SSA EQUALITY IMPACT AND NEEDS ASSESSMENT

Directorate	Adult Social Services
Service Area	Commissioning and Quality Standards Operations
Service/policy/function being assessed	The recommissioning of Advocacy services in Richmond.
Which borough (s) does the service/policy apply to	Richmond
Staff involved	EINA Team: Una O'Brien (author) Preeti Virk
Date approved by Directorate Equality Group (if applicable)	2019
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	

SUMMARY

This EINA relates to the recommissioning of Advocacy services in Richmond. The purpose of this Equality Impact Needs Assessment is to assess the potential impact of recommissioning Advocacy as an integrated service.

The Council has a statutory duty to provide advocacy services under several legislative frameworks. The current contract which commenced in June 2017 for two years with two single year extensions expires in May 2021, as a result new services need to be commissioned. As these are statutory services that have clear legislation with regards to how they are delivered no changes can be made to these.

The statutory services including all the advocacy strands delivered will remain the same as the current service. There is are impending legislative changes with regards to the Liberty Protection Safeguards which are due to be implemented in late 2020, the impact of these are difficult to assess at present, but commissioners will continue to undertake demand modelling once the scope of these changes is clearer following the publication of the code of practice.

Key Findings

- The numbers of 65 plus service users are well represented as there are proportionality more service users in the 65+ age group than the borough averages.
- There are also proportionately more service users with a learning disability and mental health issue in receipt of advocacy services than the borough average. There are slightly fewer service users with a physical disability than the borough average.
- In addition, there are marginally more service users from the Black and Minority Ethnic backgrounds in receipt of advocacy services than the borough averages.

1. Background

Introduction

The purpose of this EINA is to assess the potential impact of recommissioning Advocacy services in Richmond.

Advocacy is a process of supporting and enabling people to:

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities
- Explore choices and options

The local authority does not have to provide an advocate if the patient or service user is happy for an 'appropriate person'- such as friend, family member or unpaid carer to support them.

Council commissioned services:

Following are the services to be commissioned, these are the same as the existing services in place and no change is being made to the elements of advocacy in scope. Statutory services:

- Independent Mental Health Advocacy (IMHA) -Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship or on a community treatment order.
- Independent Mental Capacity Advocacy (IMCA)- IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions; including making decisions about where they live and about serious medical treatment options.
- Relevant paid representative (RPR)- The role is to support the person subject to a standard authorisation to deprive them of their liberty.
- Care Act advocacy: Care Act 2014 places a duty on local authorities to provide independent advocacy provision to eligible people with support to engage in assessments, reviews and safeguarding processes.
- Independent Health complaints advocacy: To support the person to make a complaint with about an NHS service.
- General Advocacy (non-statutory)

Overview of the current provision:

The service is delivered through a single contract the current provider is Cambridge House. The contract commenced 01 June 2017 for two years with 2 extensions and ends in May 2021. The service has experienced increased demands compared to the volumes stipulated in the service specification and had to be varied as from 1st April 2019. The spend for Advocacy Services by Cambridge House in 2018/19 is £136,000 with the provider delivering more advocacy hours than anticipated.

Future service:

There will be no change to the service model as currently all advocacy is delivered by a single provider. All the existing elements of advocacy detailed above will continue to be delivered in the future service. However due to future legislative changes expected with the implementation of the Liberty Protection Safeguards expected to come into place in late 2020 the following changes are expected:

- The RPR role will no longer be relevant and will be replaced by LPS, this function in future will be undertaken by an IMCA instead of paid representatives.
- Broader client group of people in the community
- Age criteria reduced to 16+

- Authorising bodies will now include hospitals, CCG and Care Homes

Work is underway to assess the impact this these changes will have on the demand for the service, it is expected that there will be a significant increase in the demand for IMCA advocacy services as result.

2. Analysis of need and impact

Protected group	Findings
Age	Projecting Adult Needs: Richmond Upon Thames

Projecting Adult Needs: Richmond Upon Thames

Age	2020	%	2025	%
18-24	11,300	7%	11,900	8%
25-64	112,000	72%	113,700	70%
65+	32,000	21%	35,600	22%
Total	**155,300**	**100%**	**161,200**	**100%**

Source: POPPI and PANSI Figures (updated 2019 so projections may differ to census data).

Richmond advocacy service users' breakdown by age. (Snapshot, Quarter 1 April - June 2019).

NHS Complaints

Age		
16 - 24	0	0%
25 - 64	7	63%
65+	0	0%
Not recorded	4	37%

Independent Mental Capacity Advocacy (IMCA)

Age		
16 - 24	0	0%
25 - 64	3	37.5 %
65+	5	62.5 %
Not recorded	0	0%

Care Act

Age		
16 - 24	0	0%
25 - 64	9	50%
65+	9	50%
Not recorded	0	0%

General Advocacy

Age		
16 - 24	0	0%
25 - 64	5	62.5%
65+	3	37.5%
Not recorded	0	0%

Independent Mental Health Advocacy, (IMHA)

Age		
16 - 24	0	0%
25 - 64	14	64%
65+	2	9%
Not recorded	6	27%

Relevant Paid Representative (RPR)

Age		
16 - 24	0	0%
25 - 64	5	30%
65+	12	70%
Not recorded	0	0%

Source: Provider quarterly monitoring report.

Analysis:

- In Richmond 51% of Advocacy services users are ages between 25-64. This is 21% less than the borough average.
- The 65+ age group (37%) of Advocacy recipients is overrepresented when compared to the borough average (20%).
- The 65+ age group is most referred for statutory elements like Care Act advocacy, IMCA, DOLS, RPR.

Disability

Projecting Adult Needs: Richmond Upon Thames

Client Group	2020	%	2025	%
Physical Disability (PD)	58,701	29%	64,918	31%
Mental Health* (MH)	23,442	12%	23,896	11%
Older People (OP)	32,000	16%	35,600	17%
Learning Disability (LD)	3,658	2%	3,788	2%
Autism	1,500	1%	1,556	1%
Dementia	2,316	1%	2,643	1%
Total Population 18+	**155,300**		**161,200**	
Total Population all ages	**201,800**		**208,400**	

*This information is only available for people aged 18-64

Source**:** POPPI and PANSI Figures (updated 2019 so projections may differ to census data).

Richmond advocacy service users' breakdown by disability. (Snapshot, Quarter 1 April - June 2019).

Source: Provider quarterly monitoring report

NHS Complaints

Client Group		
PD	3	27%
MH	6	55%
OP	1	9%
LD	0	0%
Autism	0	0%
Dementia	0	0%
Not Provided	1	9%
Other	0	0
Total	11	100%

IMCA

Client Group		
PD	0	0%
MH	1	12.5%
OP	0	0%
LD	3	37.5%
Autism	0	0%
Dementia	4	50%
Not Provided	0	0%
Other	0	0%
Total	8	100%

Care Act

Client Group		
PD	4	22%
MH	6	33%
OP	0	
LD	5	28%
Autism	0	0%
Dementia	3	17%
Not Provided	0	0%
Other	0	0%
Total	18	100%

General Advocacy

Client Group		
PD	3	37.5%
MH	4	50%
OP	0	0%
LD	1	12.5%
Autism	0	0%
Dementia	0	0%
Not Provided	0	0%
Other	0	0%
Total	8	100%

IMHA

Client Group		
PD	0	0%
MH	21	95%
OP	0	0%
LD	1	5%
Autism	0	0%
Dementia	0	0%
Not Provided	0	0%
Other	0	0%
Total	22	100%

RPR

Client Group		
PD	1	6%
MH	1	6%
OP	0	0%
LD	6	35%
Autism	1	6%
Dementia	8	47%
Not Provided	0	0%
Other	0	0%
Total	17	100%

Analysis:

- Based on the data above; there are more residents in Richmond with a learning disability (19%) and mental health issue (46%) accessing the service than the borough average.

	• The borough average for people with a learning disability is 2% and the borough average for people with a mental health issue is 12%. • There are fewer residents with a physical disability who use the service (13%) than the borough average (29%). • IMCA in particular has a much higher rate of people with dementia (50%) using the service compared the borough average (1%). This service is expected to see a higher proportion of people with dementia.
Gender identity	**Richmond population gender breakdown**

Gender	Richmond total	% of the total population
Male	73,600	48%
Female	80,400	52%
Total population 18+	154,000	100%

Source: POPPI and PANSI Figures (updated 2019 so projections may differ to census data)

Richmond advocacy service users' breakdown by gender. (Snapshot, Quarter 1 April - June 2019).

NHS Complaints

Gender Identity		%
Male	4	36%
Female	7	64%
Total	11	

IMCA

Gender Identity		
Male	3	37.5%
Female	5	62.5%
Total	8	

Care Act

Gender Identity		
Male	10	56%
Female	8	44%
Total	18	

General Advocacy

Gender Identity		
Male	3	37.5%
Female	5	62.5%
Total	8	

IMHA

Gender Identity		
Male	11	50%
Female	11	50%
Total	22	

RPR

Gender Identity		
Male	8	47%
Female	9	53%
Total	17	

Source: Provider quarterly monitoring report

Analysis:

- In Richmond, more female residents use the service than the borough average.

Gender reassignment	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council
Marital status	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council
Pregnancy and maternity	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council

Race/ ethnicity

Breakdown of Richmond population by ethnicity

Ethnicity	Total	% total population
Asian / Asian British	10,852	7%
Black/ African/ Caribbean/ Black British	13,009	8%
Mixed/multiple ethnic group	3,271	2%
Other ethnic group	2,438	2%
White	127,719	81%
Total	157,289	100%

Source: POPPI and PANSI

Breakdown of Richmond advocacy service users' breakdown by ethnicity. (Snapshot, Quarter 1 April - June 2019).

NHS COMPLAINTS

Ethnicity		
Asian / Asian British	0	0%
Black /African/ Caribbean / British	0	0%
Mixed / multiple ethnic groups	1	9%
Other	1	9%
White	6	55 %
Unknown	3	27 %
Refused	0	0%
Total	11	100 %

IMCA

Ethnicity		
Asian / Asian British	0	0%
Black /African/ Caribbean / British	0	0%
Mixed / multiple ethnic groups	0	0%
Other	0	0%
White	8	100 %
Unknown	0	0%
Refused	0	0%
Total	8	100%

CARE ACT

Ethnicity		
Asian / Asian British	2	11 %
Black /African/ Caribbean / British	3	17 %
Mixed / multiple ethnic groups	0	0%
Other	0	0%
White	10	55 %
Unknown	3	17 %
Refused	0	0%
Total	18	100 %

GENERAL ADVOCACY

Ethnicity		
Asian / Asian British	1	12.5 %
Black /African/ Caribbean / British	1	12.5 %
Mixed / multiple ethnic groups	0	0%
Other	3	37.5 %
White	3	37.5 %
Unknown	0	0%
Refused	0	0%
Total	8	100 %

IMHA

Ethnicity		
Asian / Asian British	5	22%
Black /African/ Caribbean / British	6	28%
Mixed / multiple ethnic groups	0	0%
Other	2	9%
White	8	36%
Unknown	1	5%
Refused	0	0%
Total	22	100%

RPR

Ethnicity		
Asian / Asian British	1	6%
Black /African/ Caribbean / British	0	0%
Mixed / multiple ethnic groups	0	0%
Other	0	0%
White	15	88%
Unknown	0	0%
Refused	1	6%
Total	17	100%

Source: Provider quarterly monitoring report

Analysis:

- In Richmond, more BAME residents use the service (23%) than the borough average (19%).
- IMHA service has a much higher rate of Asian or Asian British people using the service compared the borough average (7%).
- IMCA service has 100% white people using the service.
- NHS Complaints has 0% of people who identify as Black /African/ Caribbean / British accessing the service.

Religion and belief, including non-belief

Breakdown of Richmond population by Religious belief

Religion	Total	% of total population
Christian	103319	55%
Buddhist	1577	1%
Hindu	3051	2%
Jewish	1409	1%
Muslim	6128	3%
Sikh	1581	1%
Other religion	890	0.5%
No religion	53195	28%
Religion not stated	15840	8%
Total	**186990**	**100%**

Source: Census data 2011

Breakdown of Richmond Advocacy service users by religion (Snapshot, Quarter 1 April - June 2019).

NHS COMPLAINTS			IMCA			CARE ACT		
No belief	0	0%	No belief	1	12.5%	No belief	0	0%
Unknown	10	91%	Unknown	5	62.5%	Unknown	14	78%
Christian	1	9%	Christian	2	25%	Christian	3	17%
Muslim	0	0%	Muslim	0	0%	Muslim	1	5%

GENERAL ADVOCACY			IMHA			RPR		
No belief	0	0%	No belief	2	9%	No belief	1	6%
Unknown	6	75%	Unknown	6	27%	Unknown	15	88%
Christian	1	12.5%	Christian	6	27%	Christian	0	0%
Muslim	0	0%	Muslim	5	23%	Muslim	1	6%

Other	0	0%	Other	0	0%	Other	0	0%	Other	1	12.5%	Other	3	14%	Other	0	0%
Total	11	100%	Total	8	100%	Total	18	100%	Total	8	100%	Total	22		Total	17	100%

Source: Provider quarterly monitoring report

Analysis:

- The religious belief of 66% of advocacy services users in Richmond is unknown.
- There are fewer residents who use the service that identify themselves as Christian (15%) than the borough average (55%).
- There are more residents who use the service that identify themselves as Muslim (23%) than the borough average (3%) using the IMHA service.

Sexual orientation

Data on the sexual orientation of Richmond residents is very limited. The 2011 Census did not have a question regarding sexual orientation. According to DataRich, nationally, it is estimated that the gay, lesbian and bisexual population in England and Wales constitute between 5% and 7% of the population. The ONS Integrated Household Survey (2011) reports that 1.5% of the population describe themselves as being gay, lesbian or bisexual. In London, this figure rises to 2.5%.

NHS COMPLAINTS

Sexual Orientation		%
Refused	6	55%
Heterosexual	4	36%
Bisexual	1	9%
Homosexual	0	0%
Unknown	0	0%
Other	0	0%
Total	11	100%

IMCA

Sexual Orientation		%
Refused	3	37.5%
Heterosexual	5	62.5%
Bisexual	0	0%
Homosexual	0	0%
Unknown	0	0%
Other	0	0%
Total	8	100%

CARE ACT

Sexual Orientation		%
Refused	10	56%
Heterosexual	7	39%
Bisexual	0	0%
Homosexual	0	0%
Unknown	1	5%
Other	0	0%
Total	18	100%

GENERAL ADVOCACY

Sexual Orientation		%
Refused	7	87.5%
Heterosexual	1	12.5%
Bisexual	0	0%
Homosexual	0	0%
Unknown	0	0%
Other	0	0%
Total	8	100%

IMHA

Sexual Orientation		%
Refused	14	64%
Heterosexual	7	32%
Bisexual	0	0%
Homosexual	0	0%
Unknown	0	0%
Other	1	4%
Total	22	100%

RPR

Sexual Orientation		%
Refused	14	82%
Heterosexual	3	18%
Bisexual	0	0%
Homosexual	0	0%
Unknown	0	0%
Other	0	0%
Total	17	100%

Analysis:

- 64% of advocacy service users in Richmond refused to declare their sexual orientation.
- 32% of advocacy service users in Richmond identify themselves as heterosexual.

Across groups i.e. older LGBT service users or bme young men	11% of Richmond advocacy services users are BAME with mental health issues.
Caring responsibilities (i.e. carers)	There is no data available regarding the number of people with caring responsibilities for those who are in receipt of advocacy services commissioned by the Council.

Data gaps.

Data gap(s)	How will this be addressed?
Gender Reassignment	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council. The new contract performance monitoring requirements will ensure that this information is collected in the future contracts
Pregnancy and maternity	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council. The new contract performance monitoring requirements will ensure that this information is collected in the future contracts
Marital status	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council. The new contract performance monitoring requirements will ensure that this information is collected in the future contracts

3. Impact

Protected group	Positive	Negative
Age	There is no change in terms of the service model and advocacy elements proposed for the future service. However, the service will need to align with legislative changes with regards to LPS which would broaden the criteria to include all adults over 16 years of age who require its services. The Council is not intending to change the services which are currently delivered. The new model will enable robust quality	The data shows that there are more residents age 65+ who use the advocacy service than the borough average. As a result, residents age 65+ are more likely to be impacted by any changes made to the service. There is no evidence to suggest that changing the current advocacy provider will have a direct impact on anyone due to age. However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilisation process and monitored to ensure that

Protected group	Positive	Negative
	assurance and contract monitoring to ensure the provision of high-quality services. By procuring one provider for all elements of the service, it ensures continuity of service for people who move between elements. The requirement for equality needs to be met is outlined in the specification, it will form one of the evaluation criteria for the tender and will comprise a key part of the monitoring framework. The demand for IMCA, RPR and Care Act advocacy service is driven by the referrals made by Adult Social Services therefore providers have limited influence in attracting people with protected characteristics into the service. However, the successful provider will have to demonstrate that the needs of people with protected characteristics accessing the IMCA service are met regardless of age.	the transition does not have any unintended consequence and disruption is minimised. In order to ensure the service supports the user group in the future, the Council will explore spot purchasing arrangements or an alteration to the block with the provider should demand increase.
Disability	Service level data demonstrates that the service currently supports more residents with a Mental Health issue and Learning Disability than the borough average, indicating the service is meeting the needs of those who require it most. As above.	The data shows that more residents with a learning disability or a mental health issue use the advocacy service than the borough average. As a result, residents with a learning disability or mental health issue are more likely to be impacted by any changes made to the service. However, a change in provider could be unsettling, but this will be closely managed through the contract mobilization process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.
Gender identity	No positive or negative impacts have been identified for those accessing the service, by gender identity. As above.	The data shows that slightly more female residents (54%) use the advocacy service than the borough average (52%). As a result, women are more likely to be impacted by any changes made to the service.

Protected group	Positive	Negative
		However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilization process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.
Gender reassignment	By requiring the new provider to collect this data we will have a better understanding if it is reaching this group. As above.	Estimates of the prevalence and incidence of gender dysphoria and Transsexualism are difficult to quantify due to the lack of robust national and local data. Currently the data for gender reassignment is not collected or monitored. Collection of data related to this protected characteristic will be a contractual requirement of the new service contract. However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilization process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.
Marital status	No positive or negative impacts have been identified for those accessing the service, by marital status. As above.	Currently the data for marriage and civil partnership is not collected or monitored. However, the new service needs to be responsive to the needs of people with this protected characteristic. The new provider will collect and monitor the impact of the service on people with this protected characteristic. However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilization process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.
Pregnancy and maternity	By requiring the new provider to collect this data we will have a better understanding if it is reaching this group. As above.	Currently the data for pregnancy and maternity is not collected or monitored. However, the new service needs to be responsive to the needs of people with this protected characteristic. The new provider will collect and monitor the impact of the service on people with this protected characteristic.

Protected group	Positive	Negative
		However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilization process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.
Race/ethnicity	The provider will continue to be required to comply with Equalities and Anti- Discriminatory Legislation, and the appropriate policies and legislation used by the Council. As above.	In Richmond, more BAME residents use the service (23%) than the borough average (19%). This means BAME residents are more likely to be impacted by any changes made to the service. The statutory elements are provided to those in need regardless of the protected characteristics. The requirement to ensure that the service is promoted within and engages with the BAME community will be detailed in the service specification. However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilization process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.
Religion and belief, including non-belief	The provider will continue to be required to comply with Equalities and Anti- Discriminatory Legislation, and the appropriate policies and legislation used by the Council. As above.	Religion and belief is not monitored consistently across all the advocacy services. The available data shows that the religious belief of 66% of advocacy services users in Richmond is unknown. Whilst there is no evident connection between the advocacy service provided to an individual and their religion/belief or non-belief, the new service needs to be responsive to the needs of people with this protected characteristic.
Sexual orientation	The provider will continue to be required to comply with Equalities and Anti- Discriminatory Legislation, and the appropriate policies and legislation used by the Council. As above.	There is no evidence to suggest that changing the current advocacy provider will have a direct impact on anyone due to sexual orientation. However, a change in provider could be unsettling, but this will be tightly managed through the contract mobilisation process and monitored to ensure that the transition does not have any unintended consequence and disruption is minimised.

Protected group	Positive	Negative
Carers	The Relevant Paid Representative (RPR) service supports carers. No positive or negative impact have been identified for carers. As above.	Currently the data for carers is not collected or monitored. However, the new service needs to be responsive to the needs of people with this protected characteristic. The new provider will collect and monitor the impact of the service on people with this protected characteristic. There is no evidence to suggest that the new service will negatively impact on groups with these protected characteristics. However, change of provider could be unsettling, but this will be tightly managed through the review process and monitored to ensure that there is no unintended consequence.

4. Actions
ACTION PLAN

Action	Lead officer	Deadline
The demand for IMCA, RPR and Care Act advocacy service is driven by the referrals made by Adult Social Services, for IMHA the service is to support those that meet the qualifying criteria detailed in legislation and therefore providers have limited influence in attracting people with protected characteristics into the service. However, the successful provider will have to demonstrate that the needs of people with protected characteristics accessing the services are met. Contractors will have to comply with equality legislation and ensure their staff are trained and support individuals with protected characteristics.	Commissioning Manager and Commissioning Officer	January 2021
Issue communications to operational staff, referring agencies and other stakeholders to inform of the new provider.	Commissioning Officer	January 2021
Issue written communications to service users to inform of the new provider.	Commissioning Officer	January 2021
Actions to mitigate possible disruption will take place through a robust mobilisation and service transition plan which will be drawn up in partnership with the commissioning team, Quality Assurance team and the Provider.	Commissioning Manager and Commissioning Officer	January 2021 – May 2021
Ensure equalities forms part of the monitoring framework.	Commissioning Manager and Commissioning Officer	July 2020
Ensure equalities forms a part of the evaluation criteria for the tender	Commissioning Manager and Commissioning Officer	July 2020
Annual review of the service to ensure the service continues to meet the needs of those with protected characteristics.	Commissioning Manager and Commissioning Officer	June 2022

5. Consultation / engagement (optional section– as appropriate)

Stakeholders	Element	Method	Timeframe
Service users	IMHA and Care Act General Advocacy	Attend community meetings on IMHA wards at Queen Mary Hospital Roehampton and Springfield Hospital Tooting. Contacted service users who have been identified by the provider	Sept -Oct 19 Completed
Provider Market	All elements of advocacy	Soft market testing via questionnaire Market engagement event to be held in Early 2020	Sept 19 Completed Spring 2020
Springfield Hospital, Queen Marys Hospital Roehampton and other hospitals accessing the service	IMHA	Attend patient involvement meetings on the ward and face to face interviews with ward managers.	Sept – Oct 19 Completed
Wandsworth Carers Forum	All elements	Focus group with carers	Sept -Oct 19 Completed
Referring agencies including wider voluntary groups, Wandsworth CCG, Mental Health Provider forum, Care and Partnership Group (vol groups)	All elements of advocacy	Online questionnaire	Sept- Oct 19 Completed
Adult Social Care Locality Teams, Mental Health and DoLS Team for both boroughs	IMCA, RPR, Care act advocacy, General advocacy and NHS complaints	Online questionnaire and face to face engagement via attend team meeting	Sept – Oct 19 Completed
Learning Disability Partnership Board	All elements	Attended Partnership Board meeting to seek views and promote the online questionnaire	Get date

Feedback form the above has been reviewed and will inform the future service specification.