

EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Better Care at Home – Staff Impacts
2	Person responsible for the assessment:	Deborah Gent – Strategic Lead
3	Contact details:	0161 912 4776 deborah.gent@trafford.gov.uk Trafford Town Hall, Talbot Road, Stretford, Manchester, M32 0TH
4	Section & Directorate:	Integrated Commissioning – Children, Families & Well Being
5	Name and roles of other officers involved in the EIA, if applicable:	Karen Ahmed - Director of All Age Commissioning Diane Eaton – Director of Integrated Services Adele Coyne - Principal Community Cohesion & Equalities Officer - Advisor

B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="checkbox"/> Function <input checked="" type="checkbox"/>
2	Is this EIA for a new or existing policy or function?	New <input type="checkbox"/> Existing <input type="checkbox"/> Change to an existing policy or function <input checked="" type="checkbox"/>
3	What is the main purpose of the	<u>Proposal</u> The proposal is to reduce the in-house Reablement service and expand the externally commissioned Stabilise and Make Safe (SAMS) service, to meet this demand. This will create two referral pathways into reablement support, both of which

	policy/function?	<p>will help people to maintain or regain their health and independence. The services will help people avoid unnecessary hospital admissions or readmissions and reduce the need for costly high level health and social care services. Both services will provide 3 weeks of intensive rehabilitation support, with an option to extend for up to 6 weeks for those people with higher level needs.</p> <ol style="list-style-type: none"> 1. The in-house Better Care at Home service will particularly focus on people who are being discharged from Ascot House, Manchester Royal Infirmary (MRI) and the Community Enhanced Service (CEC). 2. SAMS will take referrals from all other sources, including those new to social care and those being discharged from UHSM. <p>Developing a smaller in-house reablement team (Better Care at Home) will lead to redundancy implications for the in-house staff.</p> <p><u>Background</u></p> <p>The reasons for the two tier provision are:</p> <ul style="list-style-type: none"> • Plans to bring both services under one management were aborted due to prohibitive TUPE limitations; • Options to make all staff redundant were not considered to be sensible given the need to fund redundancy payments; • To re-evaluate the effectiveness and value for money of the different referral pathways. <p>Consultations with staff and trade unions have concluded and the Council has plans to support staff through the changes. All staff have been offered voluntary redundancy and early retirement.</p>
4	Is the policy/function associated with any other policies of the Authority?	<p>Yes</p> <p>The Care Act, 2014 requires local authorities to offer a short term Rehabilitation service up to 6 weeks.</p> <p>Trafford's Locality Plan reflects the priorities within the Children, Families and Wellbeing http://www.traffordccg.nhs.uk/wp-content/uploads/2014/03/Trafford-Plan-to-2020-FINAL.pdf</p> <p>The following reports have informed this EIA :</p> <ul style="list-style-type: none"> • Reablement Phase Two Business Case • Trafford Council's Redundancy Policy • Trafford Council's Redeployment Policy

		<ul style="list-style-type: none"> Trafford Council's Retirement Policy
5	Do any written procedures exist to enable delivery of this policy/function?	<p>Yes, Gerald Pilkington Associates - The Outsourcing of Homecare Re-ablement Services SCIE - Maximising the potential of reablement</p>
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	<p>Stakeholders</p> <ul style="list-style-type: none"> People who need rehabilitation support in Trafford, aged 18+ Partner agencies including; GP's, intermediate care and local hospitals All staff working in the Reablement and the SAMS services The Council. <p>Benefits to staff:</p> <ul style="list-style-type: none"> By offering voluntary redundancy the Council is providing choice to its employees. <p>The benefits of the a two tier referral system</p> <ul style="list-style-type: none"> The Council will deliver targeted reablement; where referrals to reablement are received from specific sources, and pathways will be clear The Council continues to retain a small level of control at a strategic level over the service and 'profits' are retained within the business The Council can test for differences in costs and effectiveness between the two reablement pathways.
8	How will the policy/function (or change/improvement), be implemented?	<p>The main changes are the:</p> <ul style="list-style-type: none"> Disestablishment of 3 of the 4 Team Coordinator posts Establishment of a Band 8 Team Manager Disestablishment of 2 Senior Support Worker posts Disestablishment of 4.2 Full time equivalent Support Workers

		<p>Due to the availability of vacant hours within Ascot House, it has been possible to offer posts to all of the workers that opted to transfer.</p> <p>The Reablement Service will move to Ascot House. This will bring about closer working between the Registered Manager and the Team and will give both teams greater flexibility in relation to covering vacant hours during sickness and leave. This, in turn, will reduce the need for agency staff.</p> <p>The Team Coordinator, Senior Support Worker and Support Worker roles identified for redundancy will be disestablished and dates will be agreed for the release of staff.</p> <p>The remaining staff will be assimilated into identified roles.</p> <p>The Team manager post will be advertised and recruited to.</p>
9	What factors could contribute or detract from achieving these outcomes for service users?	Resistance from staff when implementing the change.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	No

C. Data Collection

1	What monitoring data do you have on the number of people (from different	HR Workforce Data for staff affected
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	equality groups) who are using or are potentially impacted upon by your policy/function?	
2	Please specify monitoring information you have available and attach relevant information*	<p>The posts affected by the change are:</p> <ul style="list-style-type: none"> • 4 Team Coordinators. • 4 Senior Support Workers • 28 Support Workers. <p>The in house staff group is almost exclusively female.</p>
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	The monitoring data will be refreshed throughout the implementation phase.

D. Consultation & Involvement

1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	<p>Research and evidence were taken into consideration when deciding upon the changes to the reablement service, in particular:</p> <p>Phase 1 – SAMS Business Case – Paul Helsby Gerald Pilkington Associates - The Outsourcing of Homecare Re-ablement Services SCIE - Maximising the potential of reablement</p>
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	<p>Staff Consultations and methods Public Budget Proposal Consultation 2016/17</p>

3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Some Reablement staff work part-time and unsociable hours therefore the consultation meetings have been at appropriate times and venues so that they could attend. Also pregnant women and those on maternity leave have been invited to meetings at times that are convenient to them and have been fully included in the consultations.
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***It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

E: The Impact – Identify the potential impact of the policy/function on different equality target groups

The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low

	Positive	Negative (High, Medium or Low)	Neutral	Reason
Gender – both men and women, and transgender			■	Whilst more women than men are directly affected, this is down to the makeup of the teams affected by the change. There is no evidence to suggest that women will be more disadvantaged by the change as all members of staff, are being treated equally in the transfer process.
Pregnant women & women on maternity leave			■	The change will affect all Reablement employees equally and therefore will not have a differential impact on employees who are pregnant or on maternity leave. Employees who are currently on maternity leave have been included in all consultations and considered equally in all procedures and their working conditions and rights etc. will remain the same, if they choose to stay in Council employment.
Gender Reassignment			■	The proposals apply equally to all service employees.

Marriage & Civil Partnership			■	The proposals apply equally to all service employees so will not have an adverse impact on employees based on their marital status.
Race- include race, nationality & ethnicity (NB: the experiences may be different for different groups)			■	The proposals apply equally to all service employees so will not have an adverse impact on employees based on race.
Disability – physical, sensory & mental impairments			■	The proposals apply equally to all service employees so will not have an adverse impact on employees based on disability.
Age Group - specify eg; older, younger etc)			■	The proposals will apply equally to all service employees so will not have an adverse impact on employees based on their age.
Sexual Orientation – Heterosexual, Lesbian, Gay Men, Bisexual people			■	The proposals apply equally to all service employees so will not have an adverse impact on employees based on sexual orientation.
Religious/Faith groups (specify)			■	The proposals apply equally to all service employees so will not have an adverse impact on employees based on their religion belief or non-belief.

As a result of completing the above what is the potential negative impact of your policy?

High **Medium** **Low** **Neutral**

F. Could you minimise or remove any negative potential impact? If yes, explain how.	
Gender – both men and women, and transgender;	N/A
Pregnant women & women on maternity leave	N/A
Gender Reassignment	N/A

Marriage & Civil Partnership	N/A
Race- include race, nationality & ethnicity (NB: the experiences may be different for different groups)	N/A
Disability – physical, sensory & mental impairments	N/A
Age Group - specify e.g.; older, younger etc.)	N/A
Sexual Orientation – Heterosexual, Lesbian, Gay Men, Bisexual people	N/A
Religious/Faith groups (specify)	N/A

Please note; once the outcome of the pilot healthy lifestyle service and public consultation is known and subsequent decisions have been made, it will then be possible to identify the negative impacts and create actions to mitigate.

Also consider the following:

1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	No
2	Could the policy have an adverse impact on relations between different groups?	The service change should have no adverse impact on relations between different groups
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A

G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans e.g.; Sustainable Community Strategy, Corporate Plan, Business Plan	Progress	Monitoring arrangements
Must provide full consideration of the potential negative impact of reducing the staff team on person specific requirements and issues relating to protected groups.	Consultation with affected staff and trades unions. Implementation of any changes in accordance with Council HR policies and procedures.	August 2018	Director of Integrated Services, Trafford Council & Pennine Care	Trafford Council Budget Report 2016/17	The lead Officer has ensured that Council policies are fully reflected in the staff consultation meetings.	Employee and provider feedback

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed: *Deborah Gent*
 Lead Officer: Deborah Gent
 Date: 4th August 2017

Karen Ahmed
 Signed
 Service Head Karen Ahmed
 Date: 4th August 2017