

**KENT COUNTY COUNCIL**  
**EQUALITY IMPACT ASSESSMENT**

**Initial Screening**

**Directorate:** Families and Social Care

**Name of service**

Transformation Programme

**Type**

Transformation of delivery of Adult Social Care.

**Responsible Owner/ Senior Officer**

Mark Lobban, Director of Strategic Commissioning

**Completed by:** Samantha Sheppard (Efficiency Manager)

**Date of Initial Screening**

23 January 2012

| <b>Version</b> | <b>Author</b>     | <b>Date</b> | <b>Comment</b>                          |
|----------------|-------------------|-------------|---|
| V01            | Samantha Sheppard | 23.01.12    |   |
| V01            | Samantha Sheppard | 23.01.12    | Updated on advice of Equalities Officer |
| V03            | Samantha Sheppard | 01.05.12    | Updated on advice of Equalities Officer |
|                |                   |             |   |
|                |                   |             |   |

## Screening Grid

| Characteristic                 | Could this policy, procedure, project or service affect this group differently from others in Kent?<br>YES/NO | Could this policy, procedure, project or service promote equal opportunities for this group?<br>YES/NO | Assessment of potential impact<br>HIGH/MEDIUM/LOW/<br>NONE/UNKNOWN |          | Provide details:<br>a) Is internal action required? If yes, why?<br>b) Is further assessment required? If yes, why?<br>c) Explain how good practice can promote equal opportunities   |
|--------------------------------|---|--|--|----------|---|
|                                |   |  | Positive   | Negative |   |
| <b>Age</b>                     | Yes   | Yes  | High   | High     | Full assessment can not be made at this time as the nature of change is yet to be determined. It is likely that service users, staff and providers of services across all protected groups will be impacted. Aim of transformation is to provide better services that improve outcomes for people who use our services and are value for money. Failure to achieve this could lead to high negative impact. Therefore, comprehensive initial and ongoing stakeholder engagement and consultation will mean that services will be designed with protected characteristics in mind leading to high positive impact. |
| <b>Disability</b>              | Yes   | Yes  | High   | High     |   |
| <b>Gender</b>                  | Yes   | Yes  | High   | High     |   |
| <b>Gender identity</b>         | Yes   | Yes  | High   | High     |   |
| <b>Race</b>                    | Yes   | Yes  | High   | High     |   |
| <b>Religion or belief</b>      | Yes   | Yes  | High   | High     |   |
| <b>Sexual orientation</b>      | Yes   | Yes  | High   | High     |   |
| <b>Pregnancy and maternity</b> | Yes   | Yes  | High   | High     |   |

## **Part 1: INITIAL SCREENING**

### **Context**

KCC is expecting to have to make savings of up to £200m between 2012 and 2015. A significant portion of these savings will need to be found from within Adult Social Care.

The focus to date has been on achieving short term efficiencies. However, savings of this magnitude will only be achieved through transformation. This requires a high level review and redesign of how social care is currently delivered. It will be fundamental to focus on many key activities at the same time, understanding the relationship and interdependencies between them and ensuring that they are done well and within required timescales. The Adults' Transformation Programme will be how Families and Social Care (FSC) achieve this.

This initial screening has been carried out to identify any characteristics or considerations that need to be taken forward as the plans to transform adult social care take shape.

### **Aims and Objectives**

The transformation programme is an opportunity to modernise the way that we do business, achieve savings and achieve improved outcomes for service users. This will likely result in changes to the services we deliver and commission. It will also involve changes to internal systems and processes in order to facilitate changes to service delivery.

Ultimately, this approach will enable service users to receive more personalised services within their local community.

### **Beneficiaries**

Eligible service users and their carers will benefit from services which are designed to support their needs, and provide increased choice and control in the support that they receive.

KCC will benefit from meeting its equality duties, by improving outcomes for individuals who use its services and from becoming a more efficient and cost effective provider.

## Consultation and data

Stakeholders, including staff, service users, carers and providers, will be involved in shaping the transformation programme throughout its duration. This will likely involve different levels of engagement with different stakeholder groups at different stages of the process (detailed in Transformation Programme Engagement Strategy).

Initial early engagement events will take place during February and March 2012. Please see below for details.

| Stakeholder Group                        | Service   |  |
|--|---|--|
|  | Learning Disability / Mental Health   | Older People / Physical Disability / Sensory Services  |
| Staff                                    | Director level: involved in visioning meetings.<br>Head of service level: involved in visioning and initial engagement events.<br>All other staff: engaged through local team meetings, KNET page with information and questionnaire. |  |
| Service users                            | Focus group   | Engagement through existing service user forums  |
| Carers                                   | Engagement through carers support organisations.  | Utilisation of feedback from significant engagement prior to transformation.   |
| Private providers                        | Engagement event for all providers of learning disability and mental health services.   | Series of events to involve preventative service providers, residential and nursing service providers and domiciliary providers. |
| Voluntary and Community Sector providers | Will be invited to the above provider events.   |  |
| Housing Partners                         | A joint engagement event is being held for housing providers.   |  |
| Health Partners                          | Health commissioners and partners have been invited to the provider events.   |  |

The focus of the early engagement phase will be to generate ideas from stakeholder groups about how to transform our service delivery through removing bureaucracy, expanding best practice, investing in preventative services and enabling people to self-manage. The feedback provided will then be used to inform a blueprint for change.

As the transformation programme continues it is likely that engagement will also consist of co-production and consultation. For example,

| Stakeholder Group                        | Level of engagement   |
|--|---|
| Staff                                    | Regular communication through KNET<br>Engagement through roadshows occurring throughout the programme<br>Full consultation once proposals for change are identified   |
| Service users                            | Continued engagement through existing service user forums<br>Full consultation once proposals for change are identified   |
| Carers                                   | Continued engagement through carers support organisations<br>Full consultation once proposals for change are identified   |
| Private providers                        | Continuing engagement to identify proposals for change<br>Co-production of proposals for change and future service models with identified providers<br>Full consultation once proposals for change are formalised |
| Voluntary and Community Sector providers | As above  |
| Housing Partners                         | As above  |
| Health Partners                          | As above  |

Co-production may necessarily involve restricted stakeholder involvement. However, engagement processes will aim to involve a wide range of stakeholder. Formal consultation on specific proposals will only occur following approval from Corporate Directors and Cabinet Member and will involve all stakeholders affected by the proposal.

### Potential Impact

Initial screening notes that all service users are likely to be impacted by a transformation of adult social care.

The nature of the change is yet to be identified. The programme will enter into an Understand Phase (April – June 2012) and then a Planning Phase (July – September 2012). Future service options will be considered during the later phase.

It is difficult to determine whether certain characteristics will be impacted more than others. However, we will undertake to understand the proportions of our total number of service users and staff that meet each of the protected characteristics. This will enable us to understand more clearly whether any specific group is likely to be disproportionately impacted by change. This information will be considered within the programme as a whole and will be used to inform the development of options and Equality Impact Assessments for individual projects.

Once individual work streams are identified, additional screenings will be completed for each of them which will provide more information regarding potential impacts on specific characteristics.

No information has arisen from early engagement events to suggest that any protected group will be disproportionately impacted.

**Adverse Impact:**

The aim of transformation is to provide services that improve outcomes for people who use our services and are value for money. Failure to achieve this could lead to high negative impact for service users who may lose valued services, who may experience increased restrictions about the type and accessibility of the services that they need or who may not be able to access services that prevent them reaching higher levels of need.

**Positive Impact:**

The positive impact of the transformation programme could lead to increased choice and control for service users over the type of services they receive and how they access them. It can lead to increasingly personalised packages of care. This will lead to service users living independent lives within their own homes and communities for as long as possible.

**JUDGEMENT**

**Option 1 – Screening Sufficient** **YES/NO**

Following this initial screening our judgement is that Internal action is required (see below).

**Justification:**

There is insufficient information at this time to fully assess the impact of any future service models.

As noted, further screenings will be completed once individual work streams have been identified.

Feedback received during engagement events and subsequent consultations will be used to inform the EIA and any future decisions.

**Option 2 – Internal Action Required** **YES/NO**

There is potential for adverse impact on particular groups and we have found scope to improve the proposal.

Additional impact assessments will be completed throughout the transformation programme as specific programmes of work evolve.

*Please see action plan at end of this document.*

**Option 3 – Full Impact Assessment**                      **YES/NO**

*Only go to full impact assessment if an adverse impact has been identified that will need to undertake further analysis, consultation and action*

## Equality Impact Assessment Action Plan

| Protected Characteristic       | Issues identified  | Action to be taken   | Expected outcomes  | Owner       | Timescale                   | Cost implications  |
|--------------------------------|--|--|--|-------------|-----------------------------|--|
| <b>Age</b>                     | <p>No issues have been identified at this time.</p> <p>Issues are expected to arise through engagement and consultation process.</p> | <p>Impact assessment will be regularly reviewed and updated to reflect actions needed to address issues arising from consultation and engagement.</p> <p>Individual work programmes will also complete impact assessment specific to that programme.</p> | Better outcomes for service users.                                   | Mark Lobban | February 2012 – March 2015. | <p>None have been identified at this time.</p> <p>Cost implications will be reviewed regularly as part of impact assessment.</p> |
| <b>Disability</b>              |  |  | Increase in choice and control in type of services and how accessed. |             |                             |  |
| <b>Gender</b>                  |  |  | Personalised support packages  |             |                             |  |
| <b>Gender identity</b>         |  |  | Value for money services.  |             |                             |  |
| <b>Race</b>                    |  |  | Achieve savings needed.  |             |                             |  |
| <b>Religion or belief</b>      |  |  |  |             |                             |  |
| <b>Sexual orientation</b>      |  |  |  |             |                             |  |
| <b>Pregnancy and maternity</b> |  |  |  |             |                             |  |