

Title of project: West Cheshire Offer Phase 2 (Visual Impairment Services, Occupational Therapy Service, Reablement Service, Hospital Social Work teams)

Evidence based equality analysis – can include documents, quotes, and web links for photos and videos

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

West Cheshire Offer Programme is a redesign programme covering Cheshire West and Chester Adults services. The programme is aligned to the corporate objective to ensure “*Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives.*”

The West Cheshire Offer programme seeks to redesign the adult social care system and positively impact staff behaviour and working practices, this is in order to promote the following for our customers across the borough;

- Independence and self-managed-care
- Early intervention, prevention and use of technology/alternative solutions
- Support and recovery at home/in the community
- Personalisation
- Efficient and effective services
- Support for long term conditions
- Crisis avoidance

Lead officer: Paula Snow (Senior Manager Adult Services)

Stakeholders: Cheshire West and Chester Council (Elected Members and respective Council officers: Finance, HR, Operational Teams, Workforce Development, Insight and Intelligence, Business Technology Solutions, Communications Teams.

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas below, an assessment needs to be made on whether the policy has a **positive, negative or neutral impact**, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a **high, medium or low assessment**. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
Race and ethnicity (including Gypsies and Travellers; migrant workers, asylum seekers etc.)	Neutral. There are no additional / new race and ethnicity impacts from the new care model proposed. The care provided will continue to be provided to all residents without any discrimination based on race or ethnicity. As per the council's existing policy, the council will continue to use DA Languages to act as an interpreter on the phone or in face to face meetings where someone is not able to speak English.		
Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term	The services considered provide care and support to individuals who may have disabilities. These services will not discriminate against service users with disabilities.	All staff are trained in Equality and Diversity and as part of the social work/ occupational therapy professional training, are aware of the particular challenges facing individuals with a disability. This is an important aspect of the Care Act Assessment process and	

<p>adverse effect on their ability to carry out normal day-to-day activities)</p>		<p>a person-centred assessment approach is embedded to ensure all challenges are clearly documented, and support put in place so that individuals can remain independent and able to live fulfilling lives. As a result of changes proposed in WCO Phase 2, staff will be able to respond at an earlier point and identify local and community based resources that may be able to support an individual in the longer term rather than become dependent on council led services. For those requiring input staff will have more time to spend on operational assessments due to more efficient rostering and coordination of assessments</p> <p>Recommendation for the Visual Impairment Service to be co-located with the third sector organisation Vision Support in order to offer a more streamlined, timely and comprehensive service to those with visual impairment disabilities. VI staff will be provided with additional training to better allow them to understand the latest developments in visual impairment services and technology, allowing for a greater degree of choice and self-sustainable service provision.</p> <p>Recommendation for the Occupational Therapists to become integrated with the Social Work Patch team will ensure individuals with disabilities can be</p>	
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		<p>referred swiftly from Patch Team Social Workers to OT, which will ensure individuals will have a timely assessment to determine if any home adaptations or other therapy provision could improve their independence at home.</p> <p>Recommendation to amend the processes and structures of the hospital social work team will ensure that those with a physical disability in hospital will be assessed in a more timely fashion, are supported to return home with appropriate support without delay with a more comprehensive assessment taking place in the persons own home.</p>	
Gender identity (gender reassignment)	<p>Neutral impact. There will be no change from the current model in relation to Gender Identity as both the current and future care models operate under The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.</p>		
Religion and belief	<p>Neutral impact. There will be no change from the current model in terms of religion and belief as both the current and future models operate under The Equality Act 2010 which provides the legislative framework, guidelines for assessments and</p>		

	specifies that all assessments should be specific to individual.		
Sexual orientation (including heterosexual, lesbian, gay, bisexual)	Neutral impact. There will be no change from the current model in relation to Sexual Orientation as both the current and to be models operate under The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.		
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older people 81+. The age categories are for illustration only as overriding consideration should be given to needs)	The new care models for the services will have a neutral impact to customers. Adults of all age will continue to receive contact, advice, information and assessments by our operational services. Only the Occupational Therapy service provides support to Children.	The “to be” operating model for assessment and review services will positively impact on older peoples’ service. This is a result of reviewing the current working practices and identifying processes and structures which would provide more capacity for the staff to focus on service user assessments and care, and less time on travel, management and coordination with other services For example; 1. The recommendation to co-locate the Visual Impairment service with Vision Support will ensure that the council can work closely with commissioned services to provide a more comprehensive service offer and smoother coordination between the different service providers. 2. The recommendation for a new	

		<p>staff rostering system in the Reablement service will improve the efficiency of care rounds and create additional capacity to care for service users, many of whom are older residents.</p> <p>3. The recommendation for a separate home assessment team will mean hospital social work teams can remain focused solely on supporting residents in an acute hospital and ensure they have a timely discharge with short term care and support in place for them to regain their independence in their own home.</p>	
Carers	<p>The council is committed to providing good information, advice and support for Carers who provide an invaluable service to society. The council is committed to offering carer assessments.</p> <p>The recommendations will not have a direct impact on the support to carers therefore there will be neutral impact.</p>		
Rural communities	<p>Neutral impact. There will be no change from the current model in terms of geographical location, with all services continuing to support customers from across the borough. There will be no impact specific in relation to service users living in rural communities.</p>	<p>The recommendation should result in a more extensive Reablement Service provision in rural communities. This is due to the new staff roster system means that the calls can be more efficiently organised, creating additional capacity and more resource to support the care of individuals in rural areas</p>	

		during their rehabilitation period.	
Areas of deprivation	<p>Neutral impact. There will be no changes from the current model, with all services continuing to support customers from across the Borough.</p> <p>There will be no impact specifically in relation to service users living in areas of deprivation,</p>		
Human rights	<p>The Human Rights Act 1998 underpins all of our social work practice when working with families. Due regard should be given to sharing information and consideration given to all our interventions in infringing upon individuals Human Rights.</p>		
Health and wellbeing (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)		<p>The recommendations for these services all focus on improving the integration and coordination of care between council and partner services (voluntary sector or NHS). This emphasis is due to the growing awareness that individuals often receive care from multiple organisations, at the same time. Without careful planning and joined-up process, this can result in duplication or service users feeling frustrated that care is not coordinated around them,</p>	

		<p>but around organisational structures. These recommendations seek to address organisational barriers and wherever possible, ensure clear pathways and good communications between partners so that the care for the individual is coordinated, resulting in improved outcomes.</p> <p>The recommendations for the Reablement service and Home Assessment Team will ensure that individuals receive services for the right length of time. The timely assessments will focus on early intervention, enablement, self-directed support at the first opportunity; this will have a positive impact on customer enabling them to maintain their lifestyle and independence where appropriate.</p>	
<p>Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</p>	<p>Neutral impact – There are no changes outlined as part of phase 1 that require procurement activities to be completed.</p>	<p>There will be a requirement to procure a new care roster system and make adaptations to the current care notes system. These activities will be carried out in accordance with the Council's standard procurement process and any services or developments commissioned from partners or third parties will require evidence of adequate equality and diversity policies, or alternatively, adherence to the Council's equality and diversity policies including the prevention of unlawful discrimination and regular equality monitoring.</p>	

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Evidence (see guidance note for details of what to include here):

Early in 2017, at the beginning of the WCO scoping work, the Directorate acknowledged the importance of reviewing and strengthening the Adult Social Care system in order to future-proof services and ensure we can continue to run excellent services in an increasingly strained financial environment.

The first Phase of the programme focussed on the contact and referral function (Gateway) and the assessment and review function (Patch). It was also recognised that getting the Local Offer website (and supporting materials) right was key to managing demand.

This second Phase focused on more partner or provider- services where we work with others to assess and provide specialist care, or provide the care directly this including Hospital Social Work, Reablement, Occupational Therapy and Visual Impairment Services.. The WCO Programme team engaged frontline staff and managers in a number of ways to gain a detailed understanding of the 'as is' position, process mapping and allowing staff to highlight challenges and come up with ideas. The WCO programme team also looked at practice in other local areas to get inspiration for how things could be done differently. The team worked with Finance and Insight & Intelligence colleagues to understand the current financial position, volumetric and performance for these services. The team also worked closely with ICT colleagues and the Digital Programme Team to understand technical options that could assist with any new operating model.

Analysis of all information and evidence collated outlined the following recommendation for change;

- Redesign of the Occupational Therapy Service so that they are closely aligned with local social work teams ('Patch Teams'). This will allow a greater level of multi-disciplinary working of cases to ensure a preventative approach is taken in the first instance. By encouraging more joint working the core OT skills of re-abling and rehabilitation will be more prevalent in community social work teams, and this in turn will support in maximising our customers independence.
- Redesign of the Visual Impairment Service so that they are co-located and have more transparent processes between the council and commissioned services. This will reduce duplication and delays within the service as the core offer and roles of the two teams will be made clearer.

- Redesign of the Hospital Social Work team so that they are solely focused on hospital-based work and able to focus on explaining the role of ASC to NHS colleagues. This will ensure rapid assessment of hospital-based cases and embedding a discharge to assess approach will ensure that residents are not kept in hospital waiting for assessment, but a light-touch assessment allows them to continue rehabilitation in their own home and a more detailed assessment of their needs will be carried out in a more familiar environment.
- Redesign of the Reablement service to improve the efficiency of the service and increase the capacity to offer more care to a greater number of residents. This will allow more residents to receive re-abling services, which will help them to regain independence and improved quality of life in their own home. Additional Social Work and Occupational Therapy Service will also support the redesigned service with the development of the Home Assessment Team.

Action Plan

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Training – Equality and Diversity	Ensure that initial and ongoing training plans include equality and diversity training for all team members	High	Ensure that no adult is discriminated against on the basis of protected characteristics	Paula Snow	September 2019
Performance and Quality Management	Performance and quality of service to be monitored to ensure that service users are not discriminated against on the basis of protected characteristics.	High	Ensure that no adult is discriminated against on the basis of protected characteristics.	Paula Snow	September 2019
Raising Awareness and Information	Ensure that staff are made aware of issues relating to equality and diversity	High	Staff are aware of issues relating to equality and diversity and receive information in a timely and effective manner.	Paula Snow	September 2019

Monitoring and Review

The key actions outlined above will be reviewed and monitored as required by the Senior Manager who will have oversight of all changes mobilised as part of the West Cheshire Offer Programme. It will also be the responsibility of the Senior Manager (Paula Pritchard) and the Workforce Development Work stream Lead (Colin Ashcroft) to ensure that staff are referred for equality and diversity training as and when required. Following the first year of implementation the equality assessment will be updated.

Sign off	
Lead officer:	Jennifer McGovern
Approved by Tier 4 Manager:	Paula Snow
Moderation and/or Scrutiny	
Date: 18 th October 2018	People Directorate Equality Group
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	Three years

Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council's website