APPENDIX B

Shropshire Council Part 1 ESIIA: initial screening and assessment

Name of service change

This ESIIA refers to the adult social work services for older adults, adults with physical disabilities, learning disabilities and potentially mental health problems.   These social work services operate to comply with the Council's statutory duty under the Care Act 2014, the Mental Capacity Act, Deprivation of Liberty Safeguards and other legislation including safeguarding.

It is envisaged that all of these services would transfer to People2People to formalise the agreement that has been in place for the last 3 years. Some elements of operational specialist support would also be externalised e.g. the Professional Development Unit that are required to ensure professional competence levels for staff, and staff who provide operational development support. Mental health social work is also being recommended for inclusion in order to ensure that the professional supervision and leadership of frontline mental health social workers is provided by an organisation specialising in social work practice, and to ensure for the public that there is a one-stop approach with close working with the older adult and disability teams.

Aims of the service change and description

These social work services operate to comply with the Council's statutory duty under the Care Act 2014, the Mental Capacity Act, Deprivation of Liberty Safeguards and other legislation including safeguarding.

The types of tasks required to be carried out will not change.   This includes:

- Conducting Care Act assessments for individuals and their carers

- Determining eligibility under the Care Act and for funded support, paid for by the LA (please note the purchasing budget will continue to remain with the Council)

- Allocation of resources to those who are eligible

- Providing information and advice (statutory duty under the Care Act)

- Professional supervision and development, training of staff

- Operate different methods of quality assurance to ensure high quality services

- Working in partnership with local people

- Working within safeguarding procedures

- Working within the remit of the MCA, Best Interest legislation

- Operate within the requirements of Children's legislation

- Liaison and relationship management with key partners, such as NHS, police, providers, CQC

- Looking for more transformation opportunities that deliver the principles of the operating model, a process of continual development of the service with a critical focus on seeking alternative capacity to that provided by the Council, including funding opportunities or community resilience and self-support.

- Undertaking Mental Health Act assessments by Approved Mental Health Practitioners

- Professional supervision and development, training of staff

Since 1st February 2012 Shropshire Council adult social care has been part of the Department of Health's Social Work Practice Pilot when it developed People2People CIC as its delivery vehicle for frontline social work practice with adults.   31st March 2015 marked the end of the pilot phase. Shropshire Council's involvement in the Social Work Practice pilot over the last 3 years and the particular learning from People2People, along with prototyping such as STEP 1 and 2, assisted Shropshire Council ASC to critically analyse what is needed in the way of an operating model moving forward.   This learning has informed the development of the New Operating Model (NOM), which has been in place with considerable success for over a year now, but continues to develop in the partnership with People2People and Shropshire Council.

Over the last 3 years with the Social Work Practice pilot we have learned a great deal about how frontline social work can transform itself to meet the demands of an increasingly sizable older population and alongside the national and local challenges of having less resources. We have transformed frontline delivery with the New Operating Model (NOM) but this transformation needs to continue, to go much further and deeper, particularly working with partners and local people to build Shropshire community resilience and community integrations with partners.

The Council has a duty under the Public Services (Social Value) Act 2012 to consider how it will secure improvements to economic, social and environmental wellbeing of the communities that it serves. We consider that the external provision of social work practice will provide greater opportunities to secure social value than if it remains within the Council, for example using volunteers, seeking alternative sources of funding.

The arrangement with People2People has only been temporary during the course of the Department of Health pilot and it is no longer sustainable financially nor from an HR/employment perspective as all staff are currently seconded.   We need to formalise the development partnership with a longer term contract award to ensure the Council meets its statutory responsibilities and continues to do so in future. The Council finds itself in this position because of the nature in which the development partnership with People2People started, that is, from the unique position of the Department of Health Social Work Practice Pilot 3 years ago.

Intended audiences and target groups for the service change

Stakeholders
Internal
- Shropshire Council staff – particularly Adult Social Care, housing and First Point of Contact
- Members

External
- The public

- NHS, NHS providers, NHS area teams
- Health and care providers
- VCSA
- Clinical Commissioning Group (CCG) and Public Health
- Service users (current and future)
- MPs
- Residents
- GP health practitioners
- Families and carers
- Personal assistants
- Self-funders
- Existing voluntary sector groups and networks – Older people's forum, Shropshire Partners in Care (SPiC), Making it Real board, Learning Disability Partnership Board
- Health Watch
- Leisure services, adult education and schools
- Providers
- Rural networks
- Shropshire Rural Community Council
- Prisons

Evidence used for screening of the service change

This approach is formalising what has been in operation for the last 3 years in that all social work services for older adults and those with disabilities will be outsourced.

Specific consultation and engagement with intended audiences and target groups for the service change

As described above once this proposal has been agreed to progress to consultation at Cabinet consultation will proceed.

Key dates and communications activity

Communications activity	Method	Target audience	Date
Report to Council (exempt)			March 2016
Consultation	Website, PR, internal and external newsletters, Face-to-face group sessions	Internal and external audience (above)	May/June for six weeks
Consultation feedback	Website, PR, internal and external newsletters	Internal and external audience (above)	July 2015
Implementation	Website, PR, internal and external newsletters	Internal and external audience (above)	1 October 2016

Potential impact on Protected Characteristic groups and on social inclusion

Guidance notes on how to carry out the initial assessment

Using the results of evidence gathering and specific consultation and engagement, please consider how the service change as proposed may affect people within the nine Protected Characteristic groups and people at risk of social exclusion.

1. Have the intended audiences and target groups been consulted about:

- their current needs and aspirations and what is important to them;
- the potential impact of this service change on them, whether positive or negative, intended or unintended;
- the potential barriers they may face.

2. If the intended audience and target groups have not been consulted directly, have representatives been consulted, or people with specialist knowledge, or research explored?

3. Have other stakeholder groups and secondary groups, for example carers of service users, been explored in terms of potential unintended impacts?

4. Are there systems set up to:

- monitor the impact, positive or negative, intended or intended, for all the different groups;
- enable open feedback and suggestions from a variety of audiences through a variety of methods.

5. Are there any Human Rights implications? For example, is there a breach of one or more of the human rights of an individual or group?

6. Will the service change as proposed have a positive or negative impact on fostering good relations?

7. Will the service change as proposed have a positive or negative impact on social inclusion?

Guidance on what a negative impact might look like

High Negative	Significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available: urgent need for consultation with customers, general public, workforce
Medium Negative	Some potential impact, some mitigating measures in place but no evidence available how effective they are: would be beneficial to consult with customers, general public, workforce
Low Negative	Almost bordering on non-relevance to the ESIIA process (heavily legislation led, very little discretion can be exercised, limited public facing aspect, national policy affecting degree of local impact possible)

Initial assessment for each group

Please rate the impact that you perceive the service change is likely to have on a group, through inserting a tick in the relevant column. Please add any extra notes that you think might be helpful for readers.

Protected Characteristic groups and other groups in Shropshire	High negative impact *Part Two ESIIA required*	High positive impact *Part One ESIIA required*	Medium positive or negative impact *Part One ESIIA required*	Low positive or negative impact *Part One ESIIA required*
Age (please include children, young people, people of working age, older people. Some people may belong to more than one group eg child for whom there are safeguarding concerns eg older person with disability)			This relates to adults over 18 only. All people over 18 have access to the services and will be treated equally. The service is not changing what it provides – it is an existing statutory service.	
Disability (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)			This service relates to potentially all aspects of disability. All people with any disability are treated equally. The service is not changing what it provides – it is an existing statutory service	
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service.	.
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service.	
Pregnancy & Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service.	The workforce has a high percentage (90%) of female workers and some are part-time. There are 195 staff in total all of whom will be protected by TUPE regulations.
Race (please include: ethnicity, nationality, culture, language, gypsy, traveller)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service which meets the needs of all those eligible under the Care Act.	
Religion and belief (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service which meets the needs of all those eligible under the Care Act.	
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service which meets the needs of all those eligible under the Care Act.	The workforce has a high percentage (90%) of female workers and some workers are part-time. There are 195 staff in total all of whom will be protected by TUPE regulations.

Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service which meets the needs of all those eligible under the Care Act.	
Other: Social Inclusion (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people for whom there are safeguarding concerns; people you consider to be vulnerable)			All people are treated equally. The service is not changing what it provides – it is an existing statutory service which meets the needs of all those eligible under the Care Act. The service includes a provision to Carers under the Care Act and will therefore take into account carer's specific needs throughout.	

Decision, review and monitoring

Decision	Yes	No
Part One ESIIA Only?	✓	
Proceed to Part Two Full Report?		✓

If Part One, please now use the boxes below and sign off at the foot of the page. If Part Two, please move on to the full report stage.
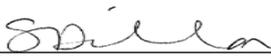
Actions to mitigate negative impact or enhance positive impact of the service change
The service is provided as a statutory function under the Care Act. There is no reduction in service but the proposal is that the service is provided by a different provider. During the consultation period we will talk to staff and local people and gather feedback and take action to mitigate any negative impact. Currently there are routine staff engagement sessions and there is a Making it Real Board involving local people and staff to ensure that feedback is used to benefit the service provided to local people. The ethos of the service delivery in Adult Social Care is to involve local people and those expert by their experience alongside staff to continue to improve the offer to local people and this enhances positive impact.

Actions to review and monitor the impact of the service change
As described above there are currently measures in place to ensure customer and staff feedback and these will continue. The Making it Real Board has staff, local people, the voluntary sector and Member involvement so has a real opportunity to gather feedback and positively impact the service. Following the consultation there will be regular reviews of the service to ensure that feedback is received and acted upon.

Scrutiny at Part One screening stage

People involved	Signatures	Date
Lead officer carrying out the screening	*Spiller*	24/2/16
*Any internal support**		
*Any external support***		
Head of service	Ruth Houghton	24/2/16

*This refers to other officers within the service area
**This refers either to support external to the service but within the Council, eg from the Principal Rural Policy Officer, or support external to the Council, eg perhaps from a peer authority

Sign off at Part One screening stage

Name	Signatures	Date
Lead officer's name	Sarah Dillon	24/2/16
Head of service's name	Ruth Houghton	24/2/16

Shropshire Council Part 2 ESIIA: full report

Guidance notes on how to carry out the full report

The decision that you are seeking to make, as a result of carrying out this full report, will take one of four routes:

1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through your further analysis of the evidence to hand;
2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion;
3. To adopt the service change as it stands, with evidence to justify your decision even though it could adversely affect some groups;
4. To find alternative means to achieve the aims of the service change.

The Part Two Full Report therefore starts with a forensic scrutiny of the evidence and consultation results considered during Part One Screening, and identification of gaps in data for people in any of the nine Protected Characteristic groups and people who may be at risk of social exclusion, eg rural communities. There may also be gaps identified to you independently of this process, from sources including the intended audiences and target groups themselves.

The forensic scrutiny stage enables you to assess:

- **Which gaps need to be filled right now, to help you to make a decision about the likely impact of the proposed service change?**

This could involve methods such as: one off service area focus groups; use of customer records; examination of data held elsewhere in the organisation, such as corporate customer complaints; and reference to data held by similar authorities or at national level from which reliable comparisons might be drawn, including via the Rural Services Network. Quantitative evidence could include data from NHS Foundation Trusts, community and voluntary sector bodies, and partnerships including the Local Enterprise Partnership and the Health and Well Being Board. Qualitative evidence could include commentary from stakeholders.

- **Which gaps could be filled within a timeframe that will enable you to monitor potential barriers and any positive or negative impacts on groups and individuals further along into the process?**

This could potentially be as part of wider corporate and partnership efforts to strengthen the evidence base on equalities. Examples would be: joint information sharing protocols about victims of hate crime incidents; the collection of data that will fill gaps across a number of service areas, eg needs of young people with learning disabilities as they progress through into independent living; and publicity awareness campaigns that encourage open feedback and suggestions from a variety of audiences.

Once you have identified your evidence gaps, and decided on the actions you will take right now and further into the process, please record your activity in the following boxes. Please extend the boxes as needed.

Evidence used for assessment of the service change: activity record
How did you carry out further research into the nine Protected Characteristic groups and those who may be at risk of social exclusion, about their current needs and aspirations and about the likely impacts and barriers that they face in day to day living?   *And what did it tell you?*

Specific consultation and engagement with intended audiences and target groups for the service change: activity record
How did you carry out further specific consultation and engagement activity with the intended audiences and with other stakeholders who may be affected by the service change?   *And what did it tell you?*

Further and ongoing research and consultation with intended audiences and target groups for the service change: activity record
What further research, consultation and engagement activity do you think is required to help fill gaps in our understanding about the potential or known affect that this proposed service change may have on any of the ten groupings and on the intended audiences and target groups? This could be by your service area and/or at corporate and partnership level.

Full report assessment for each group

Please rate the impact as you now perceive it, by inserting a tick. Please give brief comments for each group, to give context to your decision, including what barriers these groups or individuals may face.

Protected Characteristic groups and other groups in Shropshire	High negative impact	High positive impact	Medium positive or negative impact	Low positive or negative impact
Age (please include children, young people, people of working age, older people. Some people may belong to more than one group eg child for whom there are safeguarding concerns eg older person with disability)				
Disability (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)				
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)				
Pregnancy & Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Race (please include: ethnicity, nationality, culture, language, gypsy, traveller)				
Religion and belief (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)				
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				
Other: Social Inclusion (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people for whom there are safeguarding concerns; people you consider to be vulnerable)				

ESIIA Full Report decision, review and monitoring

Summary of findings and analysis - ESIIA decision
You should now be in a position to record your decision. Please highlight in bold the route that you have decided to take. 1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through your further analysis of the evidence to hand; 2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion; 3. To adopt the service change as it stands, with evidence to justify your decision even though it could adversely affect some groups; 4. To find alternative means to achieve the aims of the service change. *Please add any brief overall comments to explain your choice.* *You will then need to create an action plan and attach it to this report, to set out what further activity is taking place or is programmed that will:* • *mitigate negative impact or enhance positive impact of the service change,* *AND* • *review and monitor the impact of the service change* *Please try to ensure that:* • *Your decision is based on the aims of the service change, the evidence collected, consultation and engagement results, relative merits of alternative approaches and compliance with legislation, and that records are kept;* • *The action plan shows clear links to corporate actions the Council is taking to meet the general equality duty placed on us by the Equality Act 2010, to have due regard to the three equality aims in our decision making processes.*

Scrutiny at Part Two full report stage

People involved	Signatures	Date
Lead officer		
Any internal support		
Any external support		
Head of service		

Sign off at Part Two full report stage

Signature (Lead Officer)	Signature (Head of Service)
Date:	Date:

Appendix: ESIIA Part Two Full Report: Guidance Notes on Action Plan

Please base your action plan on the evidence you find to support your decisions, and the challenges and opportunities you have identified. It could include arrangements for:

- continuing engagement and involvement with intended audiences, target groups and stakeholders;
- monitoring and evaluating the service change for its impact on different groups throughout the process and as the service change is carried out;
- ensuring that any pilot projects are evaluated and take account of issues described in the assessment, and that they are assessed to make sure they are having intended impact;
- ensuring that relevant colleagues are made aware of the assessment;
- disseminating information about the assessment to all relevant stakeholders who will be implementing the service change;
- strengthening the evidence base on equalities.

Please also consider:

- resource implications for in-house and external delivery of the service;
- arrangements for ensuring that external providers of the service are monitored for compliance with the Council's commitments to equality, diversity and social inclusion, and legal requirements including duties under the Equality Act 2010.

And finally, please also ensure that the action plan shows clear links to corporate actions the Council is taking to meet the general equality duty placed on us by the Equality Act 2010, to have due regard to the three equality aims in our decision making processes.

These are:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

Note for 2014 refresh of our corporate equality impact assessment approach: Shropshire Council has referred to good practice elsewhere in refreshing the EINA material and replacing it with this ESIIA material. The Council is grateful in particular to Leicestershire County Council, for graciously allowing use to be made of their Equality and Human Rights Impact Assessments (EHRIAs) material and associated documentation.

For further information on the use of ESIIAs: please contact your head of service or contact Mrs Lois Dale, Principal Rural Policy Officer and internal policy support on equality, via telephone 01743 255667, or email lois.dale@shropshire.gov.uk.