



Report of the Director of Adult Social Services

Scrutiny Board (Adult Social Care)

Date: 13 April 2011

Subject: Response to UNISON Concerns in relation to Crisis Centre and Day Services Reconfiguration Equality Impact Assessments

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report offers a detailed response to the concerns raised by UNISON in relation to the Equality Impact Assessments (EIAs) undertaken over proposals to decommission the Leeds Crisis Centre and to reconfigure the Leeds City Council Mental Health Day Services.

This report has been compiled following input and information from the Leeds City Council Equalities Team.

Scrutiny Board is asked to consider the concerns and responses.

1.0 Purpose Of This Report

The purpose of this report is to respond to the issues raised by UNISON at Scrutiny Board on 16th March 2011. These are specifically in relation to the Equality Impact Assessments (EIAs) undertaken as part of the reports presented to Executive Board in February 2011.

2.0 Main Issues:

Point A

- 2.1 UNISON COMMENT – The report submitted to the Executive Board in December was not accepted due to insufficient consultation. Since that date, existing Day Centre users have had the opportunity to attend one meeting and consultation with the current and previous service users at the Crisis Centre has been sporadic.

Appendix 3 of the Mental Health EIA outlines some of the concerns raised at the January meeting – the responses do not mitigate the concerns raised they are at best vague in terms of what, if any, building based provision will be available and focus mainly on community centred alternatives

Response

The proposal was not about replacing like for like provision: it was about appropriately meeting need. Needs can be appropriately met in a number of ways that do not require a designated mental health building. The demographic information around individuals accessing mental health services illustrates that people with complex mental health needs can and do have their needs met in the community and that community based support services are accessed by all equality groups. The report focuses on appropriately meeting need rather than on the building that needs are met from.

- 2.2 UNISON COMMENT - The report cites the i3 Project as having a consultative value yet it would surely be fair to state that i3 considered the general direction of travel of mental health services and could not be put forward as a substitute for specific consultation with key stakeholders over the proposals to decommission the centres. The report itself recognised the need for more consultation – as the report states “the demand for changes for stakeholders was limited” ... “this inevitably meant that change has to be gradual” “looking to the future there is a need to build both approaches ie build wider and deeper stakeholder demand” (Section 6 I3 report)

The i3 Report concluded that implementation could only be rolled out when the concerns listed above had been addressed. There is no supportive evidence to suggest they have.

Response

The i3 project reviewed both voluntary and in house day service provision and proposed a citywide model that took all services into account. It proposed a significant shift from centre-based to community support but recognised the need to retain some centre-based activities. It proposed two centres serving the city. It did not propose that either of these needed to be Council run; both could potentially be voluntary sector centres. This proposal is in keeping with these recommendations.

Consultation has continued beyond i3 with commissioners involving stakeholders in the development of a mental health outcomes framework. Service managers within in house services were involved in putting together the options considered by DMT around the configuration of in house services.

Staff within service have told officers that they have been implementing aspects of the i3 model for a considerable period of time now and that people who come new to services are generally supported in community settings and in keeping with the principles of social inclusion and recovery. There remains a cohort of service users who have accessed buildings based services for a number of years and have become dependent on these services.

2.3 UNISON COMMENT - The EIA does not reflect a satisfactory consultation process, in spite of this the decision to decommission the centres has been taken.

Leeds City Council has an Equality Impact Assessment process that has been developed in line with national guidance from the EHRC and best practice.

Response:

A full response is given to this question within the linked report to Scrutiny entitled: 'Response to the Tri-Centre Group submissions in relation to the recommendation to the reconfiguration of Leeds City Council Mental Health Day Services', where it is accepted that the extensive i3 consultation is now regarded as insufficient to support an immediate decision to reduce local authority day centre capacity, particularly in relation to new service users.

However, notwithstanding this, in general, the Equality Team's comments on the UNISON Equality Impact Assessment challenge are:

The Council's Equality Impact Assessment Guidance states that effective involvement includes a broad range of interested or affected people. This is in line with EHRC guidance and is fully addressed in the evidence offered in the Adult Social Care Equality Impact Assessment. The Council's Equality Impact Assessment guidance on involvement states:

Effective involvement includes a broad range of interested or affected people. More diversity means there is a greater resource of insight, perspectives, knowledge and experiences to draw on. This will positively contribute to your **fact finding – information gathering** and to the impact assessment process.

It is not possible for every interested or affected person to be involved in the impact assessment process. It is therefore reasonable to take a proportionate approach when deciding the scope of your involvement activities. The more potential impact and relevance the strategy, policy, service or function may have, the more involvement you will need. To help, you will need to consider:

- the nature of the strategy, policy, service or function and the groups of people who are most likely to be affected or interested;
- which groups it is most important to include;
- what involvement activities are already in place that you can use to gain insight – this can help build confidence among communities as they can see that what they have already said is being acted on;
- what information do you already have; and
- what gaps are there in your information, knowledge and involvement.

Taking account of what you already know, you can then decide what further involvement you need, how and when. There are many different ways you could involve others within your assessment. Use the most effective way for your particular impact assessment and those you wish to involve. For example:

- **Focus groups/ advisory groups** – a focus group is a small number of people brought together with a facilitator to discuss a topic in depth. You can set up a focus group to identify key themes and priorities at the beginning of your impact assessment process. Then bring the group back together at set stages throughout the process. This could be after the assessment team have completed their analysis and assessment, then when the actions from the assessment have been completed. It may also be appropriate to meet again in a year's time to discuss the difference.
- **Work with representative groups** – a representative group is a body of people which represents the interest of a particular social or community group. This would include internal staff groups. You can use a representative group in different ways:
 - An individual could be a member of your assessment team, on behalf of the representative group
 - you could use them in a similar way to the focus group. Using their thoughts, evidence, perspective and proposals within your impact assessment analysis.
 - you can use the expertise and contacts within the groups to help you involve people in your community. They can provide advice and support on how to target and involve particular groups.
 - you may wish to commission the group to run focus groups on your behalf, collect information and/or statistics and write reports to help your decision-making. Commissioning should be seen as a professional partnership payment may be appropriate.
- **Online involvement** – online involvement uses technology to create opportunities for participation. Easy to set up and relatively inexpensive, online involvement can be useful in gaining the views of others. It provides an element of privacy, which some people prefer. You would need to think about how you will let people know of your online involvement and you can invite particular groups and individuals to participate.

The method is not appropriate for all people or groups, not all people have access to technology or the capacity to use it effectively. It would therefore be best to use it as one of a number of involvement methods.

- **Open space** – open space is a technique designed to promote creative discussions around key issues. It does this by giving participants control over how they take part. Participants are invited to come together to talk about a policy area or an issue. They control the form, duration and agenda for the event and each person contributes according to their own preference.
- **User panels** – user panels are regular meetings of service users who consider and discuss the quality of a service or other related topics, for example improvements to current practice. User panels can help you identify the concerns and priorities of service users and can lead to the early identification of problems or ideas for improvements

3.0 Point B

3.1 UNISON COMMENT – with respect to the Crisis Centre it is critical to have an understanding that current NHS provision is not staffed to full capacity; and of the factors which explain referrals to the Crisis Centre from the IAP Teams. Whilst the NHS asserts it can cope with a small increase in capacity there is no evidence that current staffing structures can do this. Neither the Executive Board nor the EIA specify how, when and where the services provided by the Crisis Centre will be delivered

Response

As stated within the Scrutiny meeting, and within the Executive Board report, there is not a direct replacement for the Crisis Centre but there are a number of options around Crisis and Talking Therapies that can meet the needs of individuals who have accessed Crisis Centre services. Assurances were given that the centre would not cease to function until all alternatives were identified and set in place.

3.2 UNISON COMMENT - With respect to day centres, the service users have been promised individual conversations as regards alternative support. No specifics have yet been identified nor have individual risks been assessed. The discussions will focus on how not whether change will be implemented.

Response

The consultation with individuals is about how their needs can be best met within an alternative model of provision and not about whether to implement change. In reviewing an individual's needs and developing a support plan, we would expect an assessment of risk to be conducted. The nature and timetable for this consultation will form part of the implementation plan. This is appropriate, given that the Equality Impact Assessment is on an in-principle decision. Due consideration of equality considers the 'mental health community' as a whole not on an individual basis. Individual needs will be considered separately (although clearly consideration will have been given to collective needs).

There is evidence that 'due regard' and 'consideration' to equality was given at all stages of the proposals. The Equality Impact Assessment documentation has been used to capture this evidence.

4.0 The UNISON representation also made the following statements:

In agreeing the report, the Executive Board agreed to the following:

- 1) Closure of two day centres
- 2) An enlarged CAT team pending the implementation of the policy of an outsourced community day service.
- 3) A community day service outsourced through competitive tendering.
- 4) The outsourcing through competitive tendering of all the services known in this report as the accommodation services

Response

- 1) The recommendation is to refocus the day services, consolidating an adequately staffed day centre, and augmenting this with a significantly enhanced community service. There is no proposal to reduce the staffing in the service from current levels.
- 2) This comment is presuming the outcome of the yet to be undertaken commissioning exercise to outsource provision. This cannot be known until the exercise concludes.
- 3) The proposal was to undertake a Value for Money review of accommodation services. No decisions were requested in relation to the accommodation services.

- 4) It should be noted that the items referred to in (2) and (3) above are subject to a further Executive Board Report and will be part of the current consultation process.

5.0 Specific comments on perceived inadequacy of the Equality Impact Assessment from the Leeds City Council Equalities Team

- 5.1 Comment:** It is essential that a genuine assessment is carried out at a formative stage (p5). The assessment should be started prior to policy development or at the design stage of the review and continue throughout the policy development/review

Response : The Equality Team feel this has been addressed above.

- 5.2 Comment:** Positive involvement and consultation are seen as key ways of ensuring that an effective EIA takes place

Response: The Equality Team feel this has been addressed above.

- 5.3 Comment:** An EIA should outline the relevance of the policy, service, function etc to the general equality duties and equality groups (remembering to consider each of the general duties and not only the duty to eliminate discrimination).

Response: Equality Impact Assessments are used to demonstrate how equality was/is considered in decision making and ensures equality is a key feature. An Impact assessment is not an end in itself and should be tailored to and proportionate to the decision that is being made.

- 5.4 Comment:** The EIA should include policy aims; available evidence; involvement and consultation; the impact (including questions like “who benefits?”, “who doesn’t benefit and why not?” “who should be expected to benefit and why don’t they?” – and much more

Response: Equality Impact Assessments should ensure ‘due regard’ is considered; and also needs to be in accessible language (so not too wordy or technical).

- 5.5 Comment:** It is important to have as much up-to-date and reliable data and information as possible about the different groups the proposed policy is likely to affect

Response: The data were relevant to the decision being made.

- 5.6 Comment:** Proportionality is a key principle. EIA of a major new policy or strategy will need significantly more efforts and resources dedicated to ensuring effective consultation and involvement than a simple EIA of a regular policy.

Response; Adult Social Care has already indicated that consultation and individual needs assessments will continue and further Equality Impact Assessments will be carried out.

- 5.7 Comment:** It is never acceptable to simply state that a policy will universally benefit all service users, and therefore the equality groups will automatically benefit. The analysis must be more sophisticated than this, demonstrating consideration of all the available evidence and addressing any gaps and disparities revealed

Response: The needs of individual equality groups will continue to be addressed in ongoing work planned by Adult Social Care.

5.8 Comment: Failure to properly monitor the impact of a policy may leave a public authority open to legal challenge, as well as enforcement action from the Commission Systems to enable monitoring of the actual impact of the policy therefore form a vital part of an EIA and should be set out in the final section.

Response: The Equalities Team feel that although there is some information on this in the Executive Board Report, the monitoring of the policy could be expanded.

5.9 Comment: EIA is an ongoing process that does not end once a document has been produced

Response: This is agreed, and there is reference to this as part of the Executive Board Report. There is work to be undertaken by the NHS in relation to the issues relating to the Crisis Centre, which acknowledged, and the continued consultation and needs assessments identified for day services, in addition to the recognised need to undertake a further EIA in relation to the commissioning process. The latter is a separate issue and not subject to the reconfiguration EIA.

5.10 In terms of the comments on the content, the Equalities Team feel they are management, rather than equality issues. As referenced above, the issue of outsourcing is not part of this EIA, but rather will be subject to an EIA specific to the commissioning process.

6.0 Conclusions

In conclusion, the Equalities Team feels:

- Equality has been considered and
- The Council's Equality Impact Assessment process already considers all protected characteristics.

7.0 Recommendations

7.1 Members are asked to note the content of this report.

