

Equality, diversity, cohesion and integration impact assessment - organisational change impacting on the workforce

As a public authority we need to ensure that all organisational change arrangements impacting on the workforce have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Adults & Health	Service area: Short Breaks
Lead person: Debbie Ramskill/Ian Brooke-Mawson	Contact number: 0113 3367709
Date of the equality, diversity, cohesion and integration impact assessment: February 2018	

2. Members of the assessment team:		
Name	Organisation	Role on assessment team For example, service user, manager of service, specialist
Dianne Colley	Adults& Health	Service delivery manager Adults & Health
Indi Matharu	Adults& Health	Principal Service Manager
David Miles	Adults& Health	Project Manager
Tom Brewis	Adults& Health HR Team	Senior HR Advisor

3. Summary of the organisational change arrangements to be assessed:
Short breaks can provide positive outcomes for unpaid carers and the people they care for and should be seen as a key component in our overall approach to supporting both. Current arrangements present anomalies in terms of assessment, eligibility determination and charging.

Having a break from caring has been a consistent theme raised by carers in previous surveys and in particular increasing and varying the range of breaks available. The proposed short breaks offer will provide an opportunity to modernise the service offer and ensure a better fit with emerging models of delivery in Adults & Health. In addition it will bring consistency of approach and ensure that scarce resources are used in the best way and targeted to have the greatest impact.

The proposed short breaks offer may lead to a change in circumstance for some people and as such, a period of consultation in order for stakeholders to influence future decisions has been held and the issues raised during the consultation have been used to shape the proposed new model for short breaks in the city. The consultation took place between 12th June and 31st August 2017 and involved all key stakeholders including current service users, carers, shared lives staff and sessional workers.

The role of sessional outreach worker would be phased out over time as a result of the proposed changes and instead the in-house Shared Lives service will expand the number of Shared Lives carers as capacity is freed up so the service can offer short breaks to a greater variety of people and for a wider range of needs.

Further consultation will be undertaken on a revised service specification for the Community based Respite service including referral pathway and service criteria.

4. Scope of the equality, diversity, cohesion and integration impact assessment	
Organisational change (please tick all appropriate boxes that apply below)	
Restructuring and assimilation	<input checked="" type="checkbox"/>
Reorganisation and job redesign	<input type="checkbox"/>
Flexible deployment	<input type="checkbox"/>
Early leavers initiative	<input type="checkbox"/>
Cessation of a service	<input type="checkbox"/>

Downsizing of a service	<input checked="" type="checkbox"/>
Switching	<input type="checkbox"/>
Recruitment	<input type="checkbox"/>
Equal pay considerations	<input type="checkbox"/>
Job evaluation	<input type="checkbox"/>
Any other organisational change arrangements	<input checked="" type="checkbox"/>
<p>Please provide detail:</p> <p>The in-house Shared Lives Service will expand the number of Shared Lives carers as capacity is freed up within the Outreach Service so the service can offer short breaks to a greater variety of people and for a wider range of needs.</p>	

<p>4a. Do your proposals relate to: please tick the appropriate box below</p>	
The whole service	<input type="checkbox"/>
A specific part of the service	<input type="checkbox"/>
More than one service	<input checked="" type="checkbox"/>
<p>Please provide detail:</p>	

- The current way in which Adults & Health helps carers is that some people get a break free of charge, some people have to pay and some people are on a waiting list and so aren't getting a break at all.
- The number of carers in Leeds is increasing and the amount of hours carers are caring for is also increasing. If we don't change the way we do things we won't be able to help more people.
- We want to develop new and different ways of providing support so that more carers can get a break.

4b. Do your proposals relate to:
please tick the appropriate box below

Employment considerations only	<input type="checkbox"/>
Employment considerations and impact on service delivery	<input checked="" type="checkbox"/>

Please provide detail: Our proposal could mean making changes to two services which currently provide breaks for carers. These two services are called Community Based Respite Services and Shared Lives Service.

Community Based Respite Services
These services are provided by Mears Care Ltd, Allied Healthcare, Moorcare and Sevacare (who are also known as Synergy). A paid worker employed by one of these 4 agencies takes over caring for between 2 and 8 hours per week. The service is currently provided free of charge.

Shared Lives Outreach Service
This is similar to Community Based Respite but the worker is engaged on a sessional basis by Leeds City Council's Shared Lives Team. The Sessional Outreach worker may sit with the person with care needs while the carer goes out or may take the person with care needs out. This service is already provided for people with eligible social care needs and the person with care needs may be making a contribution to the cost of their care.

Community-based respite service: if the proposal is agreed we want to prioritise this service for carers with the highest needs so we will undertake an eligibility assessment of all current services users. For people with eligible needs they will continue to receive this service but will also have a financial assessment to see if they should make a contribution to the cost of their care.
For people who do not have eligible needs, Adults and Health will arrange to meet people individually to talk to them about different ways to have a break.

Shared Lives Outreach Service: If the proposal is agreed, it is possible that short breaks services may be provided by one or more different organisations in the future. It may mean that the Shared Lives Outreach Service will be phased out over time and instead the in-house Shared Lives service will expand the number of Shared Lives carers as capacity is freed up so the service can offer short breaks to a greater variety of people and for a wider range of needs.

5. Fact finding – what do we already know

As public services face continued financial pressures set against increasing demand, the introduction of new legislation and models of delivery, and changing expectations of citizens, unpaid carers are taking on responsibility for increasing amounts of care. The table below shows that although the most common level of unpaid care is 1-19 hours per week, the number of people providing this level of care fell between 2001 and 2011. The numbers of people providing higher levels of care however both increased. In 2011, 36.2% of all carers were providing more than 20 hours of unpaid care per week compared to 31.2% in 2001.

Census	1-19 hrs	20-49 hrs	50+ hrs	Total
2011	45,684	9,473	16,441	71,598
2001	48,446	7,631	14,369	70,446

Unpaid carers provide the bulk of care in the community. If people on average provide towards the mid-range of hours per week in the 1-19 and 20-49 categories and the minimum 50 hours in the remaining category, then this equates to over 1.5 million hours of unpaid care per week across the city. The University of Leeds estimate the cost of this unpaid care to be £1.4billion per year in Leeds.

There is strong evidence from various research that many carers pay a heavy price for their caring role in terms of both their health and their wealth, for example:

- 40% of carers experience significant distress and depression
- The more care you provide the more likely you are to report bad or very bad health
- 20% of carers report back injury as a result of caring
- Providing higher levels of care is associated with a 23% higher risk of stroke
- 73% of carers say that worrying about their finances is affecting their health

It is widely recognised that good support for carers benefits not only the carers by maintaining their health and well-being, but also the health and well-being of the person they care for.

Supporting carers to continue caring is therefore fundamental to strong communities as well as to the sustainability of the NHS and Adult Social Care.

Having a break from caring is one of the most common requests from carers and is known to provide positive outcomes for carers. Short breaks can enable carers to maintain social contacts, to pursue work, education or leisure opportunities, or simply to recharge their batteries.

Are there any gaps in equality and diversity information

Please provide detail:

There are gaps in individual profiling data as it is not compulsory for staff to declare this information.

Action required: Staff to be encouraged to provide this information.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes

No

Please provide detail: A formal 12 week consultation was carried out between 12th June 2017 & 31st August 2017. Five informal consultation events were held during the consultation

period. These were held at different times of day in order to try and attract as wide a range of participants as possible. These events were attended by a total of 39 people. In addition service users, carers, staff and sessional workers had the opportunity to contact Adults & Health via a dedicated e mail consultation address and phone number or complete a feedback questionnaire. A total of 55 people telephoned the help line, 14 emails were received, 3 letters and 221 questionnaires were returned. In addition a briefing session for staff impacted by the proposals was held just prior to the start of the consultation. Briefings and consultation with staff, sessional workers and their union representatives will continue throughout the change process.

The Carers centre has been involved in developing consultation material for the service review.

Action required:

Ensure engagement and consultation continues with all stakeholders throughout the short break change process.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Carers | <input checked="" type="checkbox"/> Disability |
| <input type="checkbox"/> Gender reassignment | <input checked="" type="checkbox"/> Race | <input checked="" type="checkbox"/> Religion or belief |
| <input checked="" type="checkbox"/> Sex (male or female) | <input checked="" type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Other | | |

(for example – marriage and civil partnership, pregnancy and maternity, social class, income, unemployment, residential location or family background, education or skills level)

Please specify:

The shared Lives staff team consists of two full time Social Work assistants(one male and one female) and two part time female specialist Social workers (one 18.5 hours & one 30 hours).

The Outreach Service which is provided in the persons own home. There are currently 64 sessional outreach workers supporting around 194 people who are predominantly aged 65 and over.

59 (92%) of the sessional outreach workers are female and 5 (8%) male

The table below shows the age range of sessional outreach workers. Just over half are aged 65 and over.

Under 40	1	2%
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40-50	3	5 %
51-55	4	5%
56-60	9	14%
61-64	9	14 %
65-70	18	28%
71-75	12	19%
Over 75	8	13 %

Each sessional worker works for an average of 9.5 hours per week & supports an average of 3 individuals.

Each sessional worker has been offered the opportunity to discuss their individual circumstances and wishes if the outreach service ceases. 29 face to face meetings with sessional workers have been held. Where sessional workers have declined a face to face meeting a discussion on the telephone has been offered as an alternative. 11 people have so far had a telephone conversation.

Stakeholders

- | | | | | | |
|-------------------------------------|----------------------|-------------------------------------|-----------|-------------------------------------|--------------|
| <input checked="" type="checkbox"/> | Services users | <input checked="" type="checkbox"/> | Employees | <input checked="" type="checkbox"/> | Trade Unions |
| <input checked="" type="checkbox"/> | Partners | <input checked="" type="checkbox"/> | Members | <input type="checkbox"/> | Suppliers |
| <input type="checkbox"/> | Other please specify | | | | |

Potential barriers

- | | | | |
|-------------------------------------|--|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Built environment | <input checked="" type="checkbox"/> | Location of premises and services |
| <input checked="" type="checkbox"/> | Information and communication | <input checked="" type="checkbox"/> | Customer care |
| <input checked="" type="checkbox"/> | Timing | <input checked="" type="checkbox"/> | Stereotypes and assumptions |
| <input checked="" type="checkbox"/> | Cost | <input checked="" type="checkbox"/> | Consultation and involvement |
| <input type="checkbox"/> | Specific barriers to the organisational change proposals | | |

Please specify

8. Positive and negative impact
8a. Positive impact:
<ul style="list-style-type: none"> • Resources will be more clearly targeted at those in greatest need • The proposals will support the development of Asset Based Community Development in the city • Existing staffing resources can be deployed to develop the shared lives service • Improved working with NHS and shared lives plus to support early hospital discharges or prevent people going into hospital unnecessarily • Increased self-employment opportunities as a result of increasing the short breaks offer
Action required:
If the proposals are approved all current service users will have the opportunity to have a conversation with an Adults and Health worker to identify the services that best meet their needs.

8b. Negative impact:
<ul style="list-style-type: none"> • Following a financial assessment some service users may be asked to pay for the service they currently receive free of charge. • Uncertainty and stress for Shared Lives sessional outreach workers during the consultation & implementation phases of the project • The impact of the changes could have a negative impact on carers and the cared for person.
Action required:
All existing service users will be offered a financial assessment and a benefits review to ensure they receive their full benefit entitlement. Liaison with other Directorates, voluntary, faith & community organisations, private companies and Health to ensure closer working. Support will be provided to all throughout the change process

9. Will this activity promote strong and positive relationships between the groups or communities identified?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail:
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Action required: Development of strength based approaches allowing service users to remain living in their own homes for longer and access a wide range of local support

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10. Does this activity bring groups or communities into increased contact with each other (for example in schools, neighbourhood or the workplace)?

Yes

No

Please provide detail: One of the aims of the proposals is that people with support needs can be enabled to use mainstream community facilities such as community centres, places of worship and Neighbourhood Networks where needs can be met in this way. It will also enable people to live and engage with their local community rather than having to enter residential care when most people would prefer to live with appropriate support in place at home.

Action required:

Development of a wide range of options for carers

11. Could this activity be perceived as benefiting one group at the expense of another?

Yes

No

Please provide detail:

Action required:

The proposals are aimed at supporting those requiring the most support. The proposed three tier approach to delivering short breaks in future will ensure that support available will match the level of need.

The model is outlined below:

Universal Short Breaks

- Universal short breaks are available through resources that are available in the local community and that anyone can access. This could include activities at leisure centres, community centres, faith groups etc
- There will be no requirement for either the carer or the cared-for person to be eligible for support from Adults & Health
- The organisation who provide the activity or break may charge while others may be free of charge

Targeted (Open Access) Short Breaks

- Targeted short breaks are usually available through resources that have been designed specifically to meet the needs of particular groups of people, for

example Neighbourhood Networks, Dementia Cafes, Peer Support Groups, Luncheon Clubs etc

- As with universal short breaks, there will be no requirement for either the carer or the cared-for person to be eligible for support from Adults & Health
- Targeted short breaks will often be funded by grants from the Council or the NHS. Some breaks may be free while others may charge.

Eligibility Based Short Breaks

- Eligibility based short breaks are for people who have care and support needs which cannot be met by universal or targeted short breaks,
- The cared-for person will usually be eligible for support from Adults & Health although it may be that the carer is eligible for support and the cared-for person agrees that a short break is the best way to meet their needs
- The cared-for person will have a personal budget which will usually be provided as a Direct Payment.
- The cared-for person will have a financial assessment and may be required to contribute towards the cost of the break in line with the Councils Fairer Charging Policy
- There will be a range of ways of providing an eligibility based short break, for example employing a personal assistant or sitter, day care, or a short stay in a residential or nursing home

12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
1. Opportunity provided for carers to have a conversation with A&H worker to identify their future support needs and how this might be best provided.	Post Executive Board report February 2018 onwards	Face to face meetings with service users & their carers	Debbie Ramskill
2. Opportunity for a financial assessment/ benefit entitlement review	Post Executive Board report February 2018 onwards	Face to face meetings with service users & their carers	David Mc Nutt
3. Ensure that carers and cared for person is kept fully informed about the outcome of the consultation and any resulting service changes and how this is likely to impact on them.	Throughout the change process	Communication & engagement strategy in place	David Miles
4. Ensure Shared Lives staff and sessional workers are consulted about any developments/changes and union briefings.	Ongoing throughout the change process	Regular team meetings and union briefings	Debbie Ramskill / Tom Brewis

Action	Timescale	Measure	Lead person
5. Work with carers Leeds to provide information and support to carers	Ongoing throughout the change process	Regular meetings with carers Leeds	Ian Brooke-Mawson
6. To further consult on a revised service specification for the Community-based Respite service including referral pathway and service criteria Develop a wider range of short break options for carers	Post Executive Board report February 2018 onwards	Ensure a wide range of options under each of the elements of the proposed 3 tier model are in place ie Universal short breaks, Targeted (open access) short breaks and Eligibility based short breaks.	Ian Brooke-Mawson
8. Develop a communications and engagement strategy to ensure that all stakeholders are aware of the Leeds short breaks offer.	In place throughout the change process	Communications and engagement strategy in place	Sara Hyman

13. Governance, ownership and approval

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job title	Date
Shona McFarlane	Chief Officer, Access and Care Delivery	

14. Monitoring progress for equality, diversity, cohesion and integration actions
(please tick)

- As part of service planning performance monitoring
- As part of project monitoring
- Update report will be agreed and provided to the appropriate board
Please specify which board
- Other (please specify)

15. Publishing

If this equality, diversity, cohesion and integration impact assessment relates to a **key delegated decision, executive board, full council** or a **significant operational decision** a copy should be emailed to corporate governance and will be published along with the relevant report.

A copy of **all other** equality and diversity, cohesion and integration impact assessment's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).

Date impact assessment completed	27 th December 2017
If relates to a key decision – date sent to corporate governance	
Any other decision – date sent to equality team	