

Equality Impact Assessment (EqIA)

This EqIA is for:	Adult Social Care Workforce Remodelling	
Details are set out:	ASCH&PP Committee Report for 11 November 2019	
Officers undertaking the assessment:	(Jennifer Allen- Strategic Development Officer, Verónica Thomson Project Manager) reviewed by Karen Moss/HR	
Assessment approved by:	(Sue Batty Project Sponsor)	Date: 8 November 2019

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Public Sector Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of the proposal? *Has any initial consultation informed the identification of impacts?*

The primary reason for the Workforce Review is to put in place a structure that offers a more joined up, effective, easy to access suite of services to people who require the Department's help and support. Majority of the people that the Adult Social Care Department work with will have a disability or long-term health condition which fall under some of the protective characteristics categories. The proposed new structures seek to deliver a simplified customer journey building increased capacity into areas where it is known there is opportunity to provide a better customer experience and meet people's needs as early as possible. We have engaged with our main stakeholders whilst shaping the proposals, including Health, and our strategy is designed to align with theirs. Therefore, it is anticipated that the impact of this proposal on the people we support who have protective characteristics will be positive or neutral.

Six key principles were developed for the new Workforce Model:

- Promoting people's independence and strengths at every opportunity
- Improving people's experience of social care
- Protecting the most vulnerable in our society
- A workforce that allows us to work flexibly to meet demand
- Developing a sustainable health and social care system
- Being cost effective and as efficient as possible

In order to inform the proposed new workforce structure, opportunities to attend engagement events were made available to all staff. Nearly half of the department's 1,811 employees took part. This was an opportunity to identify what is working well currently and what could be improved. In addition, a survey was circulated to all staff within the Department to give opportunity for those who were unable to attend, and 131 employees responded to the survey.

Summary of employees' feedback

- Reablement and Enablement services work well but should be expanded to offer these services to all people who could benefit
- Having specialist knowledge and expertise about a person's support needs (for example, mental health or visual impairment) is vital to being able to help people to achieve their goals but that there are opportunities to encourage better integration and multi-disciplinary working between services and teams both within the Department and with partners
- Where teams have been able to co-locate across specialisms and alongside health teams this is working well and is of benefit to service users and staff, and we should continue to do this and do more of this
- Due to the nature of temporary funding, there has been reliance on temporary posts and that has had a detrimental impact on staff morale and staff turnover
- A key element in promoting independence is supporting people to gain employment
- We need to simplify some of the Department's operational processes

The Impact of key changes in the model on people who use the Department's Services:

- **The Adult Access Service and all enablement and reablement services will join together in a Maximising Independence Service (MIS)**

Bringing together these services into one Maximising Independence Service will help us to resolve more referrals into social care at the earliest opportunity, provide more people with a consistent prevention offer and increase our enablement/reablement capacity. This will address the feedback from the engagement sessions with staff that these services work well but that there are more people who could and should, benefit from them. To achieve this, it is proposed that all of the Occupational Therapy and Community Care Officer capacity that was originally within the Short-Term Assessment and Reablement Team (START) that was separated temporarily to deliver the START Transformation programme up to March 2020, will move back together with START in the MIS. In addition, six Mental Health Re-ablement CCOs will also move into the MIS. This will enable a more individually tailored prevention offer, based on what a person needs, rather than which service they come into. It will also reduce the number of people being handed over to the Community Teams for assessments where there is an ongoing need for simple services following the MIS intervention and thereby reduce the amount of work going into the Community Teams. Analysis of target numbers of work to be completed is underway. Additional capacity will be created by START working more closely with Home First Rapid Response Service (HFRRS) as a 'virtual' team, with joint decision making via a single referral form to decide which service is best to work with someone. START/MIS Occupational Therapists will work alongside HFRRS to increase the services ability to re-able people. Further work will also be undertaken to align the Council's re-ablement service with community health rehabilitation, to ensure that the person receives the service that is best to meet their needs. Through the provision of good information and advice, and therapy led short term preventative services under one service, we will be even better placed to resolve people's issues at the earliest opportunity, and to support people to regain their independence and wellbeing and remain living in their own homes for a long as possible.

- **The iWork Team will move from Direct Services to join the Maximising Independence Service**

Support to maintain or access employment is recognised as an important factor in a person enablement/reablement. The iWork team, who are currently part of our Direct Services offer, work with people in a tailored way to support them into paid employment. Moving the team into the Maximising Independence Service will help us to further enhance our enablement/reablement offer and help to ensure that people receive a range of options that could support them to achieve their goals. This will have a positive impact on people with disability and other protected characteristics.

- **Adult Care Financial Services (ACFS) will be based in Ageing Well**

The work of ACFS is a core part of the delivering a quality social care to people who use our services. ACFS receive a high numbers of queries from people concerned about their financial situation and contributions. The team also audit information, for example, regarding people who may need additional support to manage their Direct Payment. ACFS and the operational teams therefore need to work closely together to be able to respond to people's issues in a timely way. Placing ACFS into an operational service will help to build on and strengthen the communication and links between ACFS and the operational teams in order to meet people's needs.

- **Multi Agency Safeguarding Hub (MASH) will be based in Ageing Well**

The Department's Senior Leadership Team re-organisation grouped all strategic commissioning, partnerships and service improvement under the leadership of a single Service Director, in order to establish more coherent portfolios. It follows that the Strategic Safeguarding function is therefore best placed within these services. The operational MASH team could have been placed in either Ageing Well or Living Well, however, with the MASH's success at increasing the number of Safeguarding enquiries it resolves without the need to pass onto the District Teams, this theme of early resolution fits well alongside the MIS in Ageing Well and provides strong operational links for the MASH and the people that they work with.

- **Living Well multi specialist place-based teams**

The people we work with often have more than one condition and they and their families want access to specialist support that can meet all their needs from one place rather than being passed between workers and teams. The move to multi-speciality Living Well teams brings together staff from the existing Learning Disability, Mental Health, Asperger's and Physical Disability teams, to provide all these specialisms in local communities across the county. Specialist staff will not be generic but will retain their specific skills and knowledge. A continuous professional development programme will be developed with staff to ensure that they are able to retain and keep up-to-date with their chosen area of professional expertise and also have the opportunity to share ideas and knowledge with each other. This will avoid their skills becoming diluted overtime. The place-based community teams will be work with people with complex and/or long-term health conditions in their local communities, to support them to remain as healthy and independent as possible, getting the right support at the right time, with continuity of worker.

- **Operational teams will align with Primary Care Networks**

Primary Care Networks are a key part of the NHS long term plan to bring General Practices (GPs) together into geographically based networks that will develop services locally in response to the needs of their population. PCNs will be expected to think about the wider health of their population, including their approach to prevention, as well as assessing the needs of their local population to identify people who would benefit from targeted, proactive, multi-agency support. PCNs will be therefore be the building blocks around which multi-disciplinary health, housing and social care, integrated care teams will grow. The impact on local people of aligning our services to these will therefore be positive.

There is good evidence from the work we have done to-date that co-locating community health and social care teams provides a better service and outcomes for people. This is because staff build relationships, are more aware of what each other can offer and how to access it, which in turn means that people get the right information, advice and support from the right professional more quickly. Initial roll out of co-locating and aligning community health and social care teams has been with Ageing Well teams and the new workforce model means that Living Well teams will also be configured in a way that enables this in the future,

- **Colleagues working in the Reviewing Teams, who have previously provided additional capacity to undertake targeted reviews, will move into the district teams**

The impact of re-locating the review team staff into local community teams is aimed to have a positive impact on local people, because they will be working in teams alongside other departmental social care specialists, as well as other professionals and will have more visibility within their local communities. Equally, the learning from the review teams' practice will be shared across the local community teams, this will also be supported by a programme to embed strength-based approaches that is being led by the Principal Social Worker,

We are seeing that as increasingly more people have their issues resolved and (re)gain their independence through being worked with by the current Adult Access Service, Notts Enablement Service and START Reablement that the need for targeted reviews is reducing. Joining up reviewing capacity and expertise into the community teams will help to better manage these resources locally and enable teams to consider, for example, whether a social care review, or, input from other partners such as community health professionals is the best response for an individual. A revised review strategy is being developed to set out that we can meet our targets for a minimum of one annual review a year and more for those people who can benefit from more frequent pro-active, therapy led goal setting.

Capacity

- Overall, the proposed changes are designed to deliver an improved, simplified customer journey and to build increased capacity into areas where we know there is an opportunity to provide; a better customer experience, to do more to meet people's needs earlier, and to increase the number of people who benefit from services to improve their independence and wellbeing. Overall, the permanent staffing capacity of the Department is being increased and stabilised, which in turn will have a positive impact for people who use our services. In addition, a programme of work is being devised to simplify the Department's systems and processes with the aim of freeing up more staff time to work directly with people.
- The change in permanent FTE for some job titles and for the Department as a whole is shown in the table below:

Job Title	Current Permanent FTE	Proposed Permanent FTE
Team Managers	56.08	61.5
Advanced Social Work Practitioner	56.96	65.73
Social Workers	200.66	222.6
Occupational Therapists	55.87	74.24
Community Care Officers	199.26	261.91
Overall Department	1519.38	1728.75

- The proposed new structure will convert a number of the temporary posts to permanent and the temporary posts which were already due to end in March 2020 will be the focus of our attention.
- The Department will continue to work closely with Human Resource Team colleagues to ensure that all the Council's relevant Employment policies and processes i.e Enabling, Redeployment and Recruitment are properly applied in order to support staff to transition to the new structures with underpinning stringent vacancy control.
- The new structure will be populated primarily using the Council's Enabling policy and where we can we will seek to meet staff individual preferences, whilst balancing business needs. Keeping the need to minimise competitive processes is intrinsic to the Council's enabling policy.
- The Department will also monitor the potential impact of the proposed changes on people with protected characteristics at different levels and in different roles in the Department as the implementation phase progresses. Enabling pools will be looked at across the whole Department. This should mitigate against a situation where the new proposed structure may disproportionately affect any one group, as has already been identified, where there may be a disproportionate impact on BME Team Managers in the Department. The Department will work with relevant self managed groups and recognised Trade Unions to understand and address any identified impact.
- The Department will continue to seek to build on extensive list of FAQs to demonstrate that the views of employees are actively listened and responded to and engage staff but not fatigued by the process.

- The ability to ensure that OTs receive proper OT supervision and leadership delivered by OTs will be built into the model, this will include ensuring that newly qualified OT do not work in isolation without a dedicated and responsive mentor. Methods to enable greater flexibility to allocate work across OTs in different teams, ensure a mixed workload and pro-active skill development for OTs will be put in place. This will include opportunities for leadership and management e.g. acting up, shadowing. Plans for this will be developed by the Principal Occupational Therapist working alongside the Group and Team Managers.
- Staff in the adult social care department continue to talk to Property colleagues to ensure that the changes in the Department are planned into the Property strategy and minimise the impacts of any potential moves on staff and accessible for service users. The flexibility of mobile working will be optimised as part of this.
- Information and data about our services has been used alongside feedback from staff to inform the development of the proposed structures. However, some flexibility in the structures will need to be maintained for the Department to be able to monitor the flow of work, and workloads, post implementation so that adjustments can be made if required. Therefore, to mitigate the risk of inequitable workloads the Department will review the revised structures 6 months after implementation.
- The proposed changes are subject to detailed formal consultation with employees and their recognised representatives. This started on 11th November and has been extended to 19th December 2019. The Senior Leadership team will then carefully consider this information. Subsequently the consultation outcome and revised Equality Impact Assessment will then be published, and the future staff structures confirmed. The Implementation stage will commence from January 2020 with new structures phased in from April 2020. Implementation processes will be managed in accordance with the Council's employment policies and procedures which have also been agreed with the Trade Unions and subject to equality impact assessment. An appropriate review date will be agreed for the new structure.

2 Protected Characteristics: Is there a potential positive or negative impact based on:

Age	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Disability	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Gender reassignment	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Pregnancy & maternity	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Race <small>Including ethnic origin, colour or nationality</small>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Religion or belief	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Sex (gender)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Sexual orientation	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Marriage or civil partnership	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact

- Whilst no boxes ticked in section 2 above, it is recognised that there is a potential issue as reflected in parts which is currently being considered.

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i>	How might negative impact be mitigated or explain why it is not possible	How will we consult
<p>Some employees may perceive that the proposed new structures will impact negatively on their current working arrangements, for example some staff currently have:</p> <ul style="list-style-type: none"> • fixed work bases • fixed working hours, flexible working hours (including statutory flexible working arrangements) • employees with caring responsibilities • specialist equipment or support that is in place or time based • non-drivers- including those who are unable to drive due to disability or medication 	<p>During the employee consultation and implementation stage, employees will have the opportunity to raise any individual concerns they have about the impact of the structures on their working arrangements. It is acknowledged that some people will feel that the proposed changes have a negative impact on their working arrangements.</p> <p>Employees are encouraged to feed back on the proposed structure through the following medium:</p> <ul style="list-style-type: none"> • Filling in Employee consultation feedback form • Writing to the Project team • Phone or speaking to their line manager • Fill online survey • Feedback to their TU representative. 	<p>Employees will have opportunities to attend team meetings, talk with their line manager on an individual basis with support from Human Resources colleagues and TU representatives. Employees who are not able attend meeting will be contacted by line their line manager.</p>

Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

Significant number of engagement sessions have already been undertaken with employees to ask them to give their feedback on the future direction of the service the Department delivers. This feedback was used to inform the prioritised new structures presented to Committee. The employee

consultation period will provide all employees with a further opportunity to give their views on the structures. The outcome of the consultation is due to be published in December 2019/January 2020.

Completed EqlAs should be sent to equalities@nottscc.gov.uk for publishing on the Council's website before any decision is made.