

Equality Impact Assessment

Name of project/proposal

Adult Services Organisation People and Location – Part 2

Contact name

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Department

Adult Services

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Purpose for project/proposal

Hampshire County Council's Adults Health and Care Department (formerly known as Adults Services Department) is restructuring its services to meet the funding shortfall it will face in April 2017. This restructure, which is part of a wider departmental transformation programme, is known as the Organisation, People and Location project.

An initial Equality Impact Assessment (EIA) was carried out in September 2016, and focussed on the high-level rationale behind the department's reorganisation and described the principles that shaped the design of the new structure. This EIA focuses on how the changes resulting from the Organisation, People and Location project will affect different staff groups and what these changes mean for our services, the people who use them and the wider population of Hampshire.

Consultation

Has engagement or consultation been carried out? Yes

The results of the staff consultation are covered in the detailed equality statement

Statutory considerations

Impact

Age	Medium
Disability	Medium
Sexual orientation	Low
Race	Medium
Religion and belief	Low
Gender reassignment	Low
Sex	Medium
Marriage and civil partnership	Low
Pregnancy and maternity	Low

Other policy considerations

Poverty	Low
Rurality	Low
Other factors	Low
If other please describe	

Geographical impact

All Hampshire

Have you identified any medium or high impact?*

Yes

No

Equality statement

1. Summary of the wider transformation programme

In order to continue to provide high quality services to those most in need, and in line with the duties placed on the Department by the Care Act 2014, a comprehensive programme to transform the way services will be delivered in future is being undertaken. The Organisation, People and Location restructure is designed to enable the department to deliver the changes within this wider transformation programme and to ensure future sustainability in how the department delivers these services.

A new operating model has been designed which makes better use staff time and enables demand for services to be managed more effectively. A new strengths-based approach to working with individuals, where the department focuses on what a person can do rather than what they can't do, has been developed. This seeks to maximise people's independence and resilience by using their own and community assets; traditional types of support will only offered when these other options have been considered. It provides a proportionate response and allows people to remain in control and achieve better, person-centred outcomes. Additionally, people will be encouraged to make better use of technological and digital solutions (known as telecare) to support them and to help them remain safe.

In order to better manage demand on the Council's services, there is commitment to resolve queries for people at their first point of contact with the Council. This is known as the "front door" and it has been designed and developed to provide the following:

- Higher quality and more accessible information to support resolution
- Digital self service tools to include on line customer accounts, self service questionnaire, contact forms and self reviews.
- An enhanced contact centre, (the Contact, Assessment and Resolution Team or CART).
- Improved Hantsweb (internet) pages and a brand new online directory, known as Connect to Support, detailing a wide range of care and support services as well as wider community resources that people can access.

2. Key findings from first Equality Impact Assessment

The initial EIA carried out in September assessed the changes to services as having a medium impact on older people and would affect more women than men owing to the demographic profile of service users in Hampshire.

Race: impact medium: Any issues relating to access to the new front door services will be monitored by the project team rolling-out the new services, with particular attention being given to ensuring the services are culturally appropriate and that information is provided for people for whom English is not their first language. The new Connect to Support directory is available in digital form in many languages; this represents a significant improvement on previous social care information and advice services provided by Hampshire County Council. The quality of information contained in the directory will continue to be kept under review to ensure it is as accessible as possible for all service users.

Disability: impact medium: monitoring is being carried out during the roll-out phase of the new 'front door' to ensure those with sensory loss, mental health issues and learning disabilities are fully able to utilise the new front door services. Work is already underway to develop a protocol to allow "proxy" users to act on behalf of people, who may have difficulty accessing these services in some way, with their permission and assist with navigation through services.

Some service users raised concerns during the front door co-production workshops that some people may not be able or wish to access information in the new 'on-line' formats.

There is a process of ongoing refinement and development to the service to ensure those with disabilities can also receive information and advice in other ways, for instance through voluntary sector services or directly via social care staff where necessary.

The new Contact, Assessment and Resolution Team (CART) will be staffed by skilled agents supported by professional social care practitioners and will be available to those who prefer to speak on the phone rather than access services online. The new operating model is designed to ensure that by enabling those who are happy to use on-line services to do so, there will be sufficient staffing resources still available for those who do require more personal forms of contact.

Impact on other characteristics:

- Gender reassignment
- Sexual orientation
- Marriage and civil partnership
- Religion and belief
- Pregnancy and Maternity
- Poverty
- Rurality

The EIA carried out in September 2016 identified that there would be low or no impact on service users and carers with the above characteristics.

The front door co-production workshops identified that the new operating model for services should improve service users' access to their assessment and support plans and other information that is held about them.

The new operating model will continue to seek feedback from a range of service users, carers and prospective customers to ensure that the impact on people from groups remains as positive as possible

3. Adult Services Organisation People and Location Approach

Current state versus proposed state

Under the existing structure, before the consultation started (as at June 2016) 1124 full time equivalents (fte) were classed as being in scope as part of the reorganisation. This was out of a total Adult Services staff of 2913 ftes at that time. The proposed future design leaves 1049 FTE a reduction in 75 ftes.

Approach

The organisation design for the proposed restructure was developed with significant input from a wide range of stakeholders across Adult Services. The process followed a methodical, fair and rigorous process to ensure equity and consistency to the organisation design.

The organisation design principles below were developed and agreed with the Departmental Management Team (DMT) in a workshop in December 2015. The purpose of these was to build on the wider Adult Services Operating Model design principles and help frame and guide the organisation design work:

- We need to respond to financial pressures;
- We need our staff to work more flexibly;
- We need to deal with contacts more effectively at the front door;
- We need frontline delivery teams to work more collaboratively;
- All business support activity should contribute to frontline service delivery;
- We will continue to value the in-house provision;

- We will always need staff aligned to care specialisms;
- We need clear, transparent and timely decision making

Staff Consultation

A formal staff consultation took place between the 13 September 2016 and 12 December 2016. The decision to hold a 12 week consultation rather than the statutory requirement of 45 days was made in order to allow as much time as possible for discussion and debate about the proposals.

Consultation with Trade Union representatives took place throughout the period, with meetings every fortnight.

Feedback received during the course of the consultation has resulted in a number of changes to the proposed structure, including the following:

- *Deaf Services*: the need to explicitly identify Deaf Services as a distinct function within the service was recognised; therefore Deaf Services will now be a distinct function managed as part of the Winchester South community team
- *Older People & Physical Disability Community and Hospital teams*: it was acknowledged that there is a complementary skillset across community teams and hospital teams; therefore OP&PD community teams and hospital teams together have been grouped together for the purpose of recruitment/selection and location preferences, to give staff as much flexibility as possible
- *Portfolio Office*: Feedback that a change in the grade-mix would help better deliver the next transformation programme was received and therefore the staffing model was adjusted accordingly.
- *Portfolio Office*: a short-term requirement to deliver a Carers Strategy for the department was identified and a temporary post created to facilitate this
- *Information Governance*: It was accepted that this function would fit better in Safeguarding, Quality and Governance (SQG)
- *Supportive Communities*: Following feedback, the requirement for a focused Equalities role for the department was acknowledged and the organisation design was amended accordingly
- *Strategic Commissioning*: Feedback gathered resulted in a number of workshops with staff across Strategic Commissioning to refine the roles and organisation structure of this team

Location Preferencing

As part of the staff consultation a location preference exercise was carried out to allow staff to indicate their preferred work locations. The location preferencing form was designed to include a specific box to allow employees to make managers aware of any specific issues that might impact on their location preference, such as disabilities, carer responsibilities or health issues etc.

The principles that were used to assign staff to locations included the following (noting that the first one took precedence over the others):

Top priorities:

- Staff with disabilities (or family members with disabilities) which ties them to a location
- Specific personal health related circumstances

Other key priorities:

- Other specific personal circumstances, e.g. caring responsibilities, childcare etc.

- Current work base, home address and travel requirements
- Business needs for the team

4. Overall Impacts on staff

Comparison with the impact of previous EVR exercises

The County Council has previously gone through rounds of Enhanced Voluntary Redundancies (EVR) a comparison of the impact of previous EVR windows and the OPL EVR window has been done and we have found that the percentage of D, E and F grades are high in the current proposal.

- EVR applications from D grade staff have been consistently high at every voluntary redundancy (VR) window.
- EVR applications from E grade staff are only marginally higher when compared with previous VR windows.
- EVR applications from F grade staff are significantly higher in the current VR window. It should be noted that with the exception of the previous organisation-wide VR window the majority of staff who occupy F grade posts (Social Workers) were excluded from VR. Hence, it is reasonable to expect an increase in numbers from a group of staff who have previously been precluded from applying for VR.

Impacts by protected characteristics

Prior to the opening of the EVR window the four teams where the proposed restructure was deemed likely to have the greatest impact in relation to the protected characteristics of the workforce were:

- Brokerage & Buying
- Older People and Physical Disability – Community Independence Team
- Older People and Physical Disability - Hospital Team
- Supportive Communities

Once the EVR exercise had been completed this position has changed, suggesting the EVR process has impacted favourably. The teams now deemed to be most affected are:

Policy & Business Management. A higher proportion of staff are Asian (compared to the rest of the staff in scope). Small percentages (11%) of this team (circa 18 Full Time Equivalent, FTE) are displaced so the actual impact is considered to be low.

Portfolio Office. A higher proportion of staff is male or has a disability (compared to the rest of the staff in scope). 22% of this small team (circa 19FTE) are ring-fenced. It is possible that one person could be displaced so the actual impact is deemed to be low.

Supportive Communities. A higher proportion of staff are Asian, Black or mixed ethnicity or have a disability. To mitigate this impact it is important that staff have access to advice/face to face discussions and to ensure if there are language or physical/cultural barriers these have been addressed, particularly during any recruitment activity.

Results of location preferencing exercise

Following the cessation of the location preferencing a total of 80% of staff got their 1st location choice. Those staff who will need to relocate to either their 3rd preference or a location not listed as a preference will have a detailed conversation with their manager. The discussion will include the rationale for the decision, noting that wherever possible, the proximity of the employee's home address to the work base was taken into account.

Impact of EVR

The impact on staff was mitigated by the opportunity to apply for Enhanced Voluntary Redundancy. A total of 67 fte applied for EVR. Clear criteria were applied when considering the applications and as a result of a total of 46 fte had their EVR applications provisionally accepted. All staff have been informally notified of the outcome of the EVR application process in person. Those staff who were provisionally accepted for EVR have been offered alternative work at their substantive grade in a different function. Hence, staff potentially leaving on voluntary grounds have been given an additional opportunity to remain in employment with Hampshire County Council. To ensure those staff who are potentially displaced were not put at a disadvantage the recruitment activity for both groups of staff will take place simultaneously. Equally, staff who have yet to find out if they have been displaced were also given an opportunity to apply for another role to ensure parity with their colleagues.

5. Overall Impacts on service users and carers (by protected characteristic)

The main impacts on service users, with some exceptions which are detailed in section 6, will be the result of the wider departmental transformation and have been picked up in the initial EIA carried out in September 2016 (see section 2). Broadly speaking the proposals will have the most significant impact on older people, women and people with disabilities, including mental health issues as these are the groups of people that the department supports, either directly or indirectly through signposting to others services or through the provision of information and advice. The impacts on the other protected characteristics, (gender reassignment, sexual orientation, marriage and civil partnership, religion and belief, pregnancy and maternity, poverty and rurality) have been assessed as being low.

6. Breakdown of impacts on teams where there is a significant impact on staff, service users and carers

There are a number of specific functions within the department that are significantly affected by the organisation, people and location work. These are Equality and Inclusion, Brokerage and Buying, and the Community Independence Team. This section will set out what the changes to these teams mean for service delivery.

Equality and Inclusion

The main duties of the Equality and Inclusion Team broadly include provision of advice and support around equalities, improving understanding of different communities, public engagement and targeted work with specific community groups. The team carries out a supportive function and is not a statutory service. Previously this team was jointly funded (50%) by Hampshire's five Clinical Commission Groups; this funding has been recently withdrawn, further contributing to budget pressures.

As part of the Department's transformation programme the Equality and Inclusion Team will not carry on in its current format. One full-time officer will remain and will undertake a broader role. This means that the following will happen;

- The community development function will cease.
- The engagement function will move to another part of the department
- The equality functions will continue in a different way by having a focus on ensuring departmental capability to carry out Equality Impact Assessments and managing the EIA process.

Impact on Staff. There are 5 staff directly impact by these proposals. Those staff that are currently displaced will be able to apply for vacancies within the new structure

Within the department itself, and within the wider County Council, it is considered to be less beneficial to the organisation to have one dedicated team, within a single department, focussing on equalities and inclusion, as this needs to be business as usual for all teams and employees. This is reflected in the following ways:

- The County Council has a Corporate Equalities Lead responsible for overseeing cross-council programmes of work to advance equalities objectives, reporting progress to County Management Team and Cabinet.
- There are departmental leads in each department responsible for quality assuring Equality Impact Assessments (EIAs).
- Several staff networks are established around protected characteristics
- Officer leads are in place for specialist areas, e.g. disabilities as part of individuals' roles – which offers flexibility with levels of support as and when needed.
- The Insight and Engagement Unit (as part of the Customer Engagement Service) is working with departments to design collaborative and consultative activity in order to ensure that more vulnerable groups / groups deemed 'harder to reach' are engaged and listened to. The Unit is in the process of establishing a strategic partnership with the University of Southampton and is already working with colleagues at the University to design and take forward innovative approaches to participative democracy.
- The voluntary and community sector, supported by Councils for Voluntary Sector Organisations, are increasingly being looked to by the County Council to further the Supportive Communities agenda. These organisations will often be better-positioned to undertake 'grass-roots' work with individual families and communities and neighbourhood level.
- In conjunction with its statutory partners, the County Council continues to support key agendas, e.g. PREVENT, this involves officers from across departments, supported by a lead corporate officer.

Impact on Service Users. The main impact of these proposals has been assessed as being a medium-level impact on black and ethnic minority communities specifically the Nepalese community and the Gypsy Roma travelling community.

The County Council will continue to help support these communities to access services and to take action to improve their health and wellbeing both via direct support from officers or via grant-funded initiatives. On 17 January 2017 the Executive Member for Adult Social Care approved a grant of £15,000 from its Supportive and Inclusive Communities fund to an organisation, First Steps, to provide support services to traveller families across Hampshire.

Within the Council's Culture, Communities and Business Services department there is a small Community Support team and one of the posts is a Partnerships Officer - Gurkha/Nepali (and Foreign and Commonwealth). The focus of this role is to work collaboratively with partners to improve access to services for the Gurkha and Nepali community. Recent work has included:

- Meeting with key Gurkha/Nepali groups and organisations; understanding key health improvement projects that are currently occurring in Rushmoor
- Meeting with local authority representatives and chairs of local Gurkha and Nepalese community groups in other areas of Hampshire including Eastleigh, Basingstoke, Andover, (Winchester and Hart District to occur in early 2017) to understand key

concerns and collaboratively work towards ways to improve access to services.

- Attending the Communications Alert Card steering committee, an Eastleigh Borough Council and West Hampshire CCG project to improve access to interpreters for GP appointments. There is consideration of sharing this project with other CCGs as an example of good practice

The community development function will no longer be provided in its current form. The strengths-based approach that is being embedded across the department aims to replicate the outcomes previously carried out by this function, helping to connect individuals with resources and support within their local communities. The skills and training requirements required to ensure that the workforce is appropriately skilled to do this is currently being captured and training plans developed.

Brokerage and Buying

This involves the sourcing and purchasing of care for individuals and inputting of the details of their care packages, known as provisions, onto the Council's client management system. Currently this work is mainly carried out by care management staff, with the exception of domiciliary care which is purchased by dedicated care purchasing officers. There is a lack of a consistent approach to how this is carried out across the County. The inputting of the care provisions onto the system is also carried out by dedicated staff.

As part of the restructure, it is proposed that one central brokerage team is introduced to carry out all functions of brokering and buying care and adding the related data to the client management system. This will provide a cost-effective solution ensuring that care management time can be better utilised, not spending time purchasing care, and a better insight of market availability and costs can be developed. The central brokerage team will purchase the most cost effective service whilst helping people to exercise choice and control. A centralised brokerage function can also assist in identifying gaps in the market where services need to be commissioned.

Impact on staff. The brokerage team will be based in Fareham. Staff who currently broker domiciliary care and input care provisions onto the Council's client management system will see their workplaces transferred to Fareham as well as their roles changing and the number of roles by grade changing. Some staff have opted for EVR rather than choose to work from Fareham; as a result of this no-one who has chosen to remain within this function has been required to change grade.

Impact on service users. The introduction of the brokerage team should have a positive impact on service users. There will be consistent approach to purchasing care regardless of where in the County the person lives. It is planned to have an information leaflet about the service produced so that the person will have full detail of what they can expect from the Council at the point they are referred. There will be a single telephone number and email address that they can use to contact the team. The telephone number will be answered during office hours whereas the current process of social workers and care purchasing officers sourcing care can make it difficult to contact them.

Community Independence Team (also impacts on Carers Assessment Team and Social Care in Prison service)

The Community Independence Team (CIT) supported people to remain independent in a

number of ways, including:

- Providing specialist help to people experiencing difficulties around the home, or with managing everyday activities
- Signposting people to appropriate health and community services and social or leisure services
- Providing advice and guidance on a range of issues such as keeping warm, safe, fit and eating well

Impact on staff. The four Community Independence Teams will reduce to three teams and will each report to a local district service manager rather than being a county wide service. The Social Care in Prison service and the Carer Assessment Teams will not be continuing in their current format. In the proposed new structure the work of these teams will be incorporated into the Older People and Physical Disabilities Community Teams. All Occupational Therapists who are currently in the multi – disciplinary Community Independence Teams will transfer to the re-ablement function.

Impact on service users. Under the proposed new structure Community Independence Team will no longer offer a service to anyone under 55, so any work with LD, PD and MH clients with a learning disability, physical disability of mental health issue under that age will cease. It has been assessed however that the impact on these groups will be low, due to their current low-levels of usage of these services and the fact that these clients should be signposted to alternative preventative services.

Additionally, the service will cease to accept self-referrals, resulting in a medium impact on older people and their carers. People can however receive details of preventative services available either online, via Connect to Support, or via the contact centre (CART).

Date to review actions

29 Sep 2017

Final decision date

Final decision date due

19 Dec 2016

Decision to be made by

DMT