle approach has the potential to mean that there is a boost in the support given by Health and Wellbeing staff and a corresponding decrease in Adult social care staffing. This could potentially impact greatest on women who make up the majority of social care staff.</p>		Medium	1. The staff balance between Adult Social care and Health and Wellbeing may shift as a result of implementing the lifestyle vision. The Council should do its best to redeploy staff to these services so that the impact particularly on female workers in minimised.

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Sexual orientation		No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Carers	<p>1. Transport</p> <p>During the consultation Carers cited transport as a significant issue for them in any relocation of day service. This was due to pressure carers felt they would be under to provide transport to the new centre which might be located further away. This would mean extra time and cost would be incurred.</p> <p>An example comment was: <i>“Our daughter attends Queens Drive. We don’t drive so won’t be able to afford for her to attend Mountview.” A further quote relating to Queens Drive was; “If you don’t provide respite that is convenient, carers are going to breakdown and that will cost the council</i></p>	Relocation of Learning Disability respite to Mountview may benefit some carers/customers resident in other locations e.g. Holmes Chapel, Sandbach, Alsager. For these users Mountview is more conveniently placed. The newly put forward option of Lincoln House would help to mitigate the impact of closure of Queens Drive because for many users this is actually in a nearer location (see Appendix 4).	High	<p>1. For more general transport issues see the disability section above.</p> <p>As part of the standard review of transport needs it must be ensured that any transport provided by carers is mutually agreed. Any additional travel should not be so great that it could potentially lead to future carer breakdown.</p> <p>2. Performance Monitoring</p> <p>Work should be conducted to ensure that there are joint standards between centres and that perceived quality is high for all. This includes greater standardisation of care such as activities offered in each centre (subject to local amenities). This should feed into the Care4CE and</p>

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	<p><i>more money”</i></p> <p>Although the analysis suggests that for Queens Drive customers (if Lincoln House is agreed as a proposal), Peatfields, Bexton Court and Dean Row the impact is small, the public transport issues that can be faced with travelling to another centre even if it is nearer should not be discounted. See the transport summary under disability for further information on these issues.</p> <p>More specific issues about transport are dealt with in the Transport Equality Impact Assessment.</p> <p>2. Respite</p> <p>Some carers stressed in the consultation that day centres provide crucial respite for them. One comment was, <i>“Quality of care will be affected if carers have to travel much further”</i>. However, the level of support provided to the cared for is unlikely to change under the current lifestyle proposals (longer term personal budget issues are covered elsewhere in</p>			<p>department plan.</p> <p>3. Personal Budgets</p> <p>Whilst it is recognised that this is more within the scope of the Personalisation EIA it is also important to stress here that carers/customers should have a choice over whether to take up internal or external services (via a personal budget or direct payment) and this should be informed by relevant information. The correct briefing / training of individual commissioning staff will be crucial to this process. (See “Developing new lifestyles with disabled people” by Joseph Rowntree foundation for evidence of results)</p>
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	<p>this EIA). Issues with the suitability of the respite care are stated in the disability section.</p> <p>3. Learning Disabilities Facilities/Care Some carers highlighted a perceived variation in the standard of care and facilities between centres. For instance the Stanley Centre was perceived as offering a superior service to alternatives and as such some customers travel there from further afield e.g. Macclesfield. This was seen as to positively impact on their caring role. Evidence for this is anecdotal rather than the result of any deliberate policy by the Council or demonstrated by data analysis.</p> <p>4. Personal Budgets Some carers felt that there was a deliberate policy of the Council encouraging customers to take personal budgets/personal budgets so that they can opt out of Council run services. This caused occupancy to fall in centres and potentially made it harder for customers to access Council services in the future.</p>			
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	One comment stated in the consultation was <i>"With Direct Payments/Personal budgets people should have choice of purchasing private or traditional services."</i>			
Socio-economics	<p>As detailed in the initial assessment there are potential issues with greater costs being incurred because of increased transport cost for some customers. However, from transport analysis it would appear that many customers would also benefit from being located nearer to their centre.</p> <p>There are potential impacts on local areas of centres closing. For instance, less throughput of customers in local shops. Analysis also required of ethnicity of people over these shops to ensure that there isn't any disproportionate impact on any ethnic group.</p>		Low	<p>1. The cost of transport needs to be one of the issues that is monitored when transport assessment is conducted. This should apply both to costs incurred by customers and potentially by carers who may be in a lower socio-economic bracket.</p> <p>2. Analysis work to be conducted on potential impacts to local areas of centres closing and how these could be mitigated.</p>
Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)				

Section 4: Review and conclusion

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

The lifestyle element of the strategy has the potential to have real positive impacts on customers if it is managed in a careful person centred way. The proposals to transfer customers from particular centres on the other hand is likely to cause negative impacts on customers and carers although they can be mitigated to an extent by following prescribed actions. Further engagement with customers and carers would be crucial in any transition process.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Work should be conducted to manage any transition process in a person centred way. Good practice from national research and local knowledge should be utilised e.g. http://www.dementiacoalition.org/resources/pdfs/Caring6.pdf . Sufficient time should be also given for the transition to be take place. The number of past and future moves for customers should be minimised as much as possible.	Customer complaints, detailed documentation of transition plans, monitoring of reviews of customers social care needs	DW/ PK	Dependent on timescales of customer transfers
The Council transport policy should be applied in full so that it is ensured that customers have a viable transport option to get to a day centre. Financial Assessment should take into account the full range of the individuals and carers circumstances. Any extra travel support by carers should be mutually agreed and deemed manageable. Review of the problems/ issues that have occurred in transport planning should be assessed regularly so that learning can take place inc. the actioning of any remedial measures. Transport options should be investigated in particular for customers moving from Queens Drive (who may be most affected by changes) to ensure that any day service arrangements can be maintained.	Customer complaints, issues raised during review by customers	AMc	Dependent on timescales of customer transfers
Personal budgets offered as part of the transition to lifestyle should be of a sufficient level to cover customer social care needs. They should also at least have the potential to provide sufficient hours of occupation during the day (e.g. the respite provided for carers by a day service should not fall as a result of this policy unless the customer	Customer complaints, monitoring of options selected by customers	Individual Commissioning Senior Managers	Dependent on longer term application of Personal Budgets

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chooses to opt for more expensive activities which result in this)			to lifestyle groups
An up to date assessment of a person's needs should be in place in order to inform decision making over whether the individual might be suitable for the lifestyle option. This should be conducted in conjunction with a carer's assessment. Procedures and working practice should be on the basis that the customer must opt rather than be compelled to attend a lifestyle group. Advocacy should be available where necessary.	Procedure documents, existence of social care review records	Individual Commissioning Senior Managers/ Care4CE Resource Managers	Dependent on timescales of customer transfers
Links should be made with services in learning and employment so that the lifestyle approach is not just an end in itself but a springboard to improved life chances for disabled people.	Data on number of people in lifestyle groups who have received training/ qualifications. Data of people who have on from lifestyle groups to employment or volunteering.	Lifestyle Resource Managers	Ongoing
The staff balance between Adult Social Care and Health and Wellbeing may shift as a result of implementing the lifestyle vision. The Council should do its best to redeploy staff to these services so that the impact particularly on female workers is minimised.	Monitoring of staff redundancies, transition plan in place to look at practicalities of redeploying staff	DW/PK	Dependent on timescales of customer transfers/ application of lifestyle approach
The proposed respite care for service users with learning disabilities at Mountview and Lincoln House should be a separate unit designed around their needs (e.g. décor could reflect the younger nature of this client type). This should also include a separate entrance (if this does not incur excessive expense). Separation should be	Consultation groups made up of potential customers/carers of Mountview and Lincoln House	DW/PK, Resource Managers	Summer 2012

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easily achieved at Hollins View for dementia customers.			
Changes in service demand should be monitored and service planning adjusted where practicable. This would aim to ensure that customer choice was maintained i.e. that there would be sufficient supply of internal places for customers to meet demand.	Monitoring of take up of internal and external services through business activity reports	Individual Commissioning Senior Managers	Ongoing (to be carried out on a minimum of an annual basis)
Work should be conducted to ensure that there are joint standards between centres and that perceived quality is high for all. This includes greater standardisation of care such as activities offered in each centre (subject to local amenities). This should feed into the Care4CE and department plan.		Individual Commissioning/Care 4ce Senior Managers/	Summer 2012
Customers (with reference to carers where appropriate) should have a choice over whether to take up internal or external services (via a personal budget or direct payment) and this should be informed by relevant information. The correct briefing / training of individual commissioning staff will be crucial to this process.	Training plan for individual commissioning staff	Individual Commissioning Senior Managers	Summer 2012
Analysis of impact of local economy should be conducted e.g. local shops where centres are to be closed, and the protected characteristic of people who own these.	Existence of report	Strategic Commissioning	Summer 2012
The opportunities of the new lifestyle approach should be positively promoted to equality groups e.g. gypsies and travellers, Polish communities etc	Marketing plan	Strategic Commissioning	Dependent on roll out of lifestyle approach
Further analysis required to understand 3 rd sector groups making use of day centre buildings for meetings. Any decommissioning should aim to minimise problems that it may cause such as exploring alternative rooms at other CEC buildings.	Evidence of contact with relevant 3 rd sector groups	Care4CE Senior Managers	Summer 2012

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Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	Review of EIA to take place six months after Cabinet if proposals adopted		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer signoff		Date	
Head of service signoff		Date	

Please publish this completed EIA form on your website

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Appendix 1

Day Services Usage

Note: Figures taken from 'snapshot' of service users Autumn 2011

By Age Band

Age	Total
18-34	149
35-49	151
50-64	108
65-74	88
75-84	103
85+	115
Total	714

By Age Band – Learning Disability Day Care

18-24	43
25-34	109
35-44	93
45-54	95
55-64	48
65-74	31
75-84	10
85+	2
TOTAL	431

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By Age Band – Dementia Day Care

45-54	0
55-64	2
65-74	11
75-84	30
85+	29
TOTAL	72

By Age Band – Physical Disability Day Care

18-24	1
25-34	1
35-44	7
45-54	8
55-64	17
65-74	23
75-84	24
85+	48

By Disability – Day Care

Visual Impairment	53
Older Person	336
Physical Disability	28

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Learning Disability	350
Total	714

By Sex – Day Care

M	2072	38%
F	3426	62%

By Ethnic Group – Day Care

A1 White - British	727
A2 White - Irish	3
A3 White - Other	15
B1 White & Black Caribbean	1
B2 White & Black African	0
B3 White & Asian	0
B4 Other Mixed Background	1
C1 Indian	1
C2 Pakistani	1
C3 Bangladeshi	0
C4 Other Asian Background	1
D1 Black Caribbean	3
D2 Black African	0
D3 Other Black Background	1

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E1 Chinese	2
E1 Chinese	2
E2 Other Ethnic Group	1
F2 Refused To Disclose	0
F3 Information Not Available	0
F5 Not Appropriate To Ask	0
F6 Institution	0
Null	0
T1 Traveller Of Irish Heritage	0
T2 Gypsy/Roma Traveller	0

By Religion – Day Care

Not Stated	270
Roman Catholic	23
Church Of England / Episcopali	185
Methodist	11
Other Christian	13
Christian	206
United Reformed / Presbyterian	0
Any Other Religion	18
None	22
Refused To Disclose	0
Pentecostal	0
Baptist	2

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Jehovah's Witness	3
Jewish	0
Muslim	1
Hindu	0
Null	1
Buddhist	0
Seventh Day Adventist	0
Sikh	1

Respite Usage

By Age Band – Dementia Respite Usage (internal)

45-64	2
65-69	2
70-74	18
75-79	30
80-84	53
85-89	79
90-94	43
95+	12
Total	237

By Age Band – LD Respite Usage (internal)

18-44	63
45-64	18

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65+	6
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Appendix 2: Cheshire East and UK Statistics

Cheshire East Ethnic Group Statistics (2001 Census)

	Cheshire East Unitary Authority	North West Region	England Country	Cheshire East % Unitary Authority	North West % Region	England % Country
All Ethnic Groups	360,700	6,864,300	51,092,000	100.0	100.0	100.0
White	347,600	6,324,600	45,082,900	96.4	92.1	88.2
White: British	337,000	6,137,800	42,736,000	93.4	89.4	83.6
White: Irish	2,800	69,800	570,500	0.8	1.0	1.1
White: Other White	7,700	117,000	1,776,300	2.1	1.7	3.5
Mixed	3,300	85,400	870,000	0.9	1.2	1.7

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Mixed: White and Black Caribbean	1,100	27,800	282,900	0.3	0.4	0.6
Mixed: White and Black African	400	13,300	114,300	0.1	0.2	0.2
Mixed: White and Asian	1,000	25,200	260,900	0.3	0.4	0.5
Mixed: Other Mixed	800	19,100	212,000	0.2	0.3	0.4
Asian or Asian British	5,000	304,200	2,914,900	1.4	4.4	5.7
Asian or Asian British: Indian	2,300	99,900	1,316,000	0.6	1.5	2.6
Asian or Asian British: Pakistani	1,500	143,900	905,700	0.4	2.1	1.8
Asian or Asian British: Bangladeshi	500	34,800	353,900	0.1	0.5	0.7
Asian or Asian British: Other Asian	700	25,600	339,200	0.2	0.4	0.7
Black or Black British	2,000	75,200	1,447,900	0.6	1.1	2.8
Black or Black British: Caribbean	800	25,500	599,700	0.2	0.4	1.2

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Black or Black British: African	1,000	42,600	730,600	0.3	0.6	1.4
Black or Black British: Other Black	200	7,000	117,600	0.1	0.1	0.2
Chinese or Other Ethnic Group	2,700	74,900	776,400	0.7	1.1	1.5
Chinese or Other Ethnic Group: Chinese	1,600	46,200	400,300	0.4	0.7	0.8
Chinese or Other Ethnic Group: Other Ethnic Group	1,200	28,700	376,100	0.3	0.4	0.7

Cheshire East – Religious Belief (2001 Census)

	Cheshire East Unitary Authority	North West Region	England Country	Cheshire East Unitary Authority%	North West Region %	England %
All People	351,817	6,729,764	49,138,831	100.0	100.0	100.0
Christian	282,432	5,249,686	35,251,244	80.3	78.0	71.7

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Buddhist	551	11,794	139,046	0.2	0.2	0.3
Hindu	617	27,211	546,982	0.2	0.4	1.1
Jewish	562	27,974	257,671	0.2	0.4	0.5
Muslim	1,375	204,261	1,524,887	0.4	3.0	3.1
Sikh	170	6,487	327,343	0.0	0.1	0.7
Any other religion	593	10,625	143,811	0.2	0.2	0.3
No religion	42,757	705,045	7,171,332	12.2	10.5	14.6
Religion not stated	22,760	486,681	3,776,515	6.5	7.2	7.7

Appendix 3: Consultation – Equality and Diversity Monitoring

Nationality

Answer Options	Response Percent	Response Count
British or Mixed British	19%	14
English	78%	57
Scottish	1%	1
Welsh	1%	1
Any Other (please specify)	0.0%	0

Race

Answer Options	Response Percent	Response Count
Any white group	100.0%	59

Sexuality

Answer Options	Response Percent	Response Count
Hetrosexual/straight	100.0%	46

Religion

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Answer Options		Response Percent	Response Count
Christian (includes: Church of England, Catholic, Protestant & all other Christian denominations)	Christian (includes: Church of England, Catholic, Protestant & all other Christian denominations)	91.9%	57
Agnostic	Agnostic	4.8%	3
Atheist	Atheist	1.6%	1
Jewish	Jewish	1.6%	1
Buddhist	Buddhist	0.0%	0
Hindu	Hindu	0.0%	0
Muslim	Muslim	0.0%	0
Sikh	Sikh	0.0%	0
Prefer not to say	Prefer not to say	0.0%	0
Any other Religion or Belief (please specify)	Any other Religion or Belief (please specify)	0.0%	0

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Appendix 4: Travel Data

1. Proposal – Peatfields to be decommissioned, customers to move to Mayfields

Peatfields closer for	15	customers
Mayfields closer for	6	customers
Average Peatfields travel distance	2.8	miles
Average Mayfields travel distance	3.0	miles
Average Peatfields travel time	6.6	mins
Average Mayfields travel time	8.7	mins

2. Proposal – Dean Row to be decommissioned, customers to move to Redesmere

Dean Row closer for	15	customers
Redesmere closer for	14	customers
Average Dean Row travel distance	3.7	miles
Average Redesmere travel distance	4.1	miles
Average Dean Row travel time	9.9	mins
Average Redesmere travel time	9.4	mins

3. Proposal – Bexton Court to be decommissioned

<u>All former customers of Bexton</u>		%
In LAP	16	40%

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Not in LAP	24	60%
Total	40	

Customers switched to alternative Internal Day Care

Bexton nearer	7	customers
Alternative provision nearer for	9	customers
Average Bexton travel distance	8.6	miles
Average alternative day centre travel distance	9.6	miles
Average Bexton travel time	19.3	mins
Average alternative centre travel time	19.9	mins

Customers switched to alternative Internal Respite Care

Bexton closer	4	customers
Alternative provision closer for	5	customers
Average Bexton travel distance	8.6	miles
Average alternative respite centre travel distance	8.6	miles
Average Bexton travel time	15.9	mins
Average alternative respite central travel time	16.7	mins

4. Proposal – Queens Drive to be decommissioned

Queens Drive closer for	2	customers (compared to Mountview or Lincoln House)
Lincoln House closer for	23	customers (out of a choice of

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		Mountview or Lincoln House)
Mountview closer for	2	customers (out of a choice of Mountview or Lincoln House)
Average Queens Drive travel distance	6.4	miles
Average Queens Drive travel time	15.6	minutes
Average travel distance to nearest centre (Lincoln House or Mountview)	3.1	miles
Average travel time to nearest centre (Lincoln House or Mountview)	9.0	minutes

5. Proposal – Stanley Centre to be decommissioned, customers to travel to an alternative (leisure centres or Carter House, Mayfield or Redesmere)

Alternative closer for	11	customers
Stanley Centre closer for	36	customers
Average alternative centre travel distance	8.6	miles
Average Stanley Centre travel distance	3.3	miles
Average Leisure Centre travel distance	18.2	miles
Average alternative centre travel time	20.2	mins
Average Stanley Centre travel time	7.4	mins
Average Leisure Centre travel time	38.2	mins

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6. Proposal – Customers to transfer from Brocklehurst Unit (Mayfield) to Hollins View

Mayfield closer for	7	customers
Hollins View closer for	21	customers
Average Mayfield travel distance	2.9	miles
Average Hollins View travel distance	2.6	miles
Average Mayfield travel time	7.7	mins
Average Hollins View travel time	7.4	mins