

Cabinet on 3rd July, 2014 - Agenda item no 5

Equality impact assessment

Name of policy, service or decision: Our approach to delivering Health integration through the Customer Journey programme.

Lead directorate: The Directorate of Adult, Community and Housing Services

1. Description – what is being assessed?

The Customer Journey programme is the main strand which will bring about a major redesign of adult social care systems and processes and facilitate more effective health integration as enshrined in the Government's Better Care Fund (BCF).

This EIA considers the impact for staff, people who use services and their carers in implementing the Customer Journey programme.

Our approach in developing the customer journey is governed by the need to focus our resources as effectively as possible, providing more coherent services that are responsive to people's needs. In essence this means:

- Enable the delivery of Personalisation;
- Reshape service delivery to meet current and existing demand;
- Contribute to required efficiency savings;
- Reduce the number of people and levels of dependency needing Adult Social Care through improved preventative and reablement interventions;
- Reduce the cost of Adult Social Care through person centred assertive review, competitive procurement, outcomes based commissioning and alternative delivery vehicles;
- Reduce the bureaucracy and duplication of care through transformation, integration and partnership working;
- Improve the quality of people's lives through embedding the principles and practices that are integral to the Making it Real agenda;
- The principles can be summarised as "Co-production, Transparency, Partnership and Pace".
- Prioritise use of resources, more effective assessment time and faster interventions. The three elements of the Customer Journey are: Prevention and Access; Assessment and Independence and Complex and Inclusion. The 3 elements will provide a seamless

customer pathway.

The Customer Journey redesign of services will ensure that the requirements of the Care Act 2014 will be delivered more effectively.

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- 3. Head of service: Marie Spittle, Joanne Vaughan, Sue Beach, Anita Hughes Anne Parkes
- 4. Members of assessment team: Rebecca Sidaway, Kate Green, Stephan Garbett, Shelley Brooks, Stuart Lackenby, Shobha Asar-Paul, Paul Johnston, Chris Ward.
- 5. Date assessment began: February 2014

Review Date: July 2015

Background

6. What are the aims and objectives or purposes of the policy or function/service?

The Customer Journey programme needs to be considered with other drivers for change: Making it Real, Access review, implementation of the Care Act and Better Care Fund (BCF), all of which have considerable interdependences. The bringing together of efficiency, integration and making it real programmes in Dudley will streamline services and provide greater clarity to staff and local people on the care pathway and interface with health.

The Customer Journey programme is re-designing the way we work and how we provide some of our services. This will involve us having to save an additional £14 million from our Adult Social Care budget over the next four years. In particular the Customer Journey has a determined objective of reducing budget spend by £1.2 million through increased efficiency and effectiveness.

The customer journey programme has a number of objectives:

- 1. To increase access to effective information and advice to enable people to self support.
- 2. To reduce the number of people requiring ongoing support through increased provision of equipment, adaptation and support services that respond to crisis and promote peoples independent living skills.
- 3. To simplify access to timely and appropriate support services through the reduction of bureaucracy, duplication and better use of technology.
- 4. To maximise self direction and choice through personal budgets
- 5. To enable people to live in their own homes in their communities and reduce the number of unplanned admissions to Residential, Nursing and Acute care.

One of the purposes of the customer journey is to meet the needs of people in Dudley to maintain independence and remain living in their communities for as long as possible will be to widen our preventative support, increase independence and ensure that advice, support and services result in a reduction in the number of residential placements required.

7. Who is it intended to affect or benefit (the target population)? The target population for the Customer Journey covers all adults and in particular those requiring adult social care and support and there carers. In regards to the more specific range of people targeted this is summarised in line with the 3 strands of the Customer Journey:

Prevention and Access – The key aim for the first stage of the customer journey is to ensure that the people of Dudley have access to high quality guidance to enable them to make choices at the earliest opportunity. This incorporates a wide range of people in the borough including self-funders, this takes on increasing relevance with the onset of the Care Act.

Assessment and Independence - The service will provide support to those people that meet the FACS criteria and those people who don't neatly fit into client categories but are vulnerable within our communities. Support for young people with care and support needs to have a successful transition from children services will also be the role of this service.

Complex and Inclusion – This service will support people who require ongoing coordination of their care and support needs or who have a level of complexity to their needs that requires specialist interventions.

A target group of people supported as part of the customer journey will be those who are requiring discharge from hospital.

The resources will enable current capacity to be maintained within Adult Social Care, services may be reconfigured to ensure best fit to deliver agreed outcomes.

- 8. What are the main issues relating to each protected characteristic? Consider all three parts of the public sector equality duty:
 - eliminating discrimination, harassment and victimisation,
 - advancing equality of opportunity, and
 - fostering good relations

All protected	
characteristics	
Age	As long as people meet the FACS criteria they will be entitled to a level of social care funding to achieve their agreed outcomes, which we will deliver by way of a personal budget.
	For people already in receipt of a service, regular reviewing will ensure that they are receiving the appropriate level of support to achieve the appropriate outcomes to meet their needs.

The population statistics for Dudley in the current census 2011 show the following (The 2012 ONS Mid Year Population Estimates are included on the right.) 2011 2012 18-64 186,998 185.743 65-74 31,502 32,783 75-84 19,797 20,423 85-89 4,673 4,785 90+ 2,225 2,241 4,632 people out of a total 6,047 who receive a significant level of care from Adult Social Care Services are aged 65 and above. As long as people meet the FACS criteria they will be entitled to a level Disability of social care funding to achieve their agreed outcomes, which we will deliver by way of a personal budget. For people already in receipt of a service regular reviewing will ensure that they are receiving the appropriate level of support to achieve the appropriate outcomes to meet their needs. 3,720 people aged over 65 receiving a service from Adult social care are physical disabled. Within the same age bracket 686 suffer with Mental Health related difficulties and 171 have a learning disability. Provision for residential and nursing care is an area of adult care support where Dudley performs below average for the West Midlands and CIPFA comparator groups. In 2012-13 Dudley placed 19 younger adults per 100,000 population, in permanent residential care compared to a West Midlands average of 16.5 and 15 for the CIPFA comparator group. • 69% clients had a Physical Disability • 13% clients had a Mental Health need 15% clients had a Learning Disability • 3% clients had another need Gender Assessments of need are applied to all people who meet our criteria regardless of gender, religious belief, and sexual orientation. Support reassignment and care services are delivered in ways that are sensitive to these

issues and focus on the outcomes to be achieved for each person.

	Such requirements are contained within the contractual agreements
	and monitored by contract monitoring officers and through the review
	process led by social workers and Adult Social Care staff.
Pregnancy or	This is not a significant issue amongst people in receipt of support from
maternity	Adult Social Care Services. However, in circumstances where this
	may be an issue the assessment and support services will ensure that
	their support is delivered in a sensitive manner that will focus on the
	outcomes required to meet individual needs.
Race	The 2011 census identified the population of Dudley as 312,925. With
	89.99% being of White British/Irish ethnicity the BME community was
	established as 10.01%.
	6.6% of people that contact Adult Social Care are from BME
	groups.
	5.3% of new referrals related to Adults from BME groups.
	4.3% of completed assessments related to Adults from BME
	groups.
	4.7% of clients that receive new services are from BME groups.
	In addition:
	5.4% of open referrals related to Adults from BME groups.
	4.3% of open services related to Adults from BME groups.
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Religion or	Religious beliefs are not routinely collected on SWIFT. However,
belief	assessments of need are applied to all people who meet our criteria
	regardless of gender, religious belief, and sexual orientation. Support
	and care services are delivered in ways that are sensitive to these
	issues and focus on the outcomes to be achieved for each person.
Sex	3,097 of those over 65 who receive a service from Adult Social Care
	are female, 1,535 are male.
Sexual	Sexual orientation is not routinely collected on SWIFT.
Orientation	

Stage 1 – evidence gathering

Provide details of all information about the policy, service or decision which will help with the assessment. Use the headings below as reminders of what may be useful, although this not an exhaustive list.

Equality monitoring data:

What systems are in place to monitor current and future impact for each protected characteristic? What monitoring data is collected for each of the protected characteristics? Set out details of this data.

Adult Social Care data is recorded through the SWIFT system. Figures used for this equality impact assessment have primarily come from the statutory RAP return for 2013.

Engagement and customer feedback:

A wide ranging communication plan has been designed for the implementation of the customer journey and will be further utilised to scope the impact of the changes. Stakeholders include local authority staff, adult social care professionals, all sector partners, the voluntary sector; and very importantly people who use services and their carers'. The scale of the Customer Journey configuration will be such that increased integration with health and alternatives to residential care will be key discussion points throughout the consultation and engagement.

Barriers to access:

Information about the borough e.g. Census data (ONS mid-year estimates :)

The total population of Dudley is 313,589. People over 65 account for 19.3% of the total population. People over 75 account for 8.8%.

The UK population aged over 85 is projected to double from 2.2% of the population to 4.4% of the population by 2030.

It is expected that 37 FTE posts will be affected as a consequence of delivering the aims of the customer journey, many of these will be from the back office- it is envisaged that changes to practice such as Practitioner input will reduce the impact these posts will make to care staff and service delivery. A number of the posts affected are direct care staff, however the new ways of working in the 3 strands of the customer journey as outlined in paragraph 6 are designed to streamline and make better use of capacity and resources.

Background or comparative information:

The operating model and the need to make efficiencies in the system are endemic across all adult social care services through the Country.

What evidence is missing? What will be done to collect it?

Stage 2 – data analysis

See above

Stage 3 - assess the impact

- The process described above does not have a disproportionate impact on any specific group within the target population.
- The implementation of the Customer Journey and greater integration with Health along with their developing impact will be closely monitored and reported on.

- We will continue to ensure that people with the highest levels of need continue to receive a safe, good quality service with people safeguarded and risk enabled.
- Robust consultation and engagement will drive activity.
- Simplification of the customer journey and enhanced integration with Health will improve the experience of people in contact with Adult Social Care.
- Services will be built around the needs of local people with robust commissioning activity that will provide Value for Money and be outcome focused.
- Identified savings will be delivered.

The re design of adult social care will see a reduction of 29 FTE posts, rising to 37 FTE posts in 15/16 the majority of the post will be lost through existing vacancies and voluntary redundancy. Compulsory redundancy may be required but should be kept to a minimum. This approach has been developed in consultation with the unions.

The Adult Social Care Outcomes Framework contains sections that utilise data from the Adult Social Care and the Carers Survey. The recent submission of the annual Adult Social Care Survey has seen provisional figures indicating an improvement in satisfaction across the board from last years position. In addition three of the survey indicators are the best achieved since the ASCOF measures commenced.

The scale and scope of the areas covered in this EIA are such that there is potential that their impact, real or perceived, will see reduced citizen satisfaction reported in initial surveys and an according reduction in Dudley's indicators.

The next carers' survey is due to be carried out later this year and the next survey for people receiving services will be carried out in early 2015.

On- going consultation has part of the local account and budget engagement will provide further understanding of the impact of the customer journey.

Stage 4 - reasons for adverse impacts

It is not envisaged that the changes will deliver adverse aspects for key groups. It is the case however, that delivering quality services by fewer staff will be a challenge and that the service configuration will need to be monitored regularly. See above

Stage 5 - consider alternatives/mitigating actions

The impact of the reconfiguration of service delivery will be mitigated against by:

- The timeline for implementation is tight but realistic. Project Board Team will meet on a regular basis to ensure the implementation date of 1September 2014 is realised
- Funding to continue to be approved for agency for agency staff from April to July

2014 to allow progress of the implementation of the Customer Journey and keep the appropriate levels of service delivery, before transfers of staff to appropriate positions is carried out.

- The reduction of staffing resources to meet the required efficiencies to be managed effectively through identification of what staff are required at what level within the customer journey to ensure Adult Social Care remains fit for purpose to deliver the Better Care Fund and the additional statutory requirements of the Care Act.
- Planning in place to communicate and educate the public about what adult social care means today and what people can expect in terms of care and support.
- Overall messages will be agreed on a 2-3 weekly basis via Leads Group and cascaded by variety of mechanisms. Key mechanisms include:
 - Staff intranet site including FAQs
 - Programme updates (2-3weekly)
 - Team meetings required agenda item
 - Core brief
 - Staff informal drop-in sessions (bi-weekly)
 - Staff operational focus group
 - Partnership website
 - Social media/blog posts
 - Proposed member workshops
 - Essential Guide to adult social care

Stage 6 - test the changes

Implementation of the Customer Journey is scheduled for completion on 1st September 2014 with the following activities in progress to ensure completion: -.

- A communications plan is operating to ensure local people, staff and stakeholders are aware of changes.
- A learning and development work-stream is ensuring core values, competencies and capabilities are identified and that training, coaching and mentoring systems are in place.
- Activity is progressing to ensure IT systems are configured to facilitate accurate data to monitor progress of customer journey and key indicators.
- Financial planning in place to report on planned efficiencies.
- BCF metric is being integrated to performance measures.
- Mapping of service pathways undertaken to ensure that the needs of individuals will be met.
- Support provided to ensure compliance with the requirements of the Care Act 2014.

Stage 7 – decision making

From what has been identified above, it is proposed that an EIA is not necessary at this stage.

Stage 8 - monitoring arrangements

How will the equality impact of the policy or service be monitored in the future?

- The ongoing impact of change will be monitored on an individual and strategic basis through regular reviews, monitoring complaints and compliments and outcomes against objectives through local metrics.
- Routine contract monitoring with providers will also ensure that improved outcomes are achieved.
- Robust information and data will be collated, analysed and reported across the Health and Social Care Economy including Boards levels, Scrutiny and most importantly shared with the people of Dudley through the Local Account.

Stage 9 – action planning

The EIA and action related to the Customer Journey will be considered by the Customer Journey leads group.

The discrepancy in relatively low take up of services by BME elders will be further scrutinised by Joint DMG.

Date completed: 30.06.14

Signed by assessment lead officer: Shobha Asar-Paul; Paul Benge Review signed off by lead officer: