

## WORCESTERSHIRE COUNTY COUNCIL EQUALITY IMPACT ASSESSMENT TEMPLATE

Please read the brief guidance which provides essential information for anyone who is unfamiliar with the County Council Equality Impact Assessment process.

### Background information:

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Date assessment commenced:	31/01/2019
Date assessment completed:	<a href="#">Click here to enter a date.</a>

### Function, strategy, project, policy or procedure being assessed:

Name of the function, strategy, project, policy or procedure being assessed:	<b>Project Title:</b> Health Commissioning and Contract <b>Function:</b> Is to reset the relationship between Worcestershire County Council (WCC) and the Health & Care Trust (WHCT) for Learning Disabilities (LD) and Older Adult Mental Health Teams (OAMH) and Adult Mental Health (AMH) Team
Is this a new or an amended policy?	Amended
Does the policy form part of a wider programme which has already been screened for equality relevance?	No

### Stage 1 - Please summarise the main objectives, aims and intended outcomes of this policy

Aims/Objectives:	<p><b>Objective:</b> The objective of the project is to deliver an integrated approach between WCC and WHCT, which includes the implementation of the "Three Conversation" (3C's) model, whilst complying with the Care Act 2014.</p> <p><b>Aims (Original):</b> The original aim was to transfer Social Care staff from LD &amp; OAMH to the Council, whilst teams remain co-located, and review AMH services that remain with WHCT by 1 April 2019. However, there were concerns raised that the project could potentially have a negative impact on some service users/patients. Consequently, the project board have considered the needs of the service users and have suggested a preferred option, which was agreed on 9<sup>th</sup> January 2019 at Adults Directorate Leadership Team (DLT).</p> <p><b>Aims (Amended):</b> The proposal is now to transfer the Social Care LD team and 60% of the OAMH services users with dementia, whilst 100% AMH (including S117) service users and Health Care employees remain with WHCT, 40% OAMH functional service users and associated workforce</p>
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	<p>remain with the WHCT. Timescales, and details as follows:</p> <ul style="list-style-type: none"> <li>• Phase 1 – LD to become repatriated to WCC– by 1st February 2019</li> <li>• Phase 2 – LD integrated into the Young Adults Team (YAT), an existing service within WCC – Timescale To be agreed</li> <li>• Phase 3 – 60% Older Adult Mental Health – Timescale To be agreed</li> <li>• Phase 4 – Adult Mental Health – remain with the WHCT. Review practices in delivering the Care Act Timescale To be agreed</li> <li>• Phase 4 – Section 75 Partnership Agreement - Timescale To be agreed</li> <li>• Once the LD and OAMH teams have transferred to WCC, there will need a further phase to review the transferred teams' processes and practices; in addition to the business case for change.</li> </ul>
<p>Intended outcomes:</p>	<ul style="list-style-type: none"> <li>• LD, OAMH and AMH Service delivery compliant with the Care Act 2014.</li> <li>• LD and 60% of the OAMH service users with dementia to receive their services from WCC.</li> <li>• AMH and 40% of OAMH services, with functional requirements will continue to receive services from WHCT.</li> <li>• Work with WHCT to deliver an integrated approach, which includes the implementation of the "Three Conversation" (3C's) model across LD, OAMH and AMH teams.</li> <li>• To achieve Budgetary Control, by ensuring the Council is getting the best value for money, and aim to deliver savings by 1 April 2019.</li> <li>• Outcomes for service users are to receive a seamless transition when the teams transfer from WHCT to the Council; in addition to the teams delivering the most appropriate service for their needs, which includes quality of life and wellbeing; in addition to physical health, acceptability and accessibility</li> <li>• Financial and performance targets agreed and monitored to deliver expected outcomes, when project ceases and the process becomes incorporated into Business as Usual.</li> </ul>
<p>Please summarise how these outcomes will be achieved?</p>	<ul style="list-style-type: none"> <li>• There is a project board, consisting of representatives from both WCC and WHCT. For each LD, OAMH and AMH work stream there is Task and Finish Group, which also has membership from both organisations to ensure clarity and consistency for an integrated approach to service delivery.</li> <li>• A Management Group is also being created, overseen by the Assistant Director of Adult Services and Interim Adult Mental Health &amp; Learning Disabilities Service Delivery to discuss any issues that impact upon either organisation to deliver successful outcomes.</li> <li>• The S75 agreement also requires twice yearly Partnership Board meetings to measure performance, outcomes, activity and monitor financial arrangements.</li> </ul>
<p>Where an existing policy is to be amended please summarise principle differences between the existing and proposed policies?</p>	<ul style="list-style-type: none"> <li>• Currently, under Section 75 Partnership Agreement, WHCT provide services on behalf of WCC for LD, OAMH and AMH service users. There are existing staff in both the LD and OAMH team that are employed by WCC. However, there are some OAMH Health employees who are employed by WHCT. A "preferences" process to enable all Social</li> </ul>



	<p>Workers from both organisations to state their preferences organisation has been approved at a timescale to be determined.</p> <ul style="list-style-type: none"> <li>• The changes are to move the day-to-day management from WHCT to WCC for LD Services and 60% of OAMH service users with dementia to WCC, and alter the financial and line management arrangements for OAMH accordingly, including a review of recharges between the two organisations. YAT and LD will remain co-located.</li> <li>• WCC will have clarity of finances; and surety that services are compliant with the Care Act 2014.</li> <li>• Increased effectiveness in performance monitoring and audit to establish progress in achieving national and local KPIs.</li> <li>• Implement the 3C's model, and ensure statutory compliance.</li> </ul>
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## Stage 2 - Information gathering/consultation

Please give details of data and research which you will use when carrying out this assessment:	<ul style="list-style-type: none"> <li>• Since 2017 WCC already has experience of the 3C's model being successfully applied, this knowledge will be used to inform how the approach is implemented.</li> <li>• Benchmarking against other local authorities, including Wolverhampton, who dissolved their S75 agreement in 2012. The feedback from Wolverhampton was positive about the integration of the 3 C's model; whilst they currently have separate Social Work Teams they are moving towards some co-location with a separate management structure.</li> <li>• LD Partnership Board engagement occurred on 22 January 2019, the only concerns raised, were any potential impacts upon service users, and maintaining the single point of access telephone number. Both of these issues have already been addressed.</li> <li>• A future Benchmarking visit to Somerset Local Authority, in 2019, is being planned. Social workers will be offered to attend to maximise the benefit in understanding the impact of changes of using the 3 Cs model.</li> <li>• Task and finish groups for each work stream, with representatives from WCC and WHCT to ensure pathways to care are effective.</li> </ul>
Please give details of any consultation findings you will use when carrying out this assessment:	<ul style="list-style-type: none"> <li>• A Benchmarking activity with Wolverhampton has occurred to understand how they use the 3C's model - for example AMH social care work starts with conversation 1, whereas S117 starts at conversation 2 or 3. Wolverhampton have found the 3C's model requires a more dynamic way of working, which includes interest from Occupational Therapists and other professions, including the engaging with the CCG Mental Health Commissioner, whilst working in accordance with Care Act 2014.</li> <li>• Staff briefings, in both the North and South of the County have been conducted in October/November and January that have enabled open dialogue to share information and raise any potential concerns to provide the forum to lessen or mitigate any potential issues.</li> </ul>
Do you consider these sources to be sufficient?	Yes
If this data is insufficient, please give details of further research/consultation you will carry out:	We believe the initial benchmarking, staff engagement, in conjunction with planned future visits and integrated approach, will be sufficient to make the changes necessary, whilst continuing to deliver the services in accordance with the Care Act 2014 and the 3 C's approach.



Please summarise relevant findings from your research/consultation:	<ul style="list-style-type: none"> <li>• The 3C's approach appears to be working not only within WCC, but with the other LA's that we have sought benchmarking information. This information will be used in conjunction with other future stakeholder engagement sessions. WHCT are engaged in working with the WCC to develop the 3Cs approach.</li> <li>• The staff engagement sessions in October, November and January highlighted concerns about processes, policies and practices. Prior to 1 April 2019 the changes are intended to be minimal, using a soft launch approach for the LD service, and OAMH will be integrated into Area Teams. Further WHCT and WCC staff engagement sessions, and training is planned after 1 April 2019 to minimise any potential negative impacts upon staff and service users.</li> <li>• The research conducted about the potential negative impact on service users has been alleviated following the mitigating action to amend the project scope</li> </ul>
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### Stage 3 - Assessing the equality impact of the policy

Based on your findings, please indicate using the table below whether the policy could have an adverse, neutral or positive impact for any of the protected groups:

Protected characteristic	Adverse	Positive	Neutral
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion and belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide details of all positive and adverse impact you have identified:	N/A
Where possible please include numbers likely to be affected:	OAMH service users are 106 functional, 130 dementia and 28 with dual needs, equates to a total of 264. LD 1317 aged 18-64, and 143 aged 65 and over, equates to a total of 1460. AMH 968 service users assessed in 2017/18. There are 14.4 FTE Social Worker posts in OAMH, 2 of those posts are under WHCT Terms and Conditions and 3 of which are currently vacant being either left vacant or filled with locums. The WHCT has opened a "Preferences" process that has been extended to all Social Workers, irrespective of their existing contract all are eligible to apply for the 8.6 within WCC and 5.8 posts in WHCT. Depending on the outcome of the preferences will determine whether a competitive process is required to establish the allocation of posts.



	Expressions of Interest will be considered for the posts within AMH, again the response received will determine whether a competitive process is necessary.
Where potential adverse impact has been identified, can continuation of the proposed policy be justified?	<p>Yes</p> <p><b>If yes, please explain your reasons:</b></p> <p>As indicated above, the amended proposals are considered justified as there is no intended adverse impact identified and changes to the proposed project have been amended to mitigate any negative impact.</p>
Do you consider that this policy will contribute to the achievement of the three aims of the <a href="#">Public Sector Equality Duty</a> ?	<p><b>Please indicate which of these aims is achieved through this policy:</b></p> <ol style="list-style-type: none"> <li>1. Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>2. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>3. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ol> <p><b>Please explain how the policy contributes to achievement of any aims you have selected:</b></p> <p>The expectation is that the amended proposals will result in a primarily a change in line management. Consequently, service users will receive a seamless transition that is essentially business as usual with minimal impact in the services they receive, which are Care Act 2014 compliant.</p>
<p><b>The Public Sector Equality Duty has the following three aims:</b></p> <ol style="list-style-type: none"> <li>1. To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.</li> <li>2. To advance equality of opportunity between persons who share a relevant <a href="#">Protected Characteristic</a> and persons who do not share it.</li> <li>3. To foster good relations between persons who share a relevant <a href="#">Protected Characteristic</a> and persons who do not share it.</li> </ol>	

## Stage 4 - Action planning and time frames

**Please list any actions you will take to mitigate any adverse impact you have identified:**

Planned action	By who	By when	How will this be monitored
Monthly task and finish group meetings for LD/YAT, OAMH and LD	WHCT and WCC	Meetings once a month	Project Board
Management Group is also being created, to review transition, and monitor any impact upon service delivery	Assistant Director of Adult Services and Interim Adult Mental Health & Learning Disabilities Service Delivery.	Meetings once a month	Project Board
Review Section 75 Partnership Agreement and redraft it, with authorisation and sign of by WHCT, WCC Adult Services and WCC Legal Services	Assistant Director of Adult Services and Project Manager	31/03/2019	Project Board



LD Partnership Board engagement occurred in January 2019	Lead Commissioner, & LD Community Lead Manager, CMHT/CRHT and CLDT	22/01/2019	Project Board
Attendance at DLT to make changes to existing project scope to alleviate any potential negative impacts on OAMH Service Users	<ul style="list-style-type: none"> <li>• Director of Adult Services</li> <li>• Assistant Director of Adult Services</li> <li>• Interim Adult Mental Health &amp; Learning Disabilities Service Delivery.</li> <li>• Senior Project Manager</li> </ul>	09/01/2019	Directorate Leadership Team
Consult with Corporate Equality and Diversity Manager	Corporate Equality and Diversity Manager	18/12/2018	Equality & Diversity Team

Please indicate how these actions will be taken forward as part of your team/service/directorate planning:	<ul style="list-style-type: none"> <li>• The project manager writes monthly highlight reports that are monitored by the Programme Manager, and Adults Services DLT are apprised of any issues, risks and project successes.</li> <li>• The Project Board meets on a fortnightly basis and has representatives from both WCC and WHCT.</li> <li>• The task and finish group monthly meetings will review progress, and any issues that arise with representatives from both WCC and WHCT at both a management and an operational level.</li> <li>• The primary purpose of the Management Group is to monitor any risks, issues and impacts upon service delivery and find ways to rectify or mitigate any negative impact upon service delivery.</li> </ul>
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## Stage 5 - Monitoring & Review


How frequently will proposed action be monitored?	As stated above
How frequently will intended outcomes be evaluated?	As stated above
Who will be responsible for monitoring and evaluation?	Senior Project Manager and upon implementation the Assistant Director of Adult Services and Interim Adult Mental Health & Learning Disabilities Service Delivery and Lead Commissioner for LD.
How will you use the monitoring and evaluation results?	To inform and make any changes to service delivery policies, and practices, and ensure the Section 75 Agreement is updated accordingly as and when required.

## Stage 6 - Publication

**Worcestershire County Council requires all assessments to be published on our website. Please send a copy of this assessment to the Corporate Equality and Diversity Team for publication.**

	Signature	Date
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<b>Completing Officer:</b>		14/02/2019
<b>Lead Officer:</b>		Click here to enter a date.
<b>Service Manager:</b>		Click here to enter a date.