Equality Analysis



	Options for the transfer of the Independent Living Fund (ILF) and consultation outcome
Which Department/ Division has the responsibility for this?	Community and Housing / Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Jenny Rees, Service Manager, Adult Social Care
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	On 18 December 2012, following a consultation period, the Government announced its decision to close the Independent Living Fund (ILF) permanently on 31 March 2015 and transfer funding to local authorities and devolved administrations in Scotland and Wales. However this decision was quashed by the Court of Appeal on 6 November 2013 on the grounds that the DWP had failed to fulfil its duty to promote equality when making the decision.
	Following a new Equality Impact Assessment, on 6 March 2014, the Government announced a new decision to close the ILF fund on 30 June 2015. From this point local authorities, in line with their statutory responsibilities, will have sole responsibility for meeting eligible care and support needs of their current ILF users.
	The Government has stated that the ILF funding would be distributed to local authorities based on ILF's forecast expenditure for 2015/16 in each local authority area at the point of closure. In accordance with Government policy the funding devolved to local authorities is not ring-fenced and it will be up to each local authority to determine how to allocate the funding transferred to them.
	This will mean that ILF users will have all their care and support needs assessed through the mainstream care and support system under a single eligibility criteria and charging regime.
	There 20 ILF users living in Merton and there are 4 options:
	Option 1: the transfer of ILF funding on 1 July 2015 goes into the baseline budget for the Council for 15/16 and is spent in other areas of the Council
	Option 2: the transfer of ILF funding on 1 July 2015 goes into the baseline budget for adult social care for 15/16 on a recurring basis and is ring-fenced to existing ILF users in perpetuity
	Option 3: the transfer of the ILF funding on 1 July 2015 goes into the baseline budget for adult social care for 15/16 and ILF users are re-assessed immediately in accordance with social care eligibility criteria and

	given a personal budget for their care and support needs on this basis
	Option 4: the transfer of the ILF funding on 1 July 2015 goes into the baseline budget for adult social care for 15/16 and the individual ILF users receive the same level of funding for their care and support for 15/16. During 15/16 the ILF users will be re-assessed in accordance with social care eligibility criteria and given a personal budget on this basis for 16/17
	We have recommended option 4 and the rest of this analysis is based on that option.
	The broad aim and desired outcome of the proposals above is to enable use of all funding available to adult social care to support all disabled people in a more consistent, effective and equitable way within a mainstream system. That whatever we do we seek to continue the principles of maximising choice and control for the user, as this is what the ILF has done. That whatever we do there should be a fair allocation of public funds according to need.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service Plan contributes to the Council's Merton 2015 priorities and will ensure that savings targets are achieved in line with the Corporate Business Plan and Medium Term Financial Strategy. It is in line with the principles adopted in July 2011 by councillors, which seek to protect statutory services and minimise adverse impact on vulnerable people.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Those primarily affected by the proposals are the 20 existing ILF users in Merton and their carers.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	Adult Social Care will take overall responsibility, although we will work with partners in the voluntary sector and NHS to help us support the ILF users.

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

We have consulted with the 20 ILF users, carers and considered carefully the feedback received from a face to face consultation event, telephone consultations, a home visit and email consultation. We have liaised with and received information from the ILF and attended ILF meetings.

We have also considered the report by the DWP – Closure of the Independent Living Fund (6 March 2014) and feedback from users and carers on the national consultation exercise. We have also considered the views and articles of the Association of Directors of Social Services (ADASS), the Disability Rights UK, Human Rights Commission, the Local Government Lawyer and other councils.

We have also considered the consultation outcome of the ASC budget savings proposals and the related EA.

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic	Tick which applies Positive impact		Tick which applies Potential negative impact		Reason Briefly explain what positive or negative impact has been identified		
(equality group)							
	Yes	No	Yes	No			
Age	Yes		Yes		The table below shows the age range of the Merton's ILF users.		
					Age range	No. of users	
					31-40	2	
					41-50	4	
					51-60	8	
					61-70	3	
					70+	3	
					Total	20	

			As with any review/re-assessment process the ILF transfer process will give the opportunity to identify any specific age related requirements which will reflect the changing need of the individual. The transfer will provide the opportunity for greater equity in how services are commissioned across the wider eligible population, especially those not in receipt of the ILF. Steps will be taken to ensure that individuals will not be disadvantaged throughout the process because of their age.
Disability	Yes	Yes	The transfer will provide the opportunity for greater equity in how services are commissioned across the wider eligible population, especially those not in receipt of the ILF. There will be a negative impact as all ILF users will have a disability. ILF users expressed concern about care and support packages being reduced and being unable to achieve the same outcomes as they have with the ILF. The majority of users will face changes to the way their support is delivered, including the possibility of a reduction to the funding they currently receive.
Gender Reassignment			N/A
Marriage and Civil Partnership			N/A
Pregnancy and Maternity			N/A
Race			N/A
Religion/ belief			N/A
Sex (Gender)			N/A
Sexual orientation			N/A
Socio-economic status			N/A

7. If you have identified a negative impact, how do you plan to mitigate it?

Potential impact of change - Mitigation Plan

Following Cabinet Decision we will take the following steps to help mitigate any negative impact:

- 1. Each ILF will be allocated a Key Worker by the end of April 2015
- 2. Information and advice will be provided by the Key Worker and Centre for Independent Living
- 3. From 1 July 2015 Merton will take over ILF responsibilities for all ILF Users
- 4. A full reassessment of need for each ILF User will be completed by December 2015
- 5. A new Support Plan and Personal Budget will be allocated to all ILF Users by June 2016
- 6. In partnership with individual ILF Users, potential negative impact of any changes will be minimised by exploring different ways of utilising care hours, using more cost effective provision and maximising use of community services and social capital.

In addition our mitigation plan is an integral part of the overarching mitigation plan for the ASC Savings Programme and we would ensure that any activity specific to ILF users is linked to wider redesign work. The following principles will support this work:

Service Redesign - it is recognised that there is an unprecedented level of change needing to be delivered, arising from three main drivers: the need to make the required savings, the new duties of the Care Act, the requirements and plans to achieve greater integration with NHS services and for existing ILF users, the transfer of funds and responsibilities to the local authority. The department has established a redesign programme and amended its senior management structure to have a time limited role for a Head of Redesign who took up post at the beginning of January 2015. The objective of the redesign programme is to ensure that these changes are designed and implemented in a thoughtful and properly planned way, that all the inter-dependencies of actions are recognised and addressed, that we use transformative and innovative ways to redesign to maximise positive impact and minimise negative impact, that we have robust processes in place to ensure delivery and that we continue to listen to stakeholders and follow principles of co-production where we can. The change to the current ILF arrangements will be managed under the redesign programme.

Communication and engagement - a consultation exercise took place in February 2015 with ILF users and carers about the potential changes and to understand their reaction to the options. The council is committed to maintaining our statutory duties and design our social care services around promoting independence for our service users.

However, it is clear from the consultation that any change in the way that our service provision is structured will mean that we are introducing uncertainty to our service users and their carers. This could lead to anxiety and therefore any service redesign will be done carefully.

As such, we recognise that the implementation of these changes will need to be handled sensitively and changes made in continued and ongoing consultation with all relevant stakeholders.

A clear communication and engagement plan will be developed to ensure ILF users understand the shift in council policy around promoting greater independence and the potential of a reduced service offer. This will not necessarily undermine the outcomes users will want to achieve. A clear understanding of the utilisation of partnership working with both the health and voluntary sector will ensure a much more holistic and joined up approach to developing support solutions. The service user will remain at the heart of the process and a much greater sense of

independence enabled where this is possible.

This communication and engagement will include:

- Continued 1-2-1 engagement with ILF users and carers as part of our assessment and review process
- A robust feedback mechanism to enable ILF users and carers to feedback to the council about the process and outcomes
- The existing channels for involvement with the voluntary sector and with providers
- Access to the forum where stakeholders can discuss the overall required outcome of savings with a view to finding any different solutions
 where possible which reduce any negative impact
- Access to regular meetings with service users and carers and their representatives for each of the main care groups

Principle of promoting independence - the evidence nationally is that this offers some opportunity for reducing overall service volumes whilst retaining a service user focused approach.

We have set out what we mean by this principle in our ASC savings consultation document. Broadly it means that we seek to use the strengths and assets of individuals, families and communities to help them be resilient in finding solutions for their lives, as well as support people to regain independence following any crisis or event in their lives and that we use the most practical and least expensive solutions which meet people's needs. We will apply these principles in all stages of our interaction: first contact, assessments, reviews, and in how we commission providers to work with our service users. We will continue to work with the voluntary sector in sharing these principles.

Reviews of Service Users Support Plans - Practice - the person centred reviews will be genuine objective assessments of on-going needs and of the most cost effective way to meet those needs. The objective of the reviews is to check support is a) still needed and b) provided in the most cost effective way. It is not to take away support where it is still needed, though people could fear this.

The mitigating plan will include providing enhanced guidance and training for practitioners on how to conduct 'person centred' reviews, building on the learning from a 'Reviews' project implemented back in 2012-13. This will ensure that practitioners whilst working towards the 'promoting greater independence' agenda will ensure that all service user needs are adequately met, but enabling their independence to live as they desire where this is possible.

We will also ensure that any identified changes to support solutions are put in place swiftly. Regular service user contact will be used as a mechanism to ensure that any changes made to support solutions around promoting greater independence enhances the service user's quality of life and does not put them at risk.

To reiterate, 'person-centred' reviews are about promoting independence for the service user.

Fair allocation of resources - with diminishing resources it will be all the more important that they are allocated fairly and to best effect. This is through the following mechanisms:

- The supervisory process where all front line staff receive oversight of their practice
- Early response assessments, including financial assessments
- Resource panels for all packages over a certain threshold, to ensure that support plans and packages meet statutory needs, follow promoting independence principles, and look for the best value alternatives to meet needs
- Within day services reviewing the support packages that people get and looking overall at day care, respite care and community based support
- A performance framework which looks at how individuals and teams compare in their use of resources and in the support packages put in place.

Integration with health services - our belief is that integrated services offer a better opportunity for service users to make better use of

resources when well designed. We have had in place for several years' integrated teams for mental health and learning disabilities. Since 2013 we have embarked on a project to create integrated teams for older people and those with long term conditions, based in three localities across Merton. With our health partners we are committed to the continuation of this process and will continue to solicit feedback around the impact on service users.

Monitoring – we will design a carefully structured monitoring process to ensure that we have a clear sense of what the outcomes are being achieved such as looking at the outcomes of reviews and assessments across different groups of service users, reviewing the impact on service users of certain services being decommissioned and the impact of the Care Act reforms. This monitoring will be used to adjust service provision and ensure that our processes are as robust as they need to be. We will also use this process to ensure we continue to meet our statutory obligations. Monitoring will take place within the overall quality framework introduced during 2014.

Stage 4: Conclusion of the Equality Analysis

8.	Which of the following statements best describe the outcome of the EA (Tick one box only) Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet for further information about these outcomes and what they mean for your proposal
	Outcome 1 – The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.
	Outcome 2 – The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.
Х	Outcome 3 – The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully. If you propose to continue with proposals you must include the justification for this in Section 10 below, and include actions you propose to take to remove negative impact or to better promote equality in the Action Plan. You must ensure that your proposed action is in line with the PSED to have 'due regard' and you are advised to seek Legal Advice.
	Outcome 4 – The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Improvement Action Pan

9. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

This action plan should be completed after the analysis and should outline action(s) to be taken to mitigate the potential negative impact identified (expanding on information provided in Section 7 above).

Negative impact/ gap in information identified in the Equality Analysis	Action required to mitigate	How will you know this is achieved? E.g. performance measure/ target)	By when	Existing or additional resources?	Lead Officer	Action added to divisional/ team plan?
Transition plan for ILF users delivered	Detail actions in action plan to be delivered over 10 month period: Action 1: Allocated Key Worker by end of April 15 Action 2: Advice and Information given throughout transitionary period April 15 – June 16 Action 3: Reassessment of Need by December 15 Action 4: Support Plan and Personal Budget allocated by June 16 Action 5: Individualised use of Personal Budget explored to minimise negative impact by June 16	We will have met this when every recipient of ILF has been supported through the process as detailed here	Apr '15 – Jun '16 Dec '15 Jun '16 Jun '16	Existing	Jenny Rees	Yes
Potential impact of change – changes common to the ASC redesign programme but relevant to support for ILF users.	Service redesign - the department has established a redesign programme and the objective is to ensure all changes, including changes to the current ILF arrangements, are designed and implemented in a thoughtful and properly planned way Communication and engagement - establishment of a clear plan to ensure continued engagement with ILF users facilitating a continued joint approach to the development of solutions Principle of promoting	Monitoring by ASC Redesign Programme Board & Merton Improvement Board Monitoring by ASC Redesign Programme Board & Merton Improvement Board	April 2015 Plan April 2015 Then on- going	Established	Dan Short Dan Short	Yes

Negative impact/ gap in information identified in the Equality Analysis	Action required to mitigate	How will you know this is achieved? E.g. performance measure/ target)	By when	Existing or additional resources?	Lead Officer	Action added to divisional/ team plan?
	independence - we will apply this principle (use the strengths and assets of individuals, families and communities to help them be resilient in finding solutions for their lives, as well as support people to regain independence following any crisis or event in their lives and the we will use the most practical and least expensive solutions which meet people's needs) in the development of support solutions across all service user groups	Monitoring by Adult Social Care Senior Management Team (ASSM)	On-going	Established	ASC Service Heads	Yes
	Reviews of Services Users Support Plans - Practice - develop an enhanced protocol and training for an on-going programme of person centred reviews promoting greater independence where	Monitoring by ASSM & Partners	On-going	Established & additional	ASC Service Heads & Partners	Yes
	possible Fair allocation of resources – early responsive assessments, including financial assessments, resource panels, guidance	Monitoring by ASSM	On-going	Established	ASC Service Heads	Yes
	and training for frontline staff Integration with health	Monitoring by ASSM &		Established & additional		Yes

Negative impact/ gap in information identified in the Equality Analysis	Action required to mitigate	How will you know this is achieved? E.g. performance measure/ target)	By when	Existing or additional resources?	Lead Officer	Action added to divisional/ team plan?
	services - progress agreed plans for integration project Monitoring - design carefully structured monitoring process to provide a clear sense of outcome of the savings	Integration Project Board Monitoring by ASSM	On-going On-going	Established	ASC Service Heads ASC Service Heads	Yes
Negative impact/ gap in information identified in the Equality Analysis	Action required to mitigate	How will you know this is achieved? E.g. performance measure/ target)	By when	Existing or additional resources?	Lead Officer	Action added to divisional/ team plan?

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 6: Reporting outcomes

10. Summary of the equality analysis

This section can also be used in your decision making reports (CMT/Cabinet/etc) but you must also attach the assessment to the report, or provide a hyperlink

This Equality Analysis has resulted in an Outcome 3 Assessment

The key findings of this initial assessment are:

- Merton's vulnerable residents are affected, in particular 20 people with disabilities (learning and physical)
- Despite any reduction or cessation of services the council will still continue to meet its statutory duties minimizing any adverse impact on service users and carers
- The council will promote the ethos of greater independence for service users (where possible), maintaining the 'person-centred' approach working together with partners from the health and voluntary sectors, as well as tapping into existing social capital.

The potential negative impact of these proposals have been clearly identified and communicated with a clear mitigation plan developed as detailed in section 9 above.

Stage 7: Sign off by Director/ Head of Service						
Assessment completed by	Jenny Rees	Signature:	Date: 20.2.15			
Improvement action plan signed off by Director/ Head of Service	Simon Williams	Signature:	Date: 20.2.15			