

AGENDA ITEM: 8 Pages 34 – 49

Meeting	Cabinet Resources Committee
Date	13 January 2011
Subject	Section 75 Partnership Agreement – Learning Disabilities Integration Project
Report of	Cabinet Member for Resources and Performance Cabinet Member for Adults
Summary	This report sets out proposals to develop a formal partnership arrangement, under Section 75 of the NHS Act 2006, between the Council and NHS Barnet for an Integrated Health and Social Care Community Learning Disability service and a pooled budget by the end of March 2011.

Officer Contributors	Temmy Fasegha – Joint Commissioner Mental Health and Learning Disabilities Glynnis Joffe – Deputy Director Adult Social Services (Acting) Kate Kennally – Director of Adult Social Services (Acting)
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
For decision by	Cabinet Resources Committee
Function of	Executive
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Temmy Fasegha, Joint Commissioner Mental Health and Learning Disabilities, 020 8359 2841.

1. RECOMMENDATION

- 1.1 That a pooled fund for an integrated community learning service in Barnet be established, which will be led by the Council, under Section 75 of the NHS Act 2006.
- 1.2 That the Cabinet Member for Adults be authorised on behalf of the Council to enter into a two-year Section 75 pooled funding agreement between the London Borough of Barnet (LBB) and NHS Barnet (NHSB), subject to the legal and financial terms of the agreement being approved by the Assistant Director – Legal and the Chief Finance Officer, respectively.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Government policies and guidance including; Valuing People¹, 'Our Health, Our Care, Our Say'², Valuing People Now³, 'A Vision for Adult Social Care: Capable Communities and Active Citizens'⁴ and the recent NHS White Paper⁵, call for greater coordination across health and social care to ensure that the needs of people with learning disabilities (pwld) and their carers are addressed.
- 3.2 Barnet's Joint Strategic Needs Assessment⁶ points to an increase in the number of people with learning disabilities over the coming years as they live longer. Many of the young people moving to adult services also have multiple and complex health and care needs.
- 3.3 This project is linked to the delivery of key elements of the Council's medium term financial strategy. In particular, to further develop and better coordinate the community response and intervention for people with learning disabilities in the Borough and their carers. This will help address the legacy of high costs and high volumes of residential placements for this client group. The integrated element will ensure that there is a joined approach to the market and more effective management of provider costs thus achieving '*Better services with less money*', which is important at a time when the Council and Primary Care Trust (PCT) are facing significant budgetary constraints.
- 3.4 The integrated service is also linked to the *One Barnet* ethos bringing together the learning disabilities health and social work teams into a multi-disciplinary service framework and an integrated management structure. It supports the Corporate Plan priorities of '*Sharing Opportunities and Sharing Responsibilities*,' which includes the objective of adults in need of support living more independently and be able to share in the Borough's success by supporting more people to access mainstream opportunities and services.

¹ Valuing People - DH 2001

² Our Health, Our Care, Our Say - DH 2006

³ Valuing People Now - DH 2009

⁴ Vision for Adult Social Care: Capable Communities and Active Citizens - DH 2010

⁵ Equity and excellence: Liberating the NHS - DH 2010

⁶ Barnet Joint Strategic Needs Assessment - 2009

4. RISK MANAGEMENT ISSUES

- 4.1 The Section 75 agreement will set out a clear governance framework and monitoring arrangement through the establishment of the Learning Disability Partnership & Commissioning Group (LDPCG). The service will on behalf of the partnership be expected to provide monthly, quarterly and annual financial and performance reports to the LDPCG.
- 4.2 The Partnership will take an overview of how new health and social care challenges and changes of policy should be addressed by the service.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 People with learning disabilities are one of the marginalised groups in society. In addition to being socially excluded with limited opportunities in employment, education and in using mainstream services, they also experience significant health inequalities due to limited access to health services and diagnostic overshadowing⁷.
- 5.2 There are no proposals to changing the eligibility criteria for the service. A detailed equality impact assessment (EQIA) has been undertaken to provide assurances that there are no negative consequences resulting from developing the integrated service. A copy of the completed EQIA is attached.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 Considerations in the Section 75 agreement will include:
- Arrangements for the discharge of partners' respective legal and regulatory responsibilities by the Council as host partner;
 - Clarifying operational arrangements in the integrated service;
 - setting up of a joint performance and governance structures to manage the partnership agreement;
 - Arrangements for delegating financial monitoring, reporting and management of the pooled budget;
 - Resolution of disputes;
 - Conditions for the termination of the partnership;
 - Agreed aims and outcomes;
 - Identification of the host partner;
 - The client groups for whom the pool will fund services and descriptions of the activities;
 - Clarity on respective financial contributions and other resources provided in support of the partnership;
 - Agreement about the ownership and disclosure of any capital items purchased by the pool;
 - Duration of the arrangement;
 - Provision and mechanisms for annual review, renewal or termination of the arrangement; and
 - Treatment of VAT, legal issues, complaints, disputes resolution and risk sharing.

⁷ Valuing People- DH 2001; Valuing People Now- DH 2009; Healthcare for people with learning disabilities: recommendations of the Parliamentary and Health Service Ombudsman- DH 2010; Health Inequalities and People with Learning Disabilities in England. Health Checks - DH 2010

- 6.2 The agreement covers the following budgets:
- Staffing budgets for health and adult social care learning disabilities services. The Council's staffing budget for the learning disabilities service is not part of the Council's proposed savings for 2011/12 – 2013/14. Finance officers from the PCT and Council are involved in verifying and updating these budgets.
 - The pooled budget of approximately £3.2 million contained within the agreement relates to staffing budgets of Council, Barnet Community Services and Barnet Enfield & Haringey Mental Health Trust. The Council's contribution is approximately £1.2 million. The Council's fiduciary responsibilities are not affected by these arrangements. The pooled budget will provide the integrated service with the flexibility to develop new roles to support integration and meet the changing needs of those using the service and their carers.
 - Any changes to the staffing profile and balance between health and social care will need to be agreed formally through the Learning Disability Partnership and Commissioning Group.
- 6.3 **Excluded** from the agreement are the social care 'purchasing budgets' which are used to meet people's assessed social care needs.
- 6.4 Schedules in the agreement would provide the financial framework for the agreement detailing the financial reporting responsibilities schemes of financial delegation and arrangements for dealing with under and over spends. It will be the responsibility of the Learning Disability Partnership & Commissioning Group (LDPCG) to ensure that this is adhered to. The Council's Head of Finance- Children and Adult Social Services and the PCT's Director of Finance will be members of the LDPCG to ensure appropriate financial governance to support compliance against the requirements detailed in the schedules.
- 6.5 It is intended to implement a restructure that is more suitable for the integrated service (see paragraph 6.8, below). However, it is envisaged that, as far as possible, staff will continue to be employed by their, respective, organisations; i.e. social care staff will remain employed by the Council; health staff will remain employed by Barnet Community Service (BCS) and Barnet Enfield and Haringey NHS Mental Health Trust (BEHMHT) respectively. Currently, there are plans for a consultation with staff within BCS as part of the end state arrangement with Central London Community Healthcare NHS Foundation Trust (CLCH).
- 6.6 Entering into the S75 pooled funding agreement, between NHSB and LBB, will not invoke the Transfer of Undertakings (Protection of Employment) Regulations 2006, ("TUPE") as there will not be a 'service provision change' within the meaning of the Regulations. Neither is it intended that staff will be seconded by one organisation to another.
- 6.7 So far as the contracts, for the provision of the integrated learning disabilities services, are concerned, on the basis that the organisations which, currently, provide the services continue to do so, TUPE will not apply.
- 6.8 The proposals include an integrated management structure for the new service including a Head of Service and team managers of the adult multi-disciplinary teams.
- 6.9 Managers of integrated teams will be remunerated in line with their, respective, employment terms and conditions, which will continue, including their continuity of service and pension arrangements.

- 6.10 The section 75 agreement will take account of all relevant procurement regulations and EU laws.
- 6.11 A performance and outcome framework has been developed for the integrated service including shared and specific health and social care information requirements. The project board has agreed the use of the Council's SWIFT information systems for collecting and reporting on the framework. The performance and outcome framework would enable the partnership to gain a detailed understanding of the service performance including a deeper knowledge of the customer profile and needs.
- 6.12 The benefit of this partnership is to ensure value for money in the deployment of staff to meet needs in a streamlined way reducing duplication of effort across health and social care.

7. LEGAL ISSUES

- 7.1 Under section 75 of the NHS Act 2006, health and social care organisations can make contributions to a common fund, to be spent on agreed projects or delivery of specific services or delegated functions. These arrangements are often referred to as 'section 75 agreements' or 'health act flexibilities.' The proposed arrangement involves the use of two of these flexibilities; integrated provision and pooled budgets.
- 7.2 Statutory regulations and Government guidance indicates how such arrangements should be set up and emphasis is placed on good governance. The partnership agreement for Barnet will be based on a nationally recognised template which is endorsed by the legal advisers for NHSB and the Council.
- 7.3 The section 75 agreement will set out a mechanism through which the NHSB formally delegates its responsibilities for the commissioning of a community learning disabilities service to the Council.
- 7.4 In addition to the section 75 pooled funding agreement, the Council will, as the host organisation, need to enter into service contract(s) for the provision of the integrated service. This aspect will be brought back before the Committee at a future date.

8. CONSTITUTIONAL POWERS

- 8.1 The Council's constitution in Part 3, Responsibility for Functions, paragraph 3.6- the terms of reference of the Cabinet Resources Committee-capital and revenue finance and externalisation contracts.

9. BACKGROUND INFORMATION

The case for change

- 9.1 People with learning disabilities and their carers have told us they want a 'joined up service', they want better access to support for their health and care and they want to tell their story only once.
- 9.2 Research⁸ shows that the prevalence of learning disabilities is increasing within the population, due to a number of factors – the increased survival rates of young people with severe and complex disabilities, and the reduced mortality among older adults with learning disabilities.

⁸ Eric Emerson and Chris Hatton (2004) Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England (Institute for Health Research, Lancaster University)

This is echoed by Barnet's Joint Strategic Needs Assessment (JSNA) which points to an increase in the number of people with profound and multiple learning disabilities as well as with chronic health problems over the coming years. There is a need for an integrated service, which is able to deliver flexible person-centred support when required while diverting people away from heretofore institutional responses to care.

- 9.3 The national programme to close all NHS residential campuses and the Learning Disabilities Cost Reduction Project will result in the resettlement of more people with complex and challenging needs in the community requiring ongoing health and social care support.
- 9.4 The need for an integrated and joined up approach is being further driven by the significant transfer of investment from NHSB to the Council in April 2010, for the care and support of people with learning disabilities, which was agreed through a Section 256 agreement.
- 9.5 The economic downturn and the significant reductions in public sector budgets call for different and more efficient ways of working in order to meet local commissioning priorities.
- 9.6 The integrated service also has an important role to play in enabling the Council and PCT to achieve priority commissioning initiatives including:
- The **Move On project** to reduce the disproportionate numbers of pwld in residential care and
 - Ensuring that all pwld have access to appropriate and timely health services including **annual health checks** by providing health facilitation and working collaboratively with GP and primary care staff.
- 9.7 The integration project builds on extensive work that has taken place to develop an integrated service specification undertaken over the past 12 months with the key staff and service user and carer representatives.
- 9.8 The current service is made up of six health and social work teams based on professional groups and collocated at Ballards Lane. Staff in the community learning disability health and social work teams have been working together to create a good and responsive service but they use different systems and there are challenges working across organisational boundaries.
- 9.9 The project seeks to develop an integrated health and social care, specialist community learning disabilities service that meets the current and emerging need of the population in the Borough. The proposal is to create three multi-disciplinary adult teams as well as bringing the Transition Team within an integrated service structure.
- 9.10 The project is in two phases:
- Phase one is focused on developing and putting in place a Section 75 pooled budget between LBB and NHS Barnet by the end of March 2011.
 - Phase 2 which commences in April 2011 concerns the actual implementation of the integrated service. It will include development of systems, procedures and protocols to underpin the new ways of working and implementation of the new service model.

The benefits of Service Integration

- 9.11 The integrated learning disabilities service offers an opportunity to achieve improved user outcomes and value-for-money in the resources invested in services through:
- Targeting of joint resources against agreed joint objectives;

- Improving health and social care outcomes for service users and carers by better understanding and managing the interdependencies of health and social care factors in supporting independence, achieving and maintaining well being, combating social exclusion;
- Achieving joint performance and quality standards;
- Applying resources to achieve community and corporate priorities;
- A single and multi-disciplinary referral and assessment process ensuring that service users and carer only tell their story once;
- Reduced duplication;
- Better access to mainstream opportunities and health services resulting in better health and social inclusion outcomes;
- Improved access to specialist services;
- Better transition planning from children to adult services;
- Increased capacity of the service to support people with complex needs;
- Multi-disciplinary approach to safeguarding;
- People living more independently;
- Better support to carers to enable them to fulfil their caring responsibilities; and
- Greater collaboration between the Learning Disability Services and voluntary organisations so that they better support people with learning disabilities in the community.

Development of the Agreement and Project Governance

- 9.12 The project and partnership agreement is being developed through the 'Learning Disabilities Integration Board' jointly chaired by NHSB's Assistant Director of Commissioning and Partnerships and the Council's Deputy Director of Adult Social Services. Operational, finance, human resources and legal colleagues are also being involved in drafting the agreement and related schedules.
- 9.13 Stakeholder and staff engagement events on the integrated service proposals including an event to the Learning Disabilities Partnership Board are planned for January 2011.
- 9.14 The PCT Financial Recovery Board endorsed the proposals for a section 75 agreement with the Council at a meeting on 15 December 2010. A final draft of the partnership agreement is to be presented to the PCT Board in March 2011 for sign off.

10. LIST OF BACKGROUND PAPERS

- 10.1 Equality Impact Assessment
- 10.2 Anyone wishing to inspect this paper should telephone Temmy Fasegha on 020 8359 2841.

Legal – LC/SCS
CFO – JH

Adult Social Services Equality Impact Assessment (EIA)

Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Title of what is being assessed: Integrated Learning Disability Service	
Is it a function, policy, procedure or service? Service	
Department and Section: Adult Social Services	
Date assessment completed: 7 th of December 2010	
2. Names and roles of officers completing this assessment:	
Lead officer	John Mason
Stakeholder groups	Staff at CTLD
Representative from internal stakeholders	Andrew Wilkes, Service Manager; Julie Pals
Representative from external stakeholders	
ASSD Equalities Network rep	Andrew Serlin for advice and comment
Performance Management rep	
HR rep (for employment related issues)	
3. Full description of function, policy, procedure or service:	
<p>Please describe the aims and objectives of the function, policy, procedure or service <i>Please include - why is it needed, what are the outcomes to be achieved, who is it aimed at? Who is likely to benefit? How have needs based on race, gender, disability, age, religion/belief, sexual orientation or carers been taken account of? Identify the ways people can find out about and benefit from the proposals. Consider any processes they need to go through or criteria that we apply to determine eligibility.</i></p> <p>The purpose of the integrated Learning Disability Service is to improve people with learning disabilities access to health and social care and the quality of services to people with learning disabilities. The project has been driven by Valuing People and Valuing People Now – Government papers on improving the quality of lives to people with learning disabilities. Further drivers for the integrated Learning Disabilities Service have been :</p> <ul style="list-style-type: none"> • Services for people with learning disability and challenging behaviour or mental health needs – Mansell Report revised (DH 2007) • Healthcare for all :Report of the independent enquiry into access to healthcare for people with learning disabilities (DOH 2008) • Fulfilling and Rewarding Lives: the strategy for adults with autism in England (DOH 2010) <p>There has been no change to the eligibility criteria for the service. The service is available to people with learning disabilities who meet the eligibility criteria irrespective of age, gender, religion/belief and sexual orientation.</p>	

The needs of carers of people with learning disabilities have been taken into account in the development of the integrated services, in particular, the requirement of the service to provide information, advice, guidance and support to carers, undertake timely assessments and emergency planning.

Evidence from the Joint Strategic Needs Assessment for London Borough of Barnet and NHS Barnet (March 2009) points to an increase in the number of people with learning disabilities whom have complex and chronic health and social care needs. (There are increased survival rates amongst young people with severe and complex disabilities) People with learning disabilities are also living longer- between 2001 – 2011 increase of 10% in the age group 50 -59 and 34% increase in those aged 70-79.

The JSNA (March 2009) also highlights that the incidence of chronic illnesses such as epilepsy, diabetes, circulatory disease, heart disease and other age related disabilities are 2.5% more common in people with learning disabilities than the rest of the population and the JSNA highlighted the need for Health and Social Services to work together to develop appropriate joint packages of care.

From data received from Children's services there will be 239 children with learning disabilities aged between 14 and 18 possibly moving into Adults Service's in the next 5 years (information received from Children's Schools and Families)

The data for 2009/10 of people with learning disabilities receiving a social care package

823 users in total (746 aged 18-64 and 79 aged 65+)

533 of which receive a community based package

373 (45%) female versus 450 (55%) male

In regards the general population 49% aged between 15 and 64 and 43 % of those over 65+ are male.

230 (28%) from a BME group versus 585 (72%) white

In regards the general population of Barnet 30% from a BME group –although there are age differences in the data

The integrated learning disability service is being developed to meet the current and future needs of the population of people with learning disabilities in Barnet.

The service specification has been drafted and the proposal is that there will be a three tiered service model responding to people's level of need and the Team Structure reflects the management of this model. See Appendix 1 and Appendix 2. The change in team structure will result in there being one Service Manager and four Team Managers including Transitions instead of two service Managers and six Team Managers as at present. There are to be no other changes to the team structure.

The service model change will result in resources being targeted at those with the greatest need and those people who are more independent accessing mainstream health and other services wherever possible. The service model recognises that this will require support to mainstream providers to enable them to provide services to more people with learning disabilities.

The changes to the service will result in a single point of access and multi-disciplinary duty system, unified assessment, care management and care planning process and integrated clinical governance.

The changes in service delivery will mean that people with learning disabilities with the greatest need will have a named Care Co-ordinator.

There will be engagement with service users, family/carers of people with learning disabilities and other stakeholders including the staff team that will be affected by the change to the service. For people with learning disabilities this will be in Easy Read. The engagement process will need to begin shortly.

The location of the service may also change and this will impact on people receiving the services, their carers and the staff working in the Learning Disabilities Service. This is a critical element of the change and will need to be reviewed as no decisions have been made as yet on the location of the service and in particular the use of satellite locations for work with service users.

In regards to assessing the impact of the changes to the service against the protected characteristics – it has been found that there is not always the data available on the characteristic although work is in progress in the recording of such data. This is highlighted in some of the responses below but does not detract from the fact that due consideration has been given to the impact of the change upon people with the particular protected characteristic.

4. How are the equality strands affected? *Please detail the effects on each equality strand, and any mitigating action you have taken so far*

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Service users – The learning disability population is changing - more people are living longer (JSNA-March 2009). There are now a significant proportion of service users aged 65+. The change in service will improve access to health and social care and enable people to use mainstream services wherever possible. There is no upper age limit to the service</p> <p>Staff – should not be adversely effected by the change.</p>	<p>The engagement process will ensure we are informing and listening to what people have to say.</p> <p>The service will monitor demographic details of service users including age.</p>
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Service users – The move towards a fully integrated service will result in better access to health and social care support, in particular for those with complex needs, based on the tiered model of support.	There is a separate work stream focussing on the location of the service. This will include access issues for people with learning disabilities with additional physical impairments and the location of therapeutic activities.

		<p>For other service users – people will be enabled and supported to access mainstream health and social care provision this reflects the social model of disability and a more holistic view of disability and health</p> <p>The change to the location of the service may adversely affect access for people with learning disabilities particularly those who have additional physical impairments. It will not be possible for face to face work to be carried out with people with learning disabilities at NLBP.</p> <p>It is therefore important to identify appropriate locations for therapeutic activities particularly one to one therapy and group work. It is essential that settings for these activities are appropriate to the needs of people with a learning disability and can be used on a regular basis so that service users can familiarize themselves with new and different environments.</p>	<p>Identifying possible other satellite locations for delivery of the service including delivery of therapeutic activities.</p> <p>Ensuring that information about the new service location is widely publicised and available in accessible formats.</p> <p>There is scope for visits to service users homes where required.</p> <p>The service will monitor demographic details of service users including disabilities.</p> <p>Engagement and consultation with service users, family/carers and staff is important.</p>
<p>3. Gender reassignment</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Service users: This data is not recorded. In regards the change to the service the outcomes should result in better outcomes off for accessing health and social care.</p> <p>Staff : This data is not recorded.</p>	<p>Monitor and review of the EIA. Engagement and consultation where appropriate with stakeholders will ensure that information is shared and people are listened to.</p> <p>The monitoring of this area is being considered corporately and by departments within LBB.</p>

<p>4. Pregnancy and maternity</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Service users: A key aspect of the new integrated specification is work with mainstream health services, including health visitors, to ensure that mothers who have a learning disability are supported to care for their children. It should result in better access to health and social care.</p> <p>Staff: There are no changes to the terms and conditions of staff as service as a result there is no adverse impact on staff who are pregnant or nursing mothers.</p>	<p>Monitor and review of the EIA. Engagement and consultation where appropriate with stakeholders will ensure information is shared and peoples views are heard.</p>
<p>5. Race / Ethnicity</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Service users: There should be no adverse impact because of the changes to the service. The service change should result in better access to health and social care.</p> <p>Staff: There are no changes to the terms and conditions of staff. The Council and NHS employing staff in the service have well established equalities policy that govern recruitment and retention of staff.</p>	<p>There will be a need to ensure that ethnic, cultural diversity and needs are respected and addressed and that adequate policies and procedures are in place.</p> <p>The service will monitor demographic details of service users including race/ethnicity.</p>
<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Service users: will not be excluded from the service as a result of their religion or belief. The service change should result in better access to health and social care.</p>	<p>There will be a need to ensure that religious needs are addressed and adequate policies and procedures are in place.</p> <p>The service will monitor demographic details of service users including religion.</p>

7. Gender / sex	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Service users: both men and women will be enabled and supported to access mainstream health checks for gender. This will be an improvement.	
8. Sexual orientation	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>Service users: This data is not held on service users.</p> <p>Staff: There should be no impact from the service changes.</p>	The service will monitor demographic details of service users including sexuality.
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>Service users : No direct impact from the change in service.</p> <p>Staff: No direct impact from the proposed changes to the service.</p>	The service will monitor demographic details of service users including marital status.
10. Carers (discriminated by association)	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Many people with learning disabilities have significant involvement with family/carers. The changes to the service may affect carers if they themselves have a disability or are old or if they remain very involved in the care for their son/daughter in regards to the change in location of the service.</p> <p>At the present time, carers can call in without appointment to see Social workers or health professional at 313 Ballads Lane. NLBP is a back office and therefore does not have the facility for face to face meetings with carers, so it will be necessary to identify appropriate alternative locations where carers can see. The appropriate professional if they have an urgent need to do so.</p>	<p>The service will monitor and support carers of service users including undertaking assessment and emergency care planning for elderly and frail carers.</p> <p>There is scope for visits to carers homes where required.</p> <p>There are other options available such as the use of the Barnet Carers Centre.</p> <p>Any communication – engagement and consultation should involve carers. Monitor and review the EIA.</p>

5. What are the number, types and severity of disabilities in play in this case?

Service users: The estimated learning disability population in Barnet is 1302 aged 18 +. Of these 805 are currently supported by the service. The current service does not hold any information about the severity and/or complexity of their needs. But we know there are a range of needs from those people who are very independent but remain vulnerable to abuse and neglect to those people with profound and multiple disabilities who require 24 hour support because of their high level need for assistance in all areas of their lives i.e. eating , drinking , dealing with incontinence. The numbers of people with more complex needs including those people who are autistic or have particular medical needs or behaviour that can challenge services is increasing.

In addition it is envisaged that individuals with complex needs who are currently in out of borough placements or in private hospitals will be supported to move back to Barnet. While this will be a positive development for individuals with learning disabilities, enabling them to resume their regular contact with their families and friends in their community, this will lead to a significant increase in demands on the Health and Social Work professionals in the Learning Disability Service.

It is anticipated by the service model changing to a tiered model that there needs to be a sharper focus of resources to those with higher and more complex needs. Those individuals with mild to moderate learning disabilities who do not have significant health needs and who do not meet FACS criteria will be supported to access mainstream services.

Staff: This data is currently unknown.

6. What are the actions that could reduce the impact on people with disability?

For the past 18 months Health professionals in the Learning Disabilities Service have been engaged in discussions with staff in Mainstream health services to support the access of people with learning disabilities to their services. These discussions will continue.

The integrated service will collect information about the severity and complexity of the needs of service users including other health conditions they may have in order to meet health reporting requirements.

It is anticipated by the service model changing to a tiered model that there can be better use of resources to those with higher need.

The impact of the change to the service is anticipated to be positive with better access to health and social care. The communication will be accessible for people i.e. use of Easy read where applicable.

7. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents

The change process may result in changes to satisfaction ratings but there is only one population group effected by this change – the population that have a learning disability or those who are family/carer. This will need to be monitored via the Satisfaction survey that is conducted by the Community Team themselves on an annual basis.

8. How does the proposal enhance Barnet’s reputation as a good place to work and live?

The service change should enhance the reputation of Barnet as the service to people with learning disabilities improves in regards to access to health and social care. It enables Barnet to demonstrate compliance with vision set out in national policy documents such as ‘Valuing People’ and ‘Valuing People Now’.

The Communications Plan for the change to the service will address the different stakeholders in the project and the messages that need to be conveyed to each group.

There will need to be consultations with staff that are affected by the move to the new location at NLBP, particularly as many of them will have concerns as to how provide services to service users and their carers.

9. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?

In regards the change to the service – there will be a communications plan to inform the different stakeholders of the benefits of the changes.

The service specification needs to be explicit in identifying the outcomes of the changes and these outcomes need to be included in any communication with stakeholders. These need to be measurable as performance targets so that there can be monitoring against different demographic characteristics.

There is a need to maintain the staff who work in the service as they have built up relationships with the service users and are well regarded by both people with learning disabilities and family/carers. The staff need to be fully engaged in consultation with regard the changes to the service model and team structure and with regard to the implications of the proposed move to a different location for the service.

10. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 14)*

There is a robust performance management framework that underpins the integrated service. A joint monitoring and governance framework will be agreed by NHS Barnet and Council in the Section 75 agreement.

The Communications plan identifies the stakeholders and also the timelines for communication.

It is important that there is engagement with people with learning disabilities, family /carers and consultation with staff and Trade Union regards the changes to the service.

Information on the changes to the service will also need to be made available to other stakeholders – voluntary sector , residential and supported living providers.

11. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

It is anticipated that the proposed changes would not lead to any resentment between different groups of people and does not have the potential to lead to resentment. It is anticipated the proposal will lead to better outcomes in regards accessing health and social care provision for people with learning disabilities and their family /carers.

12. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.*

It is planned that there will be documents produced in Easy Read for people with learning disabilities to enable them to fully understand the changes proposed in the service specification. In addition documents identifying the changes and better outcomes will need to be produced for other stakeholders.

Perception data received from carers and service users regards the learning Disabilities service indicates low levels of satisfaction with elements of the service such as the facilities and the difficulty with contacting the service.

There has been involvement of service users and a parent/carer in the initial project group that worked on the service model. There will be engagement with a range of stakeholders including the Learning Disability Parliament, the Parent Action Group, the Learning Disability Partnership Board and the Providers Network. During the development of the project there have been presentations to The Board and the Learning Disability Parliament.

There is to be a group of people with learning disabilities to act as a mirror group to the Project Board and to receive and give feedback. And there will be consultation documents for staff and Trade Unions.

Existing communication channels will be used such as the Council website, newsletters, Barnet First.

This will need to be monitored and feedback from service users will inform the communications methods and feedback into the Project and the review of the EIA.

13. Decision:

No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Not Known ⁹ <input checked="" type="checkbox"/>
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I have recorded Impact as not known at this stage as this is conjecture based on what is anticipated from the project.

⁹ ‘Impact Not Known’ – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.