

DERBY CITY COUNCIL – Equality impact, needs and requirements assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Lead Officer for Equality and Diversity if you need some support or advice.

Subject	MODERNISATION OF SHORT BREAKS FOR ADULTS WITH A LEARNING DISABILITY		
EqlA Ref No:	Younger Adults/AHH/Q2/2012 (council cabinet item 22 on 11/7/12) Date Published 29/10/2012 Updated 25/9/2012 Updated 27/10/2012		
Date EqlA conducted	15/07/2012 (initial meeting)		
Assessment Team	Name	Position	Organisation
Owner	Jenny Pitts	Project Lead	Derby City Council
Members	Nav Rai	Strategic Commissioner	Derby City Council
Primary Advisors	Maggie Fennell	Chair of Disabled Employees Network	Derby City Council
	Olu Idowu	Legal – Head of Service	Derby City Council
	Margaret Richards	Carer	n/a
	Sandra McCallister	Carer	n/a
	Michelle Stevenson	Ashlea Unit Manager	Derby City Council
	Bridgette Henchcliffe	Ashlea Staff Member	Derby City Council
	Tom Sidwell	Union representative	Unison
	D Jowett	Union representative	Unison
	Vickie Minion	Head of Service	Derby City Council
	David Secker	Customer	n/a
	Lisa Lowe	Customer	n/a

If this EqlA has been triggered in response to a change in legislation or policy or relates to a Full Council or Delegated Decision – identify the source/s below:

The Council Cabinet agreed on July 11th 2012 to consider a proposal for formal public consultation on plans to modernise the way it provides short breaks to customers with a learning disability and their families. This assessment aims to measure the impact if the proposals outlined in the Cabinet paper are agreed.

1 Briefly describe the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?

The Council Cabinet paper presented the following proposals for the future of how short breaks are provided for people with learning disabilities in Derby:

"The Council will cease to provide a service at Ashlea and the building will close;

In its place, the Council will continue to ensure people with eligible needs are able to have a short break by giving everyone a personal budget. People will be supported to choose what sort of short break they would like – whether it is a more socially inclusive option or a more traditional service in a residential care home."

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Assessments are undertaken to establish eligibility and levels of need and funding is assigned to a personal budget correspondingly. Individuals are only assigned funds in relation to short breaks if the assessment identifies a need for them. However the personal budget is a 'pooled pot' of funds assigned across a range of assessed needs.

2 Briefly state; who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person, team, department, or body – including any outside organisations who deliver under procurement arrangements

Ashlea Hostel is owned and managed by the Council and is a registered 22-bed facility providing residential respite and emergency care to adults with a learning disability. In April 2011 the number of people using Ashlea was 99. This number had reduced to 77 in April 2011 and in October 2012 this is 58. Of these 58 approximately half are already pursuing, or waiting to pursue, alternative options for short breaks. Many of the remainder include those individuals with profound and multiple impairments. Occupancy has been gradually reducing for a number of reasons. Young people are choosing more bespoke community based arrangements and as the behavioural and/or physical needs of customers using Ashlea has increased, this has meant that in order to work within the staffing establishment available and the need to use rooms large enough for specialist equipment, the service has generally operated on a 10 bed occupancy. Given the reduction in use in recent months and as people move to alternative arrangements, it is expected that the service will condense its usage to approximately 5 beds from November, still allowing for those people in the process of trialling new arrangements to still be able to use the service should these not be successful.

There are 52 staff members who work at Ashlea, and may be affected by the outcome of the proposals put forward in the Cabinet paper. All staff had the opportunity to provide feedback to the proposals through questionnaires and group discussions.

3 Using your professional judgement, indicate which of the protected characteristics is the subject of the assessment likely to impact on

	Age	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/>	
	Disability	<input checked="" type="checkbox"/>	Religion or Belief/Non-Belief	<input checked="" type="checkbox"/>	
	Gender Reassignment	<input type="checkbox"/>	Sex	<input checked="" type="checkbox"/>	
	Marriage and Civil Partnership	<input checked="" type="checkbox"/>	Sexual Orientation	<input checked="" type="checkbox"/>	
	Pregnancy and Maternity	<input type="checkbox"/>	None	<input type="checkbox"/>	

4 Data Collection

a What existing information, statistical data or evidence-based research is there to help identify how this policy, function or service might affect people from protected groups differently? What does this tell you?

According to the 2011 census estimates, Derby City had a population of 248,700. The current census data does not tell us what proportion of the local population is under 18, which makes it difficult to ascertain accurate prevalence rates of learning disabilities in the adult population.

We currently know that there are 833 people aged 18+ with a learning disability known to adult

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4 Data Collection

services in Derby. This does not include the number of people that Health know or are working with, unless they are also known to the local authority. Based on the Fair Access to Care (FACS) assessments completed, the number of customers in each category are highlighted below:

FACS

Critical Eligibility (highest level of need) – 358

Substantial Eligibility – 374

Moderate Eligibility – 44

Low Eligibility – 12

Not recorded – 44

Total - 833

It states in the last Learning Disability Commissioning Strategy (2010) that the Council currently provides services to 705 people with a learning disability as recorded on the SWIFT database. Of the total number, 257 people are identified as having moderate to severe needs on the SWIFT database. Based on the 2007 census data it was estimated that the prevalence rate was 0.379% (or 3.79 adults with a learning disability per 1000+ people aged 18+).

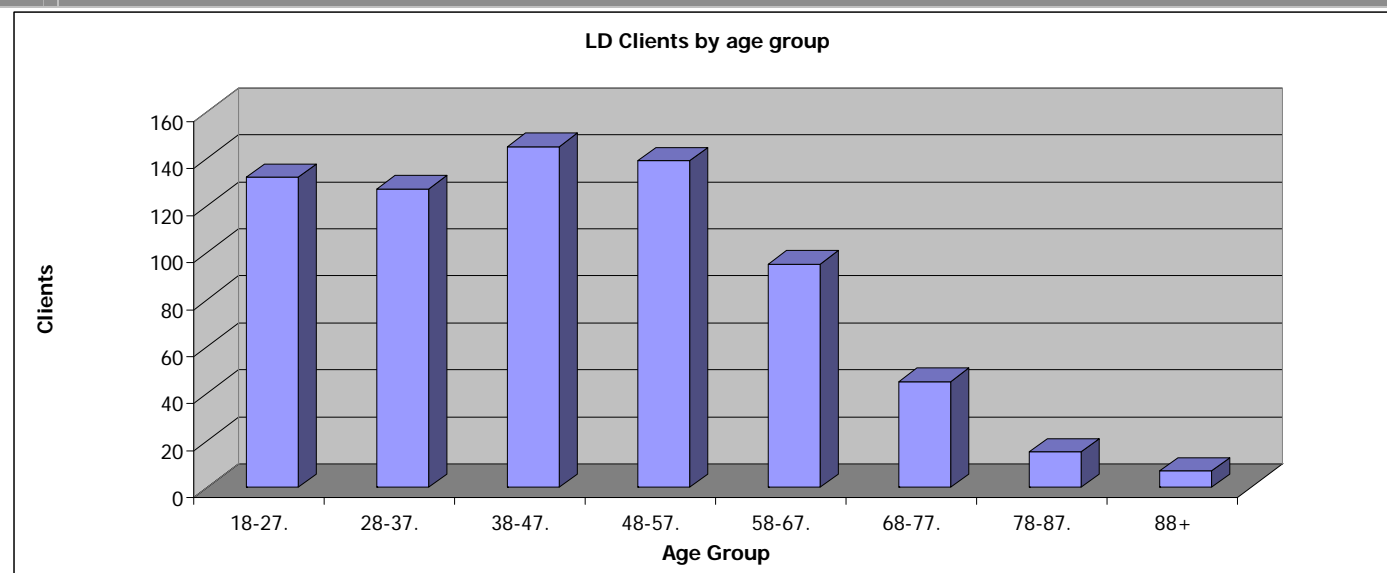
These figures are below the national estimates. However, the overall prevalence rate of people with learning disabilities, suggested by Emerson and Hatton (2008), includes people who have mild learning disabilities, low level needs and are coping independently or within families that are supporting them. Many of these people will require help with services such as housing or benefit advice in the future, so it is important that we estimate the overall prevalence rate in order to understand the possible total population of people with learning disabilities in Derby City. Using Emerson and Hatton's research findings, for Derby, this figure could be in the region of 5,638 people.

As of October 2012 there were 58 families using Ashlea. Recent data (22/10/12) states that there are 236 people with a learning disability who live with family carers. This implies that 25% of the learning disability family carer population accesses Ashlea for respite. Many people with learning disabilities are also living with older carers aged over 60. In Derby City, there are currently 98 known people with a learning disability living with older carers.

As these carers age it is likely that their needs to access appropriate respite care will increase. For this carer group there are interdependencies noted between those who use traditional day care services as a form of respite and the uptake of Ashlea beds. There are proposals to change day care provision (due at Cabinet early December 2012). As many of these households use day care as their only form of respite; if these changes are reductions, a further increase may be noted in the need for short breaks.

The age profile of people with learning disabilities in Derby City shows a high number of younger people in line with national research and evidence.

4 Data Collection



‘Raising Our Sights’ (Mansell 2010) stated that the provision of short breaks for families supporting adults with profound intellectual and multiple impairments at home is an essential service and that ‘a wide range of different approaches to short breaks is needed, not all of which need involve accommodation’.

b What gaps in the information or research have been identified? If there are gaps, what other sources of information can be used?

The following is a breakdown of the ethnic origins for all the customers who currently used Ashlea in July 2012:

- 60 customers white British
- 1 customer dual heritage
- 5 customers Black British
- 2 customers Irish British
- 5 customers Asian.

Data regarding the religion or belief equality or sexuality information of the customers who use Ashlea has not been collated although this information, where appropriate, is recorded as part of each individual’s Support Plan to look at how their individual needs for short breaks can best be served. This captures what is important to the person and how they are best supported, taking into account these factors. For example some people from BME communities are being ‘matched’ with Shared Lives carers from those specific communities following this process of finding out what is important to people and their families.

The equality information of the employees affected will be collected as part of the EIA for any proposed changes to the staff structure.

5 Engagement and Consultation

a Who have you consulted with? How?

A review of the residential respite service at Ashlea was conducted between September 2010 and July 2011, involving customers, carers, staff and the Trade Unions. At the time of the Short Breaks Review there were approximately 100 customers using Ashlea and the recommendations being presented to Cabinet build on the conclusions of that review.

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5 Engagement and Consultation

In July 2012 the Council commissioned a local, independent self-advocacy organisation to meet with people with a learning disability, organising small group meetings, facilitating workshops and meeting people individually where requested as part of the consultation process. The self-advocacy group created an easy read leaflet to explain the purpose of the short breaks consultation, and facilitated group discussions with customers and met individually where requested.

The format of the consultation was as follows:

- Easy read version for customers (sent to everyone on SWIFT database with a recorded learning disability)
- Public consultation (sent to all family carers, providers, staff and is available online for the general public)
- Group consultations and 1:1 meetings with customers provided by Empower
- Group consultations with staff and carers
- General thoughts, letters and emails which have been collated

In total, 94 people with a learning disability attended meetings with the advocacy organisation. Through this process, people were supported to complete easy read questionnaires or have these completed on their behalf. 116 such questionnaires were received as well as summary notes taken from the eight meetings that were organised during the course of the consultation.

Approximately 15 customers with a learning disability who use Ashlea have profound and multiple impairments and although they have been encouraged to participate in meetings, they would not be able to verbally express their views about the proposed changes. These customers' interests have therefore been represented by their family carers who have spoken on their behalf.

Council officers attended four group meetings with family carers with notes taken as part of the public consultation. The majority of family carers at those meetings were those whose relatives currently use Ashlea. In total there were 144 general questionnaire responses received (120 hard copy and 24 online), as well as written representations from a small number of family carers and people with a learning disability.

In addition, 18 separate submissions have been received from Unison as part of their 'Save Our Services' campaign, predominantly from family carers but also include representations from people with a learning disability, Ashlea Hostel staff members and other members of the community. Although received after the consultation closure date these are summarised in the Cabinet report and will be available if Council Cabinet members wish to see them.

b Please summarise what these people/ groups have said. What were their recommendations? Were their recommendations adopted? If not why not?

The key themes that have emerged from the consultation are as follows:

- **There was a strong desire for people with a learning disability to be supported in other ways to have a short break (85% of people with a learning disability who responded stated that they should have choice in how they get a short break);**
There was little, if any, resistance to the notion that people should have a range of choices in how they are supported to have a short break. The idea of using community based options including leisure and hotel facilities was supported in principle as was the idea of people using their Personal Budgets to arrange these (76% agreed or strongly agreed that people should be able to have a short break which is more 'ordinary' such as staying in a hotel). Verbal and written feedback from some family carers has highlighted the view that these arrangements

5 Engagement and Consultation

may not be suitable, or as easy to put in place, for those individuals with complex and profound impairments.

- **There was general support from all groups for the use of the Shared Lives Scheme for short breaks although many people felt that this would not be appropriate for everyone (55% of respondents using the general questionnaire stating that they agreed or strongly agreed that it was a good option);**

In principle there was widespread support for growing the Shared Lives scheme to offer short breaks to people currently using Ashlea. There was concern voiced in meetings with Ashlea family carers about the ability to recruit appropriately experienced Shared Lives carers with accommodation to meet needs of some people with physical impairments and there was concern regarding the willingness of those carers to support people during the night and to safely provide manual handling and support.

- **There was a strong desire for (a) there to be a residential respite facility, particularly for those people with the highest support needs and (b) for the Council to be the provider (91% of respondents using the general questionnaire agreed or strongly agreed with this suggestion);**

Many people using the general questionnaire stated that they wanted the Council to continue to provide a residential service, either by keeping Ashlea open or by developing new service for a smaller number of people. There is a strong attachment to the current staff team working at Ashlea and family carers stated that they needed the reassurance that people caring for their relatives understood fully their unique needs and were fully trained and competent.

- **The majority of respondents were not supportive of Ashlea closing. (58% of respondents with a learning disability expressed this view and 27.5% were not sure. 57% of other respondents stated that Ashlea should remain open and 36% stated that they didn't know.)**

This view was stated by people with learning disability and family carers. However, many of those also stated that people should have choice and the ability to use community based options if they wished.

The views of respondents to the public consultation exercise will be fully acknowledged in the recommendations put before Cabinet in the final report. The original intention was that everybody could and should be supported in more socially inclusive ways. The preference for some families to continue to use residential respite is accepted and the Council needs to confirm the healthcare needs and available health resources that could meet this need.

It is also acknowledged that due to the level of impairment and the need for accessible accommodation and trained carers who fully understand the unique needs of each person, it is likely to take longer to properly plan any alternatives for such individuals. The recommendation to Cabinet therefore should include a proposal to extend the availability of residential provision beyond April 2013 to enable that planning and preparation to take place.

It is recognised that many people find change difficult and distressing. This can include changes in care staff and in the environment in which the person is supported and has become familiar with. Any changes must therefore be handled sensitively, giving sufficient time for those changes to be introduced appropriately in order to avoid negative impacts.

c Is further consultation required? If so who with? (relate to Action Plan)

52 staff work at Ashlea Hostel and, were the service to close, they would be supported on an

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individual basis to consider the implications for them and to seek redeployment as appropriate. Service closure may result in compulsory redundancies if not all staff could be redeployed. The Council has a statutory obligation, under the Trade Union and Labour Relations (Consolidation) Act 1992, to inform staff with a view to engaging them in meaningful consultation and this process would start, running alongside any wider consultation on the 2013/14 budget.

Those staff recruited to work nights at Ashlea are solely female; this is a Genuine Occupational Qualification in regard to the client group. Therefore, this factor must be taken into account when considering the equality impact of any change upon the staffing group.

6 Assessment of likely impacts

a Does this policy, function or service have the potential to directly or indirectly discriminate against any protected group? If so, who and why?

People with learning disabilities should have opportunities available to them to have short breaks in ways that do not discriminate against their right to be treated as any other member of society and, as such, to use inclusive, community based ways of having that break. Were the Council Cabinet to support the proposal that Ashlea closes, customers who currently use it would be supported to identify those different ways of getting a short break and to do so in a way that fully takes account of their impairment, gender, sexuality, age and cultural and religious needs.

The Council has stated that nobody will lose their current service until an alternative is in place which meets the needs of the person. To this end, and accepting the longer time period needed to plan appropriately for some people with more profound impairments, the recommended proposal at this stage is to extend the availability of a residential respite service provided by the Council.

Ashlea provides emergency care across the entirety of Learning Disability services. However, not everyone requires a stay in a residential environment when there is an urgent need for support to be in place. Therefore it is proposed that, as part of their Support Plan, the Learning Disability Service develop a contingency plan with each individual and their family that sets out what will happen should there be an emergency or unplanned need for support.

b How does the organisation advance equality through this policy, function or service? How does it better meet the needs of people with a protected characteristic?

Anyone with a learning disability who is eligible for short breaks will be given an amount of funding as part of their personal budget to meet this need. This money must then be used to purchase a short break of their choice which is bespoke to their individual needs and those of their family carers.

Providing increased short break options gives people with learning disabilities more opportunity to experience different activities which could enhance theirs and their families' quality of life. Having access to more socially inclusive and flexible options should reflect what people with learning disabilities want from their short breaks to meet their personal outcomes.

The recruitment of an increased number of employed carers by customers within a mixed marketplace will mean that there are a greater diversity of individuals of different ages, impairments genders, races, religions and sexual orientations. As a result, it is anticipated that a greater diversity of customers will be able to be supported by carers from their own communities. For example a number of customers from BME communities currently using Ashlea are in the process of being 'matched' with Shared Lives carers from those specific communities.

c Is the proposed policy, function or service likely to affect relations between certain protected groups? Is there an opportunity to promote better understanding between different groups? If so

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6	Assessment of likely impacts how?		
no			
7	Mitigating adverse impacts		
a	What can be done to reduce any adverse impact?		
<p>There is an opportunity to make use of a piece of work led by the National Development Team for Inclusion (NDTi) that has been organised by the region and could commence in November 2012, regardless of the outcome of the Council Cabinet decision. This could involve direct engagement with some of the family carers of people currently using Ashlea and, in particular, those with more complex support needs. This could include information about the independent sector providers who are willing to offer bespoke, community based support to people.</p> <p>The Shared Lives scheme is recruiting more approved carers to meet the additional demand.</p> <p>Customers with health needs are being assessed to ensure that they receive funding they are entitled to from Health.</p>			
b	What are the resource implications, for undertaking the above?		
<p>The involvement of the National Development Team for Inclusion is funded from regional resources and is at no cost to the Council. The Shared Lives scheme has already expanded its team to provide more capacity to undertake the recruitment, approval and matching of Shared Lives carers with customers.</p>			
8	Having considered the potential or actual impact of the policy, function or service which of the following options has been taken?		
<u>No major change – the policy, function or service will be maintained in current form:</u>			
The EIA demonstrates the policy or practice is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.		<input checked="" type="checkbox"/>	
<u>Adjust the policy, function or service:</u>			
The EIA identified potential problems or missed opportunities. Adjust the policy or practice to remove barriers or better promote equality.		<input checked="" type="checkbox"/>	
<u>Continue with the policy, function or service despite known issues:</u>			
The EIA identifies the potential for adverse impact or missed opportunities to promote equality. Clearly set out the justification for continuing with the policy or practice. Any justification must be in line with the duty to have due regard.		<input type="checkbox"/>	
<u>Stop and remove the policy, function or service:</u>			
The EIA shows actual or potential unlawful discrimination. It must be stopped and removed. Please state how the implications of abandoning this activity will be managed.		<input type="checkbox"/>	
9	Detail changes that have been made to the policy, function or service, any measures that are to be introduced to mitigate any adverse impact, foster good relations or promote equality of opportunity. Additionally any changes that have been made in response to feedback from consultation.		
As a result of the consultation and Equality Impact Assessment feedback the current			

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recommendation suggested for presentation to Council Cabinet is:

- To close the existing service offered at Ashlea Hostel by 1st April 2013, subject to alternative arrangements being in place for people who are more easily able to identify community based alternatives within that time.
- Post 1 April 2013 to offer a continued residential service at an existing Council facility for those individuals with the most complex needs to enable detailed planning to identify suitable alternative accommodation and to review those interim arrangements.
- To support the proposal that the Learning Disability Service will develop a contingency plan with each individual and their family that sets out what will happen should there be an emergency or unplanned need for support

Measures to mitigate any adverse impact include:

- a targeted piece of work by the National Development Team for Inclusion to raise awareness about short breaks using personal budgets to support family carers using Ashlea to be fully aware of alternative ways to have short breaks;
- Continued liaison with PCT colleagues to ensure that the healthcare needs of customers with profound and complex impairments are fully assessed and addressed and that the availability of residential resources in the county are confirmed at the earliest opportunity;
- The recommendation to Council Cabinet that the Council provide an extended residential facility for short breaks following any closure of Ashlea Hostel. This is to provide sufficient time to fully explore community based options for those individuals, to ensure that all the information is known regarding needs and resources and that families have time to plan and to put those plans into reality within a longer time frame, acknowledging the very specific needs of those individuals and a careful transition to any new arrangements. This to be reviewed.
- The continued growth of the Shared Lives scheme to meet the increased demand and to maintain the careful matching of carers and customers, including recruiting carers from specific BME communities and with accommodation and expertise that is appropriate to meeting the needs of customers with complex impairments.
- The recommendation that a discussion is held with each family and person currently using Ashlea as part of the Support Planning risk assessment process that identifies what will the arrangements will be should a need for urgent unplanned support arise.

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Action Plan - objectives - process, impact or outcome based Please describe your proposed objectives/ targets in this table

Objective/Target:	Ensure as many customers with a learning disability, family carers and members of the general public are able to express their views on the proposals
Specific	Formal questionnaires, easy read questionnaires and group discussions have been arranged
Measurable	At least 6 customers sessions to be conducted and all customers and family carers to receive a questionnaire
Achievable	A minimum of 50 completed questionnaires by customers with a learning disability and 150 from the general public
Relevant	The outcome will inform the report which goes to cabinet after the consultation
Timed	By 13 th October 2012

Objective/Target:	Raise awareness about short breaks using personal budgets to support family carers using Ashlea to be fully aware of alternative ways to have short breaks.
Specific	Involvement of the National Development Team for Inclusion
Measurable	Engagement sessions to take place with family carers and development of a countywide 'menu' of options
Achievable	Delivery of these sessions and collation of information are achievable within the timeframe
Relevant	This will directly support families to plan for alternatives and to explore what is available in the local area
Timed	To commence during November or December 2012 and be completed March 2013

Objective/Target:	To ensure that the healthcare needs of customers with profound and complex impairments are fully assessed and understood and that the availability of residential resources in the county are confirmed at the earliest opportunity.
Specific	Assessments for entitlement to Continuing Healthcare funding to be completed
Measurable	There is close liaison and partnership work already with the PCT and Council officers will be involved in the dialogue relating to the outcome of those assessments.
Achievable	It is anticipated that approximately 15 customers currently using Ashlea may be entitled to healthcare funding. To date, entitlement for 5 of those is confirmed and outcomes awaited on the additional 10
Relevant	The assessments will ensure that the needs of the person are fully understood and will inform whether residential provision is available to help meet those needs within the county.
Timed	It is expected that all assessments outstanding are commenced by the beginning of November 2012.

Objective/Target:	Provision of an extended residential facility for short breaks for people with profound and multiple impairments following any closure of Ashlea Hostel, to be reviewed at a later date, suggested within six months.
Specific	New facilities to be made available to accommodate the needs of those individuals. Staffing model review and implementation.
Measurable	Delivery of the above within the agreed timeframe.

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Achievable	Discussions have commenced with colleagues in older adults' services to ascertain the feasibility of including such facilities within an existing service. Once a site is agreed a detailed plan will be developed to ensure any development is ready within the timeframe.
Relevant	This objective relates to the need to provide sufficient time to ensure that all the information is known regarding needs of individuals with complex impairments and that families have time to plan for any alternatives and to put those plans in place within a longer time frame, acknowledging the very specific needs of those individuals and a careful transition to any new arrangements.
Timed	Any new facilities to be ready after 31 st March 2013 and to be reviewed within six months of that date.

Objective/Target:	The continued growth of the Shared Lives scheme to meet the increased demand and to maintain the careful matching of carers and customers, including recruiting carers from specific BME communities and with accommodation and expertise that is appropriate to meeting the needs of customers with complex impairments.
Specific	There are currently 21 people waiting to be 'matched' to Shared Lives carers and a further 14 who are unwilling to consider this option until a decision is taken about the future of Ashlea. Should the decision be taken to close Ashlea there will be a need to recruit Shared Lives carers with collective capacity to support at least those 14 individuals and potentially more if those being matched have not been able to successfully complete this process.
Measurable	Approval by the Shared Lives Panel of those new carers and successful matching undertaken by the scheme. Reports currently provided bi-monthly on progress.
Achievable	Indications to date are that this objective is fully achievable given the increased publicity and interest in the Shared Lives scheme.
Relevant	The growth of the scheme will enable more people to be supported to have short breaks in family based settings.
Timed	This work already underway and to be completed by March 2013.

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Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance 2012/13				Responsible lead officer	Reporting cycle, for example, quarterly
		Q1	Q2	Q3	Q4		
Ensure as many customers with learning disabilities and members of the general public are able to express their views on the proposals	All customers with learning disabilities and family carers will receive consultation documents. Staff to have the opportunity to provide formal feedback on the proposals			Complete by October 13 th		Nav Rai	
Raise awareness about short breaks using personal budgets to support family carers using Ashlea to be fully aware of alternative ways to have short breaks and that they are supported to put those plans in place.	Coordinate and support involvement of the NDTi – in full to commence engagement during November or December 2012.			Ongoing		Kirsty Everson	Monthly
To ensure that the healthcare needs of customers with profound and complex impairments are fully assessed and understood and that the availability of residential resources in the county are confirmed at the earliest opportunity.	Supply details of those customers to PCT and continue dialogue with PCT.			Completed		Vickie Minion	Monthly
Provision of an extended residential facility for short breaks for people with profound and multiple impairments following any closure of Ashlea Hostel.	Liaise with Older Adults service managers, Estates team, finance and HR			To commence Nov 2012		To be confirmed	Monthly

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