

## ROTHERHAM BOROUGH COUNCIL

1.	<b>Meeting:</b>	<b>Adult Services and Health Scrutiny (ASH)</b>
2.	<b>Date:</b>	<b>28<sup>th</sup> February 2008</b>
3.	<b>Title:</b>	<b>Joint Disability Equality Scheme (JDES) Future Funding and 2007 Progress All Wards</b>
4.	<b>Directorate:</b>	<b>Environment and Development Services</b>

### 5. Summary

Rotherham Metropolitan Borough Council (RMBC), Rotherham Primary Care Trust (RPCT) and Rotherham Hospital Foundation Trust (RHFT) have produced a joint Disability Equality Scheme (JDES) that has been praised by the Disability Rights Commission as an example of best practice. The JDES requires, as part of the legal requirement, a 3 year Implementation Action Plan to ensure that the partners deliver the outcomes in set timescales.

The Joint Disability Equality Scheme (JDES) requires a Coordinator to coordinate and monitor the JDES delivery. The Coordinator's post and community involvement expenses are currently funded through the Neighbourhood Renewal Fund (NRF): this ceases on 31<sup>st</sup> March 2008 and no replacement funding has currently been identified. If there is no funding available from 1<sup>st</sup> April 2008 the Corporate Property Team will be unable to coordinate and monitor the scheme delivery.

The JDES was seen by disabled people as the long awaited vehicle to finally drive forward the provision of a Centre for Independent Living that would lead to Rotherham meeting the government's target of every authority providing a Centre by 2010

### 6. Recommendations

1. That the Adult Services and Health Scrutiny (ASH) recommend that all the Partners identify funding for the delivery of the JDES.
2. That the Adult Services and Health Scrutiny (ASH) recommend that the Corporate Management Team identify RMBC funding for the scheme's delivery to continue after 1<sup>st</sup> April 2008 until December 2009 and annually thereafter.
3. That the 2007 progress is noted.

## **7. Proposals and Details**

The production of a Disability Equality Scheme (DES) covers the 3 year period from December 2006 to December 2009. The DES is a legal requirement on public bodies under the Disability Discrimination Act 2005 amendment (DDA 2005). Rotherham Metropolitan Borough Council (RMBC), Rotherham Primary Care Trust (RPCT) and Rotherham Hospital Foundation Trust (RHFT) have produced a Joint Disability Equality Scheme (JDES) that has been praised by the Disability Rights Commission as an example of best practice. The JDES requires, as part of the legal requirement, a 3 year Implementation Action Plan to ensure that the partners deliver the outcomes in set timescales and we do not fail to meet our duties and risk non-compliance complaints from the public and be subject to investigation and possible judiciary action by the then Disability Rights Commission (DRC) and now the Commission for Equalities and Human Rights (CEHR).

The delivery of the JDES Implementation Action Plans requires the continued employment of a Coordinator to coordinate and monitor the JDES delivery and funding of appropriate Community Involvement expenses.

The Coordinator's post and community involvement expenses are currently funded through the Neighbourhood Renewal Fund (NRF): this ceases on 31<sup>st</sup> March 2008 and at present no replacement funding has been identified.

With further funding from the partners the Coordinators post can continue. In light of experiences to date the job description and aims of the role will be reviewed enabling the Coordinator to work proactively across and support all the partners. This will ensure that all partners comply with their legal duties and the implementation of the scheme will also be regarded as best practice. Discussions have already begun with partners to ensure the Coordinator post meets their needs and requirements; our partners are also investigating potential funding. Discussions are continuing in anticipation of funding being identified.

The Adult Services and Health Scrutiny (ASH) are requested to recommend that the Corporate Management Team identify RMBC funding for the scheme's delivery to continue after 1<sup>st</sup> April 2008 until December 2009 and annually thereafter.

Appendix 1 outlines progress from 2007. The report indicates actions that have been completed along with what will be done and what could not be done by December 2007.

## **8. Finance**

£51,934 is required from 1<sup>st</sup> April 2008 to 4<sup>th</sup> December 2009 to ensure that the JDES Implementation Action Plans for the delivery of the JDES are completed by 4<sup>th</sup> December 2009 and to ensure that the Scheme is not subject to scrutiny and legal action for non compliance by the CEHR.

See Appendix 2 for cost build up.

To continue delivery of the JDES £6938 is required for the remainder of 2009/2010 and £30,320 per annum thereafter.

The costs include the Coordinator's salary, ongoing Community Involvement expenses, delivery of workshops and the involvement of Young People into the JDES process.

The NRF ceases on 31<sup>st</sup> March 2008.

Currently RPCT and RHFT are investigating potential funding to match with RMBC in order to continue the Coordinator role and cover community involvement expenses.

## **9. Risks and Uncertainties**

This JDES was selected as one of the top 11 out of 2500 assessed by an external firm of consultants on behalf of the Disability Rights Commission in July 2007. The consequences of reporting a failed, incomplete scheme due to a lack of resources would not be regarded as "Best Practice" and would certainly result in very bad publicity for the Partners.

If funding is not available from 1<sup>st</sup> April 2008 the Corporate Property Team will be unable to coordinate and monitor the scheme delivery.

The full effects on disabled people and the resulting implications for the Partners are detailed in the attached documents from Lizzie Williams – "Towards an Integrated Living Centre", Appendix 3 and a summary of Chapter 4 of "Improving the Life Chances of Disabled People", Appendix 4.

The withdrawal of the Coordinator will lead to no monitoring and reporting on the Implementation Action Plans of the partners and will lead to probable non completion of these plans causing the JDES to be incomplete and not delivered under our legal duties as outlined above.

There would be serious implications for RMBC under the CPA and CAA as service areas would not be meeting their targets as outlined in the JDES and the Primary Care Trust (PCT)/Hospital Foundation Trust (HFT) would also be in serious jeopardy of not meeting their indicators

## **10. Policy and Performance Agenda Implications**

The Partners are committed to the delivery of the Community Strategy and the failure of the JDES will have serious implications for the Partners by not meeting a number of objectives and priorities contained within the Themes especially around Fairness, Proud, Achieving and Alive

## **11. Background Papers and Consultation**

The JDES has been subject to extensive consultation and involvement with disabled people using events, workshops, questionnaires and publicity.

The basis for the production of Disability Equality Schemes is a range of documents provided by the DRC as follows:

- Improving the Life Chances of Disabled People
- Lord Ashley's Independent Living Bill
- The Disability Equality Duty Disabled People's Tool Kit
- DED and Involvement - Guidance for public authorities on how to effectively involve disabled people
- Doing The Duty - An overview of the disability equality duty for the public sector
- Making the duty work : A guide to the Disability Equality Duty for disabled people and their organisations
- The duty to promote disability equality statutory code of practice England and Wales
- The DED and employment a straight forward guide 2006
- DED Guidance - Involvement Of Disabled People
- The benefits for public services of involving disabled people
- Planning building and streets
- Disability Equality Impact Assessment
- Planning, building and roads DED guidance
- Enforcing the DED
- Assessment template for disability equality schemes
- PCTs and the DED
- Strategic health authorities and the disability equality duty
- How overview and scrutiny can help local authorities
- Guidance the DED and procurement Dec06
- Procurement and the Disability Equality Duty
- Practical implementation of the disability equality duty within local authorities
- Up to the mark DRC report on Government department equality schemes
- Beyond good intentions A resource for local authorities implementing the Disability Equality Duty
- Local government beyond good intentions

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On behalf of and with the total support of the Joint Scheme Delivery Partners Team who are as below:

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Lizzie Williams – Principal Service User

Helen Wyatt – JDES Manager, PCT

Sally Ferguson – Speakup Service Manager

Vicky Farnsworth – Service User, Speakup

Robert Parkin – Service User, Speakup

Julie Grayshon – RMBC Disabled Workers Group Member

Sayed Ahmed – Equality and Diversity Manager, Rotherham Hospital Foundation Trust

Carl Case – A.R.C. Consultants working with Rotherham Hospital Foundation Trust

## **Appendix 1**

### **Rotherham Metropolitan Borough Council JDES Update December 2007**

#### **The best things we have done:**

- Negotiation and purchase of a compulsory, independent Mediation Service in addition to Local Authority disagreement resolution provision.
- Rotherham 4 All database has been created and shared between the partners. Links are being made with mental health and young people.
- Rotherham Access Audit Group receives all planning applications by email and is able to comment on them directly to the planning officer when appropriate.
- There has been a significant reduction in adaptations times. MAJOR ADAPTATIONS waiting time reduced from 567 days to 48. MINOR ADAPTATIONS waiting time reduced from 112 days to 8.
- Disability Equality has been mainstreamed through the service planning process. All new plans, services etc are impact assessed.
- A new consultation and community involvement toolkit and framework has been developed and implemented.

#### **Things we will do next:**

- Learning Disability Awareness training for managers in (partnership with MENCAP) which includes Recruitment and Selection and; general awareness for other staff. (These courses were piloted in 2006).
- We will look at the feasibility of providing an 'employment coach' for disabled workers.
- Increase the number of disabled people employed by RMBC.
- We will investigate the setting up of a Centre for Inclusive Living in Rotherham and work with other organisations to do this.
- Promotion of Direct Payments. To include more information and publicity.
- Encourage employees to record self-declare disability status through communications, audit of incomplete records, and through the Advice and Guidance Team.

#### **Things we should have done but could not do:**

- Review the Translation & Communication Policy to include Easy Read and promote a Change Picture Bank (or similar) for all services to use.
- RMBC's Special Educational Needs Team will deliver compulsory training for drivers and escorts in duties, guidance and responsibilities and child protection awareness. This should be done in April 2008.
- Produce a Public Toilet Strategy including the layout, location and number. This will be finished early 2008.
- Establish a 'Transport 4 All' group in partnership with SYPTE. This action is now void as SYPTE are exploring different options for the group.
- RMBC will investigate providing specific disability equality training to all its hackney carriage drivers. RMBC and the licensing board are currently exploring ideas and methods. This is expected to be completed during 2008.

## **Rotherham Primary Care Trust JDES update December 2007**

### **The best things we have done**

- We want more people to know about equalities and what people need to do. We have written a report that our directors will be talking about in November or December. The report has some ideas for work that needs to be done.
- We have changed the way that Intermediate Care works, so that people can access the service faster, and from the community
- The changes to Intermediate Care also mean that an aim of the service is to make sure people “retain as much function as possible”, this means people will be helped to stay active.
- We have talked to lots of people about our new buildings, and our new walk in centre. We hope that this means it will be good for disabled people.
- Mental Health have done some great work with GPs to make sure people get all the health checks they need
- Human resources have done a lot of work to make sure that staff understand disability through our training programme

### **Things we will do next**

- We will include action on disability equality in action plans (with measurable objectives and milestones). We will help people to do this by thinking about Equality Impact Assessments
- Keep a list of changes that we make from Equality Impact Assessments
- We are asking the non-executive directors to think about having a “champion” or lead person for disability equality
- We are having a new PCT Internet site We will work with disabled people to make sure it is OK – we will do this Spring 08
- Next year, we will look at the contracts we have with people who provide services, and look at how we make sure these people (contractors) meet the needs of disabled people.
- We will look at employment issues, and ask disabled people to work with us on this.
- We have written a report so that the directors will talk about equality issues and look at the work we need to do.

### **Things we should have done but could not do**

- The PCT will agree and publish an action plan/pathway to deal with issues identified as high priority, from the equality Impact Assessments. We will NOW make sure we do this by Autumn 2008. We found it was hard to look at this before we completed a number of Equality Impact Assessments.
- We have not made the leaflet on equality that we said we would- we have needed to wait until new structures are in place.
- We are still working on “Single Assessment”. Our plans were delayed because of problems with IT systems nationally. We hope that this work will be done in 2008-9.

**APPENDIX 2****FUNDING REQUIREMENTS FOR THE DELIVERY OF THE JDES**

	<b>1/4/2008 to 31/03/2009</b>	<b>01/04/2009 to 06/12/2009</b>	<b>07/12/2009 to 31/03/2010</b>	<b>Annually from 2010</b>
Coordinator's Salary	£22,786	£17,648	£5,138	£23,470
Workshop and Community Involvement Expenses	£3,150	£2,350	£800	£3,245
Young People involvement	£2,000	£1,500	£500	£2,060
Specialist Contracted services	£1,500	£1,000	£500	£1,545
<b>Totals</b>	<b>£29,436</b>	<b>£22,498</b>	<b>£6,938</b>	<b>£30,320</b>
<b>TOTAL</b>	<b>1/4/08 to 6/12/09</b>	<b>£51,934</b>		
<b>TOTAL</b>	<b>7/12/09 to 31/03/10</b>		<b>£6,938</b>	
<b>ANNUAL TOTAL THEREAFTER Plus Inflation to be confirmed</b>	<b>2010 onwards</b>			<b>£30,320</b>

## “Towards an Integrated Independent Living Service”

I have been involved with the Review of the Disabled Adaptations Service, since its inception following the Tribal HCH report in June 2005. I received a letter and invitation to attend a Visioning Day which requested that participants were prepared to “think out of the box, come with open minds and be prepared to challenge their own and colleague’s part of the service”. Service users were identified to “make valuable contributions and add value to the outcomes of the day”! It was an inspiring request to ‘get involved’.

The resulting vision, which has led to the Strategy and Action Plan promised a customer focused approach, with a seamless service which would be accessible, effective and responsive ..... it almost sounded too good to be true!

The Review had highlighted many of the disadvantages of the current service. Customers were and still are, enduring unacceptable waiting periods for an assessment before having their needs met. The new ‘model’ promises to take into account the public health agenda, focusing on prevention, protection and promotion. This approach guarantees to increase self-care, empowerment and enables service users to increase their independence.

The commitment to meaningful involvement and placing the service user at the centre of every step and stage of the process has been exemplary. No credence has been given to ‘tick box’ exercises or tokenistic gestures.

The Action Plan undertakes to deliver all 19 identified key principles. It is both comprehensive and inclusive. I believe the 'domino' effect of improving this service, in this way, has more potential significance than it is possible to predict. **It is a scheme that genuinely supports Independent Living, offering a step change to the way that service users are treated.** It should be acknowledged as the first attempt to genuinely involve service users in a single process, that allows for ease of access, quality of service, and outcomes that are life-affirming and bold. .... **this will set National Standards!**

Part of my contribution has been to ensure that the Government's proposals and policies evolving from papers such as "Independence, Well-Being and Choice" and "Improving the Life-Chances of Disabled People" are being incorporated within the strategy, policies and procedures. **With the Disability Equality Duty having become law on 4<sup>th</sup> December 2006, I am sure that the Cabinet and Council will welcome the Report and Action Plan, as a practical and deliverable, demonstration to disabled people in Rotherham, that RMBC intend to take this Duty seriously.**

The previous outdated approach failed to give adequate consideration to the dignity and human rights of disabled people. Add to this, the fact that to get all the support you need, the service user has to deal with a myriad of different agencies, who all have their own assessment and eligibility criteria - the system is indeed a nightmare to negotiate. The immediate benefit of this proposed service will be when the customer can dial the 'golden' number and receive what I call, the 'magic' assessment, the key that opens every door! From that moment the nightmare ceases, and **the service user's dream becomes a reality.**

Finally, I want to emphasise that disabled people, nationally, are awaiting the outcome of Lord Ashley's Independent Living Bill, probably February or March 2007. How impressive will Rotherham appear and actually be, if it has already adopted and begun the implementation of this Report and Action Plan "Towards an Integrated Independent Living Service"? Let's go for it, please!

Lizzie Williams - Service User and member of Adult Services Scrutiny Panel

**INDEPENDENT LIVING**

**Summary**

Historically, disabled people have been treated as being dependent and in need of 'care', rather than being recognised as full citizens. This has meant that:

- responses to needs have often created dependency, rather than promoting independence and extending opportunity; and
- disabled people have been expected to fit into services, rather than services being personalised to respond to individual need.

A new approach to supporting disabled people is now needed, in line with the Government's new vision for adult social care. This should focus on the promotion of independent living. Independent living is not just about being able to live in your own home – though that is often part of it for many disabled people. Rather, independent living is about providing disabled people with choice, empowerment and freedom.

The new approach should allocate available resources according to individual needs, in the form of individualised budgets made transparent to the disabled person. Individuals should be able to choose whether they take this in cash or services – either way, the budget should be used to secure the appropriate type of support for the individual.

This new approach would require radical changes to the way in which budgets are organised and services are delivered. The options for a new system to deliver this approach should be piloted – and disabled people themselves will need to be at the heart of these pilots.

In parallel, action should be taken in a number of other areas.

- Building capacity amongst disabled people and their organisations so that they are empowered to influence policy and service delivery.
- Ensuring that disabled people are included in mainstream policy and services.
- Addressing the barriers disabled people experience in accessing services, housing and transport.