

Appendix 2

Equality Impact Assessment

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 and Health	Service area: Health Partnerships
Lead person: Tony Cooke	Contact number: 0113 378 9837
Date of the equality, diversity, cohesion and integration impact assessment: November 2020	

2. Members of the assessment team:		
Name	Organisation	Role on assessment team For example, service user, manager of service, specialist
Tony Cooke	A&H	Chief Officer
Claire Domeney	Resources and Housing	HR Business Partner

3. Summary of the organisational change arrangements to be assessed:
<p>The current operating model and staffing structure for Health Partnerships is being reviewed. This is in order to develop a sustainable service that is well equipped to respond to the needs of the health and care system and support the move to more integrated services/systems across the health and care landscape. There are a number of challenges for the system in Leeds and there is a need for clearer definition of the delivery of the service both strategically and operationally within Leeds City Council and the wider health system. In particular, a need to use the resources available to focus on both delivery support to health and care partners as well as developing clear strategic approaches and support to elected members.</p> <p>Health Partnerships has been in place in its current form since 2017 (previous iterations of</p>

the team have been in place since 2012). The service has grown and developed during that last 4 years and we are now in a position to review our many achievements but also to consider our challenges, particularly during this very difficult time across West Yorkshire and the UK.

One of these is the significant financial challenge set by the Council and also by NHS partners. This requires us to make savings and to better use the resources that remain. Key partners have supported moving the focus of resources away from managing the components of the Leeds Plan and its infrastructure towards responding to partner priorities (for example around mental health, primary care and community services) and using a clearer programme management approach focused on delivery.

A series of conversations with senior staff have taken place over the last six months about the correct structure to deliver this. These focused on using the HPT resource to more effectively support the priorities set by partners and by the different partnership groups in place in Leeds. It is proposed that the new draft structure be in place by the 1st June 2021 or earlier if we can find alternative options for affected staff.

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 checked="" type="checkbox"/>
Early leavers initiative	<input checked="" 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 type="checkbox"/>
<p>Please provide detail: Some staff within Health Partnerships function within Adults and Health are included in the proposals.</p>	

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

The whole service	<input type="checkbox"/>
A specific part of the service	<input checked="" type="checkbox"/>
More than one service	<input type="checkbox"/>

Please provide detail:
The need to review the service stemmed from conversations prior to, and at the Partnership Executive Group (PEG) in February 2020. These covered partnership working in Leeds and previous feedback from partners including NHS Leeds Clinical Commissioning Group and Leeds GP Confederation. For a period of time now the Partnership Executive Group has outlined a number of challenges for the health and care system and at two meetings the Chief Officer, supported by NHS Trusts and key council services, outlined the need for a clearer delineation between the strategic and delivery arms of the Health Partnerships Team.

As described above, these changes have also been made as a response to the financial challenge faced by both the Council and the NHS. This has meant it has not been possible to provide redeployment options within the team or to reshape the posts to meet the current needs of the system.

The review proposes deleting three x PO4 Project Leader posts. The postholders for 2 of these roles have been on secondment elsewhere in the organisation for 12-18 months. These posts were not backfilled when the staff were seconded. Upon review of the overall structure and the required outputs of the team now and into the future it has become apparent that there is a reduced need for system support roles at this level both for the Leeds Plan and more generally across the team and system. It has been hard to clearly define the Project Leader role and their place between Project Officers and Programme Managers. Senior leaders and partners have advised that delayering of the team and removing these posts to provide a more agile and focused approach better able to deliver service improvement. The financial challenge sessions that the council ran between June and September also noted the multitude of layers in the team and advised streamlining.

It is also proposed to remove a senior manager at Director 60, the Head of the Leeds Plan.

Feedback from partners described how reviews of CCG and wider NHS capacity coupled with the desire for a programme management approach focused on delivery has significantly reduced the need for this post. The governance structure has been changed after key partners described the need for a more agile, less bureaucratic and more responsive structure. This led to the removal of the Leeds Plan Delivery Group and subgroups, again requiring a more agile team with fewer senior posts.

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:

Options for current staff: staff have had informal ‘heads up’ conversations and the Chief Officer has had an informal information meeting with the unions. We will then move to full and formal consultation and additional conversations with unions.

We aim to work closely with HR and our union colleagues so that we can both support the employees concerned and hopefully find additional roles without the need for compulsory redundancy. Options include exploring opportunities for redeployment in the talent pool at pre-notice, ELI and severance. Through meaningful consultation we will consider all alternatives presented by the unions and staff as per the MSR policy. The MSR process is to be determined.

Savings are as follows (full year impact – it is envisaged, after all consultation timelines under the MSR policy that the new structure will be in place from 1.6.2020 or earlier if other options are found for affected staff).

Post	Grade	Current position	Savings
Project Leader	PO4 – vacant post	Postholder seconded internally	3,428 A&H (6.5%) 3,428 Childrens (6.5%) Balance NHS partners (87%)
Project Leader	PO4 – vacant post	Postholder seconded internally	3,428 ASC 3,428 Childrens Balance NHS partners (87%)
Project Leader	PO4	In post	35,476 LCC
Head of Leeds Plan	Dir 60%	In post	6370 A&H 6370 Childrens

			Balance NHS partners (87%)
Total			£48,701 A&H £13,225 Childrens £177,346 NHS

The service will follow the Council's agreed processes in implementing this change and any reductions will be managed through a range of agreed policies available including the Managing Staff Reductions Policy, Recruitment and Selection and Flexibility Protocols. It is also worth noting that the approach to implement the proposed changes will form part of the consultation process with the Trade Unions, with a view to reaching agreement amongst all parties, the most appropriate procedures to implement the change.

5. Fact finding – what do we already know

Make a note here of all information you'll be using to carry out this assessment. This could include previous consultation, involvement, research, results from perception surveys, equality monitoring and customer or staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

Data in relation to the current workforce profile has been extracted from the HR system (SAP) and analysed across the range of protected characteristics including, age, disability, gender, ethnicity, religion and sexual orientation.

The service is relatively small and some of the staff are currently seconded to different areas of the council, therefore in order to protect employees and maintain personal information as anonymous, included below is a high level detail of equality characteristics information.

- Female and male staff are equally represented across the service, 8 male and 11 female.
- The service also has an equal amount of male and female in JNC roles: 3 males at JNC and 3 females at JNC.
- Analysis of the data shows that 19% of staff are from BAME backgrounds.
- Analysis of the data shows that 9.5% of staff are disabled.
- The age range is varied with staff falling into the 26-40 year category and the 41-54 years category.
- The new structure includes proposals to reduce the number of JNC posts within the service from 6 to 5.
- The new structure included proposals to reduce the number of PO4 posts within the service from 3 to 0.

Whilst the position is still uncertain, the proposed reduction in the posts is unlikely to have an adverse impact on the male to female gender balance, number/proportion of BAME members

of staff and number/proportion of disabled staff.

Further analysis of the workforce profile data indicates that:

7 x SO2's and PO2's – 3 male and 4 female
3 x PO4's – 1 male and 2 female
4 x PO6's – 1 male and 3 female
JNC – as above.

Are there any gaps in equality and diversity information

Please provide detail:

None.

Action required:

To mitigate and/or reduce the risk of redundancy, suitable alternative employment opportunities, through the use of flexibility protocol will be considered across the wider A&H service and the formal council processes such as the MSR policy.

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

Yes

No

Please provide detail:

Staff
Trade unions
Executive Board
Key NHS partners and Council colleagues

Action required:

None.

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

Age

Carers

Disability

Gender reassignment

Race

Religion or belief

Sex (male or female)

Sexual orientation

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:

These are based on the equality profile of those within Health Partnerships.

Stakeholders

<input type="checkbox"/>	Services users	<input checked="" type="checkbox"/>	Employees	<input checked="" type="checkbox"/>	Trade Unions
<input checked="" type="checkbox"/>	Partners	<input type="checkbox"/>	Members	<input type="checkbox"/>	Suppliers

Other please specify: Other Council Directorates

Potential barriers

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

Please specify

It is possible that during the formal staff consultation period objections may be raised by individuals.

8. Positive and negative impact

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

No significant impact anticipated in relation to staff with protected characteristics.
Action required:
Time to be built into the formal staff consultation period that allows detailed feedback as needed and as per the MSR policy.

8b. Negative impact:
No significant impact anticipated in relation to staff with protected characteristics
Action required:
Time to be built into the formal staff consultation period that allows detailed feedback as needed.

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: More integrated approaches working with our partnerships across the health and care systems.
Action required:

10. Does this activity bring groups or communities into increased contact with each other (for example in schools, neighbourhood or the workplace)?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please provide detail:
Action required:

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

Yes

No

Please provide detail:

Action required:

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
Taking into account of the current issues/concerns raised by staff around the proposals of the new structure.	Throughout the consultation period and until implementation of the new structure proposed for 1 st June 2021	Regular 1-1 meeting; regular feedback to TUs; HELP; and where appropriate undertaking stress risk assessments.	CO, supported by Director of A&H and HR.

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
Tony Cooke	Chief Officer, Health Partnerships Service	September 2020

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**September
2020**

If relates to a key decision –

Any other decision –