

# Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated May 2015)

## Care and Support Restructure

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Chris Jones-King 01609 538364
Names and roles of other people involved in carrying out the EIA	Rachel Kemp (Project Manager), Shanna Carrell (Equality and Community Engagement Officer), Cath McCarty (Head of HR – Health and Adult Services), Naomi Smith (Senior Project Manager).
How will you pay due regard? e.g. working group, individual officer	Officer research, working groups, End Stage and Post-Implementation Reviews, Project Board.
When did the due regard process start?	Project Initiation December 2015

**Section 1. Please describe briefly what this EIA is about.** (e.g. are you starting a new service, changing how you do something, stopping doing something?)

### Overview:

The Assessment Pathway forms part of the Independence Programme which outlines a number of projects and efficiencies that will contribute to the overall 2020 savings for Health and Adults Services of £21m. This EIA refers to the overall project benefit profile which sets out the restructuring of Care and Support services and the implementation of a new operating model for adult social care services in North Yorkshire. The staffing saving attached to this benefit profile is £2.753m.

This project encapsulates a whole system transformation in terms of how people access and receive care and support in the short, medium and long term. The key headline objectives for Assessment pathway by 2020 are:

- Development of adult social care input to the Customer Service Centre to maximise the opportunities to resolve enquiries without referring to the Locality Team.
- Development of a more effective joint Reablement service/Intermediate Care service with the NHS.
- Development of Long Term Support Adult Social Care teams
- Development of a Countywide service to support the Assessment Pathway
- The development of self-serve solutions to support carers

A number of organisational structures were produced to facilitate the reduction in resource and to deliver against the objectives of the model. These included:

- An improved prevention offer, so that we could prevent, reduce and delay people's needs for Social Care;
- To professionalise the workforce, so that qualified staff sat in every part of the pathway
- To change the culture of practice and to embed a strength based approach to practice, so that we support people to do things for themselves and to live as independently as possible; and
- Be compliant with all regulatory requirements, i.e. ensure compliance with all legal duties, e.g. the Care Act.

### **Generic Team Proposal:**

It is being proposed that future assessment and care management teams (the 'to be' Independence and Reablement and Planned Care and Support teams) will operate a generic adult social care model meaning that the learning disability teams will be incorporated within the generic teams.

The proposal within the restructure is for Vision and Deaf Services to maintain some specialism, however will become more joined up in their assessment and delivery of services to people with vision impairment or loss and people who are deaf or deaf/blind provided by a single sensory team as they will now have a presence in the Customer Service Centre, unlike now. The rationale behind this decision is that the availability of sensory services both within the council and in the independent sector across North Yorkshire is limited and/or have not been commissioned, developed or sufficiently resourced. Care and Support sensory services offer a countywide service within relatively small resource. They will however adopt the principles of the new operating model.

A staff consultation to the proposed restructure has already been completed and this began on the 3<sup>rd</sup> of May 2016 and ended on the 29<sup>th</sup> July 2016.

**Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)**

This model is partially in operation within adult teams, who will meet the needs of adults with physical disabilities, autism and older people. Increasingly people with learning disabilities are living longer and beginning to experience many of the conditions associated with older age which are familiar to the current adult assessment teams. However learning disabilities (LD) and Vision and Deaf services have remained specialisms within Care and Support.

The move to generic teams was proposed within North Yorkshire's Health and Adult Services Leadership team to:

- To support the shift in practice and culture, practitioners with specialist knowledge of LD should be identified within Planned Care and Support teams to share specialist knowledge and skills.
- The development of practice and culture would also be supported by a new role of Senior Social Worker. It is anticipated that each of the Senior Social Workers will hold a practice portfolio, for example LD, Dementia, Autism and Carers and would be responsible for disseminating best practice and implementing the relevant guidance as this becomes available.
- For additional assurance we would maintain some countywide specialist function, e.g within Commissioning, to ensure that practice and specialism is not lost as generic teams move from fledgling to established teams. Workforce development is crucial to the success of a generic adult social care model.
- Separate specialist structures would have added potential **additional cost** to a significantly reduced budget with no guarantee that resources would not be needed in future years to respond to demand.
- Organising the work across generic teams increases the resource that is able to respond and more equally shares out the LD workload across all of the Planned Care and Support teams.
- For information - The requirements of Transforming Care can be met through either generic or specialist teams. Transforming Care is a programme of work, initiated by the NHS to improve the offer to people who have a Learning Disability.
- Moving to a generic model will reduce some of the inequities across a number of client groups as practice has developed in silos, for example use of respite in LD compared to older people.
- It also provides an opportunity to develop consistency through shared best practice, for example personalised care and support (LD) and best value (OP) across the current locality teams
- Moving to generic teams also provides an opportunity to invest in workforce development and the skills of the workforce potentially reducing turn over and improving job satisfaction.

The Care and Support restructure proposals represent a whole system of transformation of the way we organise our services and resources within a challenging financial climate, where we need to make significant savings across the Council.

These proposals set out a fundamental change to the way we deliver services. The principles underpinning this are very different to how we work.

### **Section 3. What will change? What will be different for customers and/or staff?**

We anticipate that some people may experience a change in worker as we re-profile team boundaries to accommodate new structures. We will not see a change in the level of service being offered. This may also be the case as we move to a generic social care offer. During the staff consultation we received very little feedback to suggest that this move was not supported as staff recognise the value of having the ability to share knowledge and skills across the whole workforce.

We are aware that these proposals will have a personal impact on staff, and whilst there will also be career development opportunities, and robust training and development plans to support staff, the proposed structures also reduce the staffing significantly and it is recognised that the consultation will create uncertainty and anxiety.

All Care & Support staff in START/PCAH and locality assessment teams are directly affected by the restructure proposals and this was explained in detail within the formal consultation pack and its appendices as well as conducting a number of face to face roadshows to help support understanding of the change.

#### **Development of the proposed staffing structures and teams:**

There has been a significant amount of work undertaken to test the proposals, including analysis of activity to date and how referrals, assessments, best interests and safeguarding flow through the current teams. This information has been used to create the proposed Care and Support teams and to determine the numbers of each roles required in each team. Following staff consultation, there have been some changes to the original proposals and it is also highly likely that the teams will need to be adjusted during the implementation phase. This may potentially mean individuals moving to another team to support referral demand and to ensure staffing levels are correct and in the right place in the pathway.

### **Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)**

A formal 90 day staff consultation period ran from 3<sup>rd</sup> May 2016 to 29<sup>th</sup> July 2016 with anticipated implementation of the new structures on 1<sup>st</sup> April 2017. During this time a number of face to face roadshows took place to help understanding of the proposals. The Consultation documents provided to staff included:

- The proposals themselves;
- Proposed county-wide and locality based structure charts;
- How appointments will be made to the new structure;
- The implementation timetable;
- Frequently asked questions;
- How to give feedback on the proposals;

- Proposed job descriptions and person specifications which include job context statements to help explain how the jobs and restructure proposals fit together; and
- Appendices containing additional information regarding the model.

The proposals contained within the staff consultation pack have been approved by the Health and Adult Services Leadership Team and also the Council's Corporate Management Board.

A video detailing the proposed staffing structures and new ways of working has been produced and was made available to all staff to ensure a consistent message and approach.

All staff have been provided with the opportunity to attend a staff roadshow event within the consultation. These sessions were run by Heads of Departments and/or the Assistant Director for Care and Support and provided an overview of the proposed changes, the reasoning to the revised assessment pathway and an opportunity for questions and answers. HR representatives were present at each event and Unison members were available at roadshows and were consulted throughout.

Pre Consultation letters were sent out to wider staff and all stakeholders.

We have already begun the process of engagement with people who use our services. The engagement with customers will allow us to understand the existing customer experience, establish what enables customers to have a positive experience, and surface any opportunities and challenges. Our next phase of engagement about the Care and Support model will take place with stakeholders, reference groups, partner agencies and organisations. We want to share with them the Care and Support model and our approach to working with people to prevent, reduce and delay the development of care and support needs and our approach to maximising opportunities for independence. We want to understand how we can work better together with our stakeholders to ensure we achieve better outcomes for people and use this information to inform our practice development and in the review of our proposed restructure post April 2017.

**Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

A number of efficiencies are being proposed and considered within Health and Adults Services as we evaluate the delivery of a £21 million savings contribution to the overall 2020 Council savings plan.

The staffing saving attached to this benefit profile is £2.753m.

<b>Section 5. Will this proposal affect people with protected characteristics?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? State any evidence you have for your thinking.</b>
Age	Yes			<b>Customer impact</b>

			<p>Increasingly people with learning disabilities are living longer and beginning to experience many of the conditions associated with older age which are familiar to the current adult assessment teams However learning disabilities (LD) and Vision and Deaf services have remained specialisms within Care and Support.</p> <p>It is proposed that learning disability teams will now be included within generic teams (older people, physical disability and learning disabilities) therefore those people already being cared for may be introduced to different members of staff through a transition process.</p> <p>Older people with learning disability may be affected more than other groups, but the impact should be positive as they will be supported by teams with experience of both learning disability and older people.</p> <p>The level of service will not change however individual assessors may move to new teams. Culturally we are moving to an asset based approach to assessment, reassessment, review and support planning so people will see a difference in the way we undertake assessments. However this would be the same if we continued with specialist learning disability teams.</p> <p><b>Staff impact</b></p> <p>We know that the age profile of our staff is between 18-79. We know that within the areas of the pathway we are proposing reduction is staff number their a particular impact on an age profile, however this is because of the nature of the workforce in</p>
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				<p>this area, rather than as a result of the new staffing proposals.</p>
Disability	Yes			<p><b>Customer impact</b>  Currently 12% of the people we support have a Learning Disability. Currently this service group is supported by specific teams, however as we move to a generic model of social care, individual assessors may therefore change however the level of service will not change. Culturally we are moving to an asset based approach to assessment, reassessment, review and support planning so people will see a difference in the way we undertake assessments. However this would be the same if we continued with specialist learning disability teams.</p> <p>We will be engaging with customers within this service group so that we can understand any potential impact of having generic teams and to ensure we support customers through this transition.</p>
Sex (Gender)				<p><b>Customer impact</b>  The HAS service user base is predominantly female, any impacts will have a larger impact on this group in terms of numbers, however this is a result of the population profile rather than any specific facet of the programme.  The LD profile does not reflect the same characteristics as above, the proportion is higher for males.</p> <p><b>Staff Impact</b>  We know that across this staffing group, there is a split of 89% female to 11% male workforce. This means that the proposals will affect more females than males, however this is a result of the nature of the workforce,</p>

				rather than the proposals themselves.
Race	X			We have no evidence of an impact in relation to race
Gender reassignment	X			We have no evidence of an impact in relation to gender reassignment. We currently do not collect data in relation to residents' and staff gender reassignment status.
Sexual orientation	X			We have no evidence of an impact in relation to sexual orientation
Religion or belief	X			<b>Customer impact</b> We know that approximately 1.3% of the North Yorkshire population belong to religious groups other than Christian and Atheist. It is believed that as choice increases through the Care and Support where I live strategy, people from individual groups will be more able to remain within their community.
Pregnancy or maternity	X			<b>Staff impact</b> There were staff that were not able to attend face to face roadshow events as they were on maternity leave, however we have kept all staff updated via post.
Marriage or civil partnership	X			We have no evidence of an impact in relation to marriage or civil partnership
<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
Live in a rural area	X			<b>Customer impact</b> Team boundaries are being realigned. However there will be no impact in terms of access to assessment, reassessment, review and support planning as assessments will still be delivered at home. The Living Well service is also locally based. <b>Staff impact</b> Although some boundaries will change, we do not expect staff to be displaced. There may be an impact to staff who do not get their 1 <sup>st</sup> preference of job location and we will apply all HR policies, where appropriate, in

				relation to our requirement to support staff with additional travel expenses for a period of time.
Have a low income	X			There is no evidence of any impact in relation to low income customers

**Section 8. Will the proposal affect anyone more because of a combination of protected characteristics?** (e.g. older women or young gay men) **State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

Older people with learning disability may be affected more than other groups, but the impact should be positive as they will be supported by teams with experience of both learning disability and older people.

There is no evidence to suggest that the proposals will change or affect staff differently in terms of their current personal characteristics, other than possible revised travel arrangements, and following staff consultation staff did not express concerns regarding any impact to their personal characteristics.

<b>Section 9. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)</b>	<b>Tick option chosen</b>
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<b>1. No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	<b>X</b>
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<b>2. Adverse impact - adjust the proposal -</b> The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
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<b>3. Adverse impact - continue the proposal -</b> The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
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<b>4. Actual or potential unlawful discrimination - stop and remove the proposal –</b> The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
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**Explanation of why option has been chosen.** (Include any advice given by Legal Services.)

There are no major changes to the consultation proposal apparent at this stage. Following closure of staff consultation. Any major changes highlighted will be reviewed as part of the final structure proposals and new ways of working. Any changes made will be reflected in an update within this document.

**Section 10. If the proposal is to be implemented how will you find out how it is really affecting people?** (How will you monitor and review the changes?)

We will be carrying out customer engagement exercises to review customer expectations and suggestions. We will also implement service level agreements and monitor performance indicators (such as length of time between referral and assessment, length of time in service, number of times assessment pathway has been revisited).

We will review the number of customer complaints (if any) which are received and have been affected by the change from specialist to generic teams.

We will continue to review customer feedback.

We will also develop a training needs and training programme to ensure that staff have the required level of knowledge and skill to work across all people using adult social care services.

We have planned 6 and 12 month post implementation reviews, so that we can review and discuss issues that may have arisen following implementation of the new structure.

**Section 11. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
- Agree service level agreements and customer expectations.	CJK/RK	Sept 2016	Planning stage	
- Carry out engagement with reference to the revised assessment pathway.	CJK/RK	Sept 2016	90 day staff consultation begins 3 <sup>rd</sup> May  Customer groups being identified	
- Arrange review periods for customer satisfaction feedback and performance against customer expectations.	CJK/RK	Oct 2016	Planning stage	
- Consultation feedback analysis	CJK/RK	Aug 2016	Scheduled	
- Implementation of the new structure	CJK/RK	1 <sup>st</sup> April 2017	Scheduled	
- 6 month post implementation review	CJK/RK	1 <sup>st</sup> Oct 2017	Scheduled	
- 12 month post Implementation review	CJK/RK	1 <sup>st</sup> April 2018	Scheduled	

**Section 12. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

Updated 10 January 2017: This EIA covers the restructuring of Care and Support services and the implementation of a new operating model for adult social care services in North Yorkshire.

After appropriate consultation, the EIA concludes that it is anticipated that customers will not experience a change in the level of service being offered, although individual staff working with them may change.

These proposals will potentially impact on staff with protected characteristics due to staffing reductions and reorganisation of teams, and we will apply all appropriate HR policies in relation to our requirement to support staff through the process and to comply with our equality duty.

This EIA will be updated throughout the delivery stage of the Care and Support restructure project to reflect additional comments and subsequent changes to the proposals. As well as including information/feedback received as part of the engagement sessions.

### **Section 13. Sign off section**

This full DRAFT was updated following staff consultation and was completed by:

**Name: Rachel Kemp**  
**Job title: Project Manager**  
**Directorate: Health and Adult Services**

**Completion date: 17.08.2016**

**Authorised by relevant Assistant Director (signature): Ian Spicer**

**Date: 20.12.16 Updated: 10.1.17 Rachel Kemp**