

Equality Impact Assessment

Directorate: Wellbeing	
Service: Adult Social Care	
Name of Officer/s completing assessment: Alan Sinclair	
Date of Assessment: February 2017	
Name of service/function or policy being assessed: Adult Social Care Re-organisation	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The new legislative changes introduced by the Care Act 2014 and its principle duties in relation to wellbeing and prevention, coupled with continued reductions in central government funding and increased client demand has required all Local Authority Adult Social Care departments to fundamentally review how public services need to be directly and indirectly delivered.</p> <p>Often social care provides services to people at the point of crisis and consequently we have become a service of last resort. The options for people are too narrowly focused on intensive care and support, meaning the choices available to look at people's wider wellbeing before crisis occurs is hampered.</p> <p>However, as adult social care budgets shrink across the country, service demand increases and statutory duties expand, the requirements placed on individuals and communities to do more for themselves increases.</p> <p>To ensure adult social care services in Slough are fit for purpose and can meet these challenges, the department is implementing a new model of "Strengths based community working". This will see the department move away from an 'assessment for services' model and towards one that focuses on neighbourhood based support and care, maximising all available resources, assets and skills available to people and families where they live.</p> <p>This changed way of working requires the department, the broader community and the voluntary sector to work collaboratively with one another, replacing "a needs based assessment" (one that rations services) with a strengths based conversation aimed at maintaining peoples independence and linking them with the communities that they live.</p> <p>By changing the nature of the assessment to a strengths based conversation will allow the department more effectively support people at an earlier stage (as per the new duties of section 2 of the Care Act 2014), to provide this with increased choice and control (by offering</p>

	tailored wellbeing plans and increasing direct payments), encourage people to take responsibility of their own care and support and to reduce timing of when people require long term support. This preventative approach will result in less people reaching crisis point.
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>All of adult social care teams.</p>
3.	<p>Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>Age: Disability: Gender Reassignment: Marriage and Civil Partnership: Pregnancy and maternity: Race: Religion and Belief: Sex: Sexual orientation: Other:</p> <p>Main impact will be for older people and people with disabilities and their carers as this is the single biggest demographic that forms out client base. However, a more personalised approach focused on wellbeing will mean that people will get a broader range of services that meet their individual needs. This strengths based approach is also embedded in the department's voluntary and community sector contract with SPACE, through areas such as community development and social prescription.</p>

4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <ol style="list-style-type: none"> 1. People being more in control of their care needs 2. People getting the services and supports they need based on a person centred approach 3. Less people being in crisis and needing admission to hospital or care home 4. More targeted and universal prevention support provided by local community and voluntary sector identifying and supporting people at an earlier point
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>None, Adult Social Care is a universal service provision, designed to specifically address population inequalities in order to provide support and care to those most in need and who are vulnerable. The new operating model and restructure will create a department that will be able to more efficiently use the reduced budget against the increased demand and complexity of cases by providing increased choice and control through a preventative model of social care. However, there may on occasion be some people that have capacity to make decision that may not want to take control of meeting their care needs.</p>
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>These changes are being planned to support the new ways of working outlined in the Care Act 2014. The Act has had national consultation. Where we think that further local consultation or engagement is required this will be undertaken. As part of the changed ways of working the department is looking at the following KPIs:</p> <ol style="list-style-type: none"> 1. The number of FACE Overview assessments and subsequent time spent on non-productive activities 2. The number of cases that lead to a long term support plan – we are expecting a reduction 3. The average cost of support plans as more creative options are used 4. Levels of staff absence/ sickness 5. Reduction in re-admission rates to acute settings 6. Increase in self-directed support and control of an individual's own care and support 7. Increase in direct payments

7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>Yes, conversations and engagement with voluntary and community groups and representatives of users and carers including Healthwatch and carers forum.</p> <p>As part of the departmental re-structure multiple staff co-development workshops and whole department briefing sessions have taken place on the changes in practice and the wider reform programme's ambitions. These workshops have involved staff of the scope of the consultation, proposed changes to job descriptions, proposed changes to business processes, team structures and staffing resource. At numerous points during the consultation development phase Trade Union Stewards were invited to specific union briefing sessions, to staff briefing sessions and to the launch of the consultation. This approach was continued through the formal consultation period that ran 1st December 2016 to 9th of January 2017.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>Yes and communications and engagement has come out nationally with the Care Act and local engagement as described in 7 above.</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>These have been developed alongside each project plan under this objective.</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>Progress and impacts will be reported through the Adult Social Care Reform Programme Board. The implementation of the projects in this programme is one of the Council's Gold projects and therefore progress gets reported to CMT and then Cabinet on a monthly basis.</p>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date

Name: Signed: Alan Sinclair.....(Person completing the EIA)
Name: Signed:(Policy Lead if not same as above)
Date: Dec 15