

Next Stage Integration – Initial Equality Impact Assessment (EIA)

June 2013

The Next Stage Integration (NSI) Project is a dynamic piece of work requiring regular review of proposals, decisions and impact. This EIA document will be reviewed on a monthly basis through the life of the project to ensure that project task EIA's are being effectively recorded, reviewed and utilised within the project.

There are 3,450 service users within Adult Social Care (ASC) system (June 2013 – Framework i). Access to services can be summarised within the service categories collected as shown in the table below.

Row Labels	Count of Client Name
[Primary Client Type Missing]	10
Abuse or Neglect	10
Carer - Learning Disability	2
Carer - Older People	13
Carer - Physical disability and sensory impairment	1
Carers	30
Disabililty	8
Family dysfunction	2

Family in acute stress	1
Learning Disability	594
Mental Health	383
Older People	1,102
Other Vulnerable People	24
Parental illness or disability	2
Physical disability and sensory impairment	1,263
Substance Misuse	5
Grand Total	3,450

The age, gender and ethnicity of the current service users is shown below:

	18-64		18-64 Total	65+		65+ Total	Grand Total
	F	M		F	M		
Asian or Asian British	1	2	3	2		2	5
Black or Black British		4	4	1		1	5
Chinese or other ethnic group		1	1	1	1	2	3
Mixed	3	4	7	1	2	3	10
Not stated	10	6	16	26	13	39	55
White	477	549	1026	1589	690	2279	3305
(blank)	6	6	12	31	13	44	56
Grand Total	497	572	1069	1651	719	2370	3439

Next Stage Integration Overview

Through the Next Stage Integration project, the Council intends to modernise and improve the quality of its Adult Social Care services. This will enable more outward facing community focussed approaches, and better information, advice and guidance to address problems currently experienced by families and service users who are not clear where to get information and advice. There will also be a new commissioning strategy with fewer block contracts.

The council currently commissions Wye Valley Trust and 2gether Foundation Trust to manage and provide a range of Adult Social Care services on its behalf which are delivered through Trust management. The staff from within the Adult Social Care services are seconded from the council to both organisations. These commissioning arrangements are being reviewed as the Section 75 agreements come to an end in September 2013 (WVT) and March 2014 (2gether).

The council, in conjunction with the Clinical Commissioning Group (CCG), is considering how it can deliver high quality integrated community health and social care in order to give residents greater choice and control, enable better management of demand for services and identify more cost effective approaches to meet statutory responsibilities. The Next Stage Integration project is the framework within which we will achieve this goal.

The Next Stage Integration project is a key component of the Adult Social Care Business Change Transformation Programme and is tasked to deliver £0.756m of savings in 2013/14. The project aim is to implement a new operating model that delivers greater choice and control for service users within a budget that Herefordshire can afford. This is being managed in two stages:

- Stage 1- April 2013 until September 2013
 - o Public and partner engagement
 - o Options analysis and redesign
 - o Organisational restructure
- Stage 2 – September 2013 until April 2014
 - o Implementation and integration
 - o Commissioning programme

Consideration of the current provision via staff workshops, management and partner discussions and key advisor inputs recorded the following issues:

- Significant variations in individual services in terms of service user and carer satisfaction performance, and cost
- Focus on transactional activity, operational and day to day issues

- A multiplicity of systems and process, characterised by numerous access points and significant waiting lists
- A focus on hospital discharge, rather than a broad prevention strategy working with primary care
- A pathway that does not offer sufficient choice and control in line with self-directed support, and has over bureaucratic systems and processes and poor data quality within the case management system
- Insufficient professional social care leadership and significant retention and recruitment issues for qualified social workers
- Continued provision of direct care and regulated services, which does not reflect the overall strategic approach of the council as it moves towards a commissioning approach and away from direct provision

The key design principles that underpin the proposed model are:

- Developing shared arrangements with NHS, Housing, Environment and Communities to support and sustain vulnerable people in their locality
- Improved Social Work and Occupational governance reflecting national good practice
- A single point of access to broader council services that is closely aligned with broader council services with specific focus on information and advice, housing and financial advice
- Personalisation/Choice and Control core principle – User led and Carer led in design, planning and delivery
- Rapid response and access to reablement, telecare and specialist advice and guidance is integrated into broader primary and urgent care pathways
- Where people require long term Adult Social Care support they will have a personal budget and a range of support planning and brokerage options are available to them
- That the council intends to divest itself of direct care provision and other functions, commissioning these from the wider market (includes social enterprises, independent suppliers and voluntary sector)
- Safeguarding Adults is everyone's business
- Virtual wards and a neighbourhood focus are key priorities for CCG and the structure has been developed to reflect this priority and a shift towards a greater focus on preventing people going into hospital

Organisational Change

Staff consultation on the new operational model and suggested organisational changes commenced on the 6th June and ends on the 20th July. The proposed structure reduces the existing headcount from 258.17 fte to 187.72 fte. There are a number of part time posts and so from 324 post holders 111 redundancies are forecast.

The headcount reduction has been achieved through an objective role-based process that tests whether current responsibilities and duties have a 55% match with a role in the new structure:

- Alignment: Where a single person meets the 55% criteria the person will be appointed to the role without a selection process.
- Pool at risk: Where there are more people that can demonstrate a 55% match to new job content than the number of roles that are available then the selection process is to retain the strongest candidate from the pool for the retained posts. For unsuccessful employees from the pool, they would then be an “individual” at risk of redundancy.
- Displacement: An individual within their current role cannot demonstrate a 55% match to any available role within the structure.

Before undertaking any competitive selection, people were invited to come forward voluntarily to leave under the council’s exit policy. These applications were considered before commencing any selection processes. Applications were invited from anyone who was pooled at risk in order to avoid the need to make any compulsory redundancies. Applications were also considered from aligned employees to see if it was possible to back-fill the role with an employee who at risk of redundancy.

In addition the number of compulsory redundancies were mitigated, by releasing vacancies and releasing fixed term contracts. As a result of this **91.5%** of the overall reduction has been achieved through voluntary means.

Where a competitive selection process was required, a competitive interview / assessment centre was conducted as appropriate based on the requirements for the future and using the Herefordshire Council competency framework.

The workforce within the scope of NSI are predominantly female (83.64%) and part time posts form 57.41% of the organisation. Once the changes have been fully implemented this ratio of female staff will increase to 85.79% and part time posts will be 51.58% of the new organisation.

During the consultation period we received one counter proposal regarding community equipment and reablement that has led to a change to the proposed structure; removing a proposed (vacant) post and retaining a number of other roles based on the operational and individual feedback of the team.

The new organisation structure will offer operational efficiency to contribute to the project savings target, and the key changes are recommended as they are critical to the implementation of the new Adult Social Care Operating Model.

For ease of reference the table below has been split into two key areas of focus

- Commissioning

- Operations

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Area of work (service, policy, procedure) Stop, start, or change	Considered impact of change. Positive (P) , Negative (N), Neutral (-)		Information used to make judgement (consultation, user figures, cost ...)	Risk to organisation (financial, reputational, legal,)	Mitigation / exit route
Commissioning					
Day Opportunities <ul style="list-style-type: none"> • Move away from building based day centres • Wider range of services • Access via personal budgets • Specialist as appropriate but mainstreamed within the community. • FACS critical or substantial 	Age	P	<ul style="list-style-type: none"> • Direct Payments cannot be used to purchase from a local authority provider restricting choice • Low level usage of personal budgets, legislative requirements to improve this • Existing case studies in Leominster of more creative provision • Public engagement feedback wanting to utilise services within their locality • Escalating cost of current provision due to overheads 	Reputational during transition due to fear of and resistance to change within the service user groups Legal as commissioning process is necessarily short	Mitigation <ul style="list-style-type: none"> • Public engagement events including reference groups • Direct communication • Tailored approach for Day Services • Supplier events to ensure knowledge of opportunity widely available and information requirements on tendering process met • Good Transition planning • Development of outcome orientated approach and measures
	Disability	P			
	Gender Reassignment	-			
	Marriage & Civil Partnership	-			
	Pregnancy & Maternity	-			
	Race	-			
	Religion or Belief	-			
	Sex	-			
Sexual Orientation	-				

Area of work (service, policy, procedure) Stop, start, or change	Considered impact of change. Positive (P) , Negative (N), Neutral (-)		Information used to make judgement (consultation, user figures, cost ...)	Risk to organisation (financial, reputational, legal,)	Mitigation / exit route
Reablement <ul style="list-style-type: none"> Short term, home based intensive support Up to a max of 6 weeks Assists with hospital discharge Provides skills for daily living to enable independent living Reduces the need for on-going support 	Age	P	<ul style="list-style-type: none"> Public engagement feedback demonstrating desire for more support to remain in own homes Analysis of current service demonstrates average stay of service user significantly exceeds 6 weeks Service only available Escalating cost of current provision Strategic move to prevention and enablement and reduction in hospitalisation 	Reputational in transition as service will be reliant on domicilliary agency support as opposed to trained reablement staff in the interim period	Mitigation <ul style="list-style-type: none"> Public engagement events including reference groups Direct communication New service specification, outcome based Supplier events to ensure knowledge of opportunity widely available and information requirements on tendering process met Good Transition planning Development of outcome orientated approach and measures
Disability	P				
Gender	-				
Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				
Norfolk House <ul style="list-style-type: none"> 30 unit extra sheltered housing scheme For individuals over the age of 60 Self- contained flat and front door Communal facilities 24 hour care support Enables independent living as far as possible 	Age	P	<ul style="list-style-type: none"> Historical poor quality performance reports Low emphasis on outcome measures Local authority direct provision limits service user choice to purchase alternative support using a direct payment 	Reputational if service users and families perceive there to be service reduction as opposed to positive change Financial if market not able to respond appropriately	Mitigation <ul style="list-style-type: none"> Public engagement events including reference groups Direct communication New service specification, outcome based Supplier events to ensure knowledge of service outcomes and tender process understood Good Transition planning Development of outcome orientated approach and measures
Disability	P				
Gender	-				
Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				

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Adult Placement Scheme <ul style="list-style-type: none"> Also known as Shared Lives Scheme Supports suitable careers who provide accommodation and support in their own homes For adults with disabilities, learning disabilities, health problems, mental health issues & older people 	Age	P	<ul style="list-style-type: none"> Low emphasis on outcome measures Historical poor performance in relation to CQC standards and greater flexibility required to scale service up if not provided by the local authority 	Reputational during transition if service users and families perceive there to be service reduction as opposed to positive change	Mitigation <ul style="list-style-type: none"> Public engagement events including reference groups Direct communication New service specification, outcome based Supplier events to ensure knowledge of service outcomes and tender process understood Good Transition planning Development of outcome orientated approach and measures
Disability	P				
Gender	-				
Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				
Integrated Community Store (ICES) <ul style="list-style-type: none"> Provides equipment to help people stay at home Helps to develop individual full potential and health and independence Enables on-going care in their home environment 	Age	P	<ul style="list-style-type: none"> Inequitable distribution within the current delivery model Lack of clarity on priorities for service Inequitable sharing of cost between CCG and HC/WVT based on levels of demand/usage from health 	Reputational during transition as there may be service reduction leading to longer stays in hospital, counter to long term strategy.	Mitigation <ul style="list-style-type: none"> Public engagement events including reference groups New service specification, outcome based Supplier events to ensure knowledge of service outcomes and tender process understood Good Transition planning Discussions with CCG on demand and cost management options Communications with GP's
Disability	P				
Gender Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				

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Sensory Impairment <ul style="list-style-type: none"> Specialist sensory assessment of the needs of people who are blind or partially sighted and /or have hearing loss After assessment training, equipment, support, and or advice is provided to maximise independence and safety 	Age	P	<ul style="list-style-type: none"> Poor provider & commissioner understanding of requirements Waiting lists too long Performance, including outcome, measures not in place 	Reputational during transition based on current perception of understanding and support from the council and fear of change.	Mitigation <ul style="list-style-type: none"> Public engagement events including reference groups Direct communication New service specification, outcome based Supplier events to ensure knowledge of service outcomes and tender process understood Good Transition planning Development of outcome orientated approach and measures
	Disability	P			
	Gender Reassignment	-			
	Marriage & Civil Partnership	-			
	Pregnancy & Maternity	-			
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	Religion or Belief	-			
	Sex	-			
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Operations																						
Learning Disabilities <ul style="list-style-type: none"> Supports vulnerable adults with Learning Disabilities & their carers Range of clinical & therapeutic services and interventions Physiotherapy, psychiatry & psychology support 	<table border="1"> <tr><td>Age</td><td>-</td></tr> <tr><td>Disability</td><td>P</td></tr> <tr><td>Gender Reassignment</td><td>-</td></tr> <tr><td>Marriage & Civil Partnership</td><td>-</td></tr> <tr><td>Pregnancy & Maternity</td><td>-</td></tr> <tr><td>Race</td><td>-</td></tr> <tr><td>Religion or Belief</td><td>-</td></tr> <tr><td>Sex</td><td>-</td></tr> <tr><td>Sexual Orientation</td><td>-</td></tr> </table>	Age	-	Disability	P	Gender Reassignment	-	Marriage & Civil Partnership	-	Pregnancy & Maternity	-	Race	-	Religion or Belief	-	Sex	-	Sexual Orientation	-	<ul style="list-style-type: none"> Current performance not effectively quantified Low emphasis on outcome measures Moving to interim arrangement with 2g as provider 	Reputational during interim if service users & staff not clear about the longer term plan and benefits	Mitigation <ul style="list-style-type: none"> Integrated staff workshops Direct communication with service users and families Joint development of performance measures to include outcomes Joint development of a new service specification, outcome based Good Transition planning Development of integrated care pathways
Age	-																					
Disability	P																					
Gender Reassignment	-																					
Marriage & Civil Partnership	-																					
Pregnancy & Maternity	-																					
Race	-																					
Religion or Belief	-																					
Sex	-																					
Sexual Orientation	-																					
Safeguarding <ul style="list-style-type: none"> Safeguarding no longer the responsibility of a single team Meeting the needs of people who require the support and protection of a safeguarding framework will be able to access their part in their local community 	<table border="1"> <tr><td>Age</td><td>P</td></tr> <tr><td>Disability</td><td>P</td></tr> <tr><td>Gender Reassignment</td><td>-</td></tr> <tr><td>Marriage & Civil Partnership</td><td>-</td></tr> <tr><td>Pregnancy & Maternity</td><td>-</td></tr> <tr><td>Race</td><td>-</td></tr> <tr><td>Religion or Belief</td><td>-</td></tr> <tr><td>Sex</td><td>-</td></tr> <tr><td>Sexual Orientation</td><td>-</td></tr> </table>	Age	P	Disability	P	Gender Reassignment	-	Marriage & Civil Partnership	-	Pregnancy & Maternity	-	Race	-	Religion or Belief	-	Sex	-	Sexual Orientation	-	<ul style="list-style-type: none"> Current performance information shows underperformance Safeguarding service not able to cope with level of demand 	Reputational & Legal if the concept of making safeguarding everyone's business is not realised	<ul style="list-style-type: none"> Good Transition planning Integrated staff workshops Direct communication with service users and families and use of reference groups Community engagement programme for making safeguarding everyone's business New operational response to safeguarding alerts Locality based screening Joint development of performance measures to include outcomes Good Transition planning Development of integrated care pathways
Age	P																					
Disability	P																					
Gender Reassignment	-																					
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Reablement <ul style="list-style-type: none"> • Domiciliary enablement provision by care support workers in service users homes for up to 6 weeks maximum • 7 days, 8am -10pm • Supported by care co-ordinators & duty managers • Supports increased independency with self- care, domestic tasks and community access 	Age	P	<ul style="list-style-type: none"> • Public engagement feedback demonstrating desire for more support to remain in own homes • Escalating cost of current provision • Strategic move to prevention and enablement and reduction in hospitalisation 	Reputational during transition as there may be service reduction leading to longer stays in hospital, counter to long term strategy.	Mitigation <ul style="list-style-type: none"> • New service specification, outcome based • Supplier events to ensure knowledge of opportunity widely available and information requirements on tendering process met • Good Transition planning • Development of outcome orientated approach and measures • Direct communication with service users and families and use of reference groups • Joint development of performance measures to include outcomes • Development of integrated care pathways
	Disability	P			
	Gender Reassignment	-			
	Marriage & Civil Partnership	-			
	Pregnancy & Maternity	-			
	Race	-			
	Religion or Belief	-			
	Sex	-			
	Sexual Orientation	-			

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Assessment & Care Management <ul style="list-style-type: none"> Request for Community Care assessed. Eligibility prioritised on Critical & Substantial need Support plan developed & implemented 	Age	P	<ul style="list-style-type: none"> Public consultation and performance data indicate this is a poor service with extended delays and poor communication causing significant negative impact on service users, their families. 	Reputational if a positive change is not actively shown to have been made quickly.	<ul style="list-style-type: none"> Good Transition planning Customer Journey mapping Direct communication with service users and families and use of reference groups Joint development, with service users, of performance measures to include outcomes Good Transition planning Development of integrated care pathways
Disability	P				
Gender	-				
Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
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Sex	-				
Sexual Orientation	-				

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Neighbourhood Teams	Age	P	Public consultation and performance data indicates that this service operates on a reactive/crisis intervention basis. Costs allied to this service are escalating.	Reputational if a positive change is not actively shown to have been made within a reasonable time. Financial if costs are not reduced in line with targets	<ul style="list-style-type: none"> • Good Transition planning • Customer Journey mapping based on prevention • Direct communication with service users and families and use of reference groups • Joint development, with service users, of performance measures to include outcomes • Development of ASC Front Door (Defer, Divert, Deny) • Development of integrated care pathways with Housing, Health, Communities and Mental Health agencies.
Disability	P				
Gender Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				
Welfare Rights	Age	-			
Disability	-				
Gender Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				

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Safeguarding <ul style="list-style-type: none"> Safeguarding no longer the responsibility of a single team Meeting the needs of people who require the support and protection of a safeguarding framework will be able to access their part in their local community 	Age	P	<ul style="list-style-type: none"> Contract monitoring information providers user numbers/usage levels Safeguarding Adults Annual Report Current performance information shows underperformance Safeguarding service not able to cope with level of demand 	Financial Reputational	<ul style="list-style-type: none"> Good Transition planning Integrated staff workshops Direct communication with service users and families and use of reference groups Community engagement programme for making safeguarding everyone's business New operational response to safeguarding alerts
Disability	P				
Gender Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				
Review Team <ul style="list-style-type: none"> Project specific activity 	Age	-	<ul style="list-style-type: none"> Review Performance for 12/13 	None	N/A
Disability	-				
Gender Reassignment	-				
Marriage & Civil Partnership	-				
Pregnancy & Maternity	-				
Race	-				
Religion or Belief	-				
Sex	-				
Sexual Orientation	-				

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	Age	-			
	Disability	-			
	Gender Reassignment	-			
	Marriage & Civil Partnership	-			
	Pregnancy & Maternity	-			
	Race	-			
	Religion or Belief	-			
	Sex	-			
	Sexual Orientation	-			
	Age	-			
	Disability	-			
	Gender Reassignment	-			
	Marriage & Civil Partnership	-			
	Pregnancy & Maternity	-			
	Race	-			
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	Age	-			
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	Sex	-			
	Sexual Orientation	-			
	Age	-			
	Disability	-			
	Gender Reassignment	-			
	Marriage & Civil Partnership	-			
	Pregnancy & Maternity	-			
	Race	-			
	Religion or Belief	-			
	Sex	-			
	Sexual Orientation	-			

The Equality Duty 2010 has 3 aims (general duty)

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act
- 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 that who do not.

The Public Sector Equality Duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying “due regard” in our decision making in the design of policies and in the delivery of services.

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