

Revenue Budget Strategy and Setting the Council Tax 2019/20

Equality Impact Assessments

People Directorate

- Review contribution to Children's Safeguarding Board
- Tipton Road Children's Home
- Dudley Disability Services
- Redesign of Voluntary sector contracts
- Home Care/Extra Care transformation
- Children's transport
- Contact Centre
- Re-design day opportunities – Dementia Gateways
- Teenage pregnancy service
- Healthy pregnancy – stop smoking service

Council-wide

- Staffing - the reduction in non-school staff as a result of the budget saving process for financial year 2018/2019

Initial assessment or screening

Name of policy, service or decision: Review of Children’s safeguarding board contribution from LA. Tapering Dudley’s contribution in line with partner contributions

Lead directorate: People Directorate

<p>1. Description – what is being assessed?</p> <p>In light of Working Together 2018 it is proposed that Dudley Safeguarding Adults Board (DSAB), Dudley Safeguarding Children’s Board (DSCB) and the Community Safety Partnership (CSP) review current arrangements with a view of working more closely together.</p> <p>3 proposals have been drawn up for consultation at the Joint Safeguarding Board. This event has been extended to include attendance from members of the Dudley Safe and Sound Partnership (CSP).</p>	
<p>2. Lead officer on assessment: Howard Woolfenden/Stephen Lonsdale/Sue Haywood</p>	
<p>3. Head of service: Howard Woolfenden</p>	
<p>4. Members of assessment team:</p> <ul style="list-style-type: none"> • Lori Cleeton • Sue Butcher • Howard Woolfenden 	
<p>5. What are the main issues relating to each protected characteristic? Consider all three parts of the public sector equality duty:</p> <ul style="list-style-type: none"> • eliminating discrimination, harassment and victimisation, • advancing equality of opportunity, and • fostering good relations 	
Protected characteristic	Issues
All protected characteristics	
Age	The Dudley Safeguarding Boards focuses on people age from birth to death. The policies the Boards work within applies to all people and therefore is consistent in its approach regardless of age.
Disability	The Dudley Safeguarding Boards is accessible to all children and adults irrespective of disability. Policies that the Boards implement / use are applied consistently regardless of disability.

Gender reassignment	<p>The Dudley Safeguarding Board is accessible regardless of gender reassignment.</p> <p>It is acknowledged that data on clients` gender reassignment is limited often as reluctance on the part of the applicant to provide such information in detail.</p>
Pregnancy or maternity	<p>There are no issues relating to pregnancy and maternity with this service. If support is required this is provided.</p>
Race	<p>The Dudley Safeguarding Boards is accessible to all children and adults regardless of race. Policies that the Boards implement / use are applied consistently regardless of race.</p>
Religion or belief	<p>A Dudley Safeguarding Board is accessible to all children and adults regardless of religion/belief groups.</p> <p>Provision is made within the service so that children`s and families preferences related to their religion or beliefs can be accommodated.</p>
Sex	<p>The Dudley Safeguarding Board is accessible to both male and female.</p>
Sexual Orientation	<p>The Dudley Safeguarding Board is accessible regardless of sexual orientation.</p> <p>It is acknowledged that data on clients` sexual orientation is limited due to their age.</p>
<p>6. Outline any information, such as from monitoring, consultation feedback or complaints, which indicates a differential impact on particular protected groups.</p> <p>There are no differential impacts on any of the above listed protected groups.</p> <p>A consultation will be taking place with both Dudley Children`s and Adults Safeguarding Boards and all key partners. The consultation will draw together views of key members of staff and partners and it will identify the preferred option to adopt going forward.</p> <p>3 proposals have been identified and will be consulted on. The proposals are:</p> <p><u>Option 1</u></p> <p>The current structure of the DSAB and CSP remain as they are with adaptations required by Working Together 2018 made in relation to Children`s arrangements.</p>	

Option 2

- A Vulnerability Executive Group is formed to cover the DSAB, DSCB and CSP.
- The Vulnerabilities Executive Group would be made up of the Strategic Leads for each board, the Heads of Service and the senior managers who chair the Sub Groups.
- Options for chairing the Vulnerabilities Executive Group are:
 - a) A rotating chair between the strategic partners
 - b) A commissioned independent chair
 - c) A non-commissioned independent chair.
- There would be a joint Vulnerabilities Business Unit to provide support to the Vulnerabilities Executive Group and the boards.
- The Adults, Children's and Safe and Sound Boards would remain separate and maintain a joint independent chair who would provide independent scrutiny.
- As many sub groups from all three areas would be merged together as possible. It is proposed that joint sub groups have a chair and a vice-chair, one with adults and one with children's expertise. These should be from different agencies where possible and would rotate on a 12 month basis.
- Sub groups will report directly to the Vulnerability Executive Group, who would in turn report to the boards.
- Consideration should be given to holding the boards as a conference focused on board priorities as agreed.

Additional information is available re: examples of draft structure charts.

Option 3

- As Option 2 but instead of an independent joint chair there would be an independent scrutiny function provided via 6 monthly peer review.
- The saving from not having a commissioned independent chair would be used to fund the peer review. The peer review would interface with the boards and Vulnerabilities Executive Group.
- There would be rotational chairs for the three boards from the Strategic Leads; this would be the same person for West Midlands Police and Dudley CCG due to the relevant post covering both Adults and Children's. The Local Authority would offer different chairs for each area respectively.

Additional information is available re: examples of draft structure charts.

Please note:

All options are subject to any new arrangements to Children's Safeguarding under Working Together 2018. Additionally if a decision was taken to move forward without an independent chair then this may alienate Dudley from the Regional model, although it should be acknowledge that no decision pertaining to this have been made. Should the decision to introduce independent scrutiny to the boards then the governance surrounding this would have to be robust and effective.

All of the above options will require independent scrutiny.

Conclusions

7. On the basis of sections 5 and 6, is an equality impact assessment required? Provide a justification for your answer.

NO

- There is no evidence to suggest that anyone with a protected characteristic would be affected by the changes to the Dudley Safeguarding Boards.
- The review of the Dudley Safeguarding Board is being undertaken in response to National Guidelines – Working Together 2018.
- All options proposed in section 6 of the report will undergo independent scrutiny. The role of independent scrutiny is to:
 - Provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area.
 - Arrangements to identify and review serious child safeguarding cases.
 - Independent scrutiny should be objective, act as a critical friend and promote reflection to drive continuous improvement.
 - The independent scrutineer should consider how effectively the arrangements are working for children and families as well as for practitioners and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported.
- The published arrangements should set out the plans for independent scrutiny; how the arrangements will be reviewed; and how any recommendations will be taken

8. (a) If no, list any actions identified:

(b) If yes, what priority do you assign to the EIA (high, medium, low) and why?

See actions above

Signed assessment lead officer:

Date:

Signed head of service: **Howard Woolfenden**

Date: 25/01/19

Initial assessment or screening

Name of policy, service or decision: Tipton Road

Lead directorate: People Directorate

<p>1. Description – what is being assessed?</p> <p>To amend the current Statement of Purpose (SoP) for Tipton Road Children’s Home from a residential care home for children with disabilities to a residential care home for children with complex needs – which may include disabilities – to deliver savings of £468k in 2019/20 in line with the medium term financial strategy. Subject to Ofsted agreeing this change/dual purpose it will be possible to reduce spend on external residential placements by transitioning young people who are currently in external out-of-borough placements to Tipton Road. The focus will be on young people who are unsettled in current placements and/or where it would be in their best interests to return to Dudley.</p> <p>As the proposed changes do not affect staffing this EIA focuses on the impact on the service rather than staffing.</p>	
<p>2. Lead officer on assessment: Iona Payne</p>	
<p>3. Head of service: Iona Payne</p>	
<p>4. Members of assessment team:</p> <ul style="list-style-type: none"> • Lori Cleeton • Sue Butcher • Iona Payne 	
<p>5. What are the main issues relating to each protected characteristic? Consider all three parts of the public sector equality duty:</p> <ul style="list-style-type: none"> • eliminating discrimination, harassment and victimisation, • advancing equality of opportunity, and • fostering good relations 	
Protected characteristic	Issues
All protected characteristics	
Age	Tipton Road focuses on children, young people from the age of 10 up to 17 on admission.
Disability	The service is accessible to children age 10 to 17 on admission, who have complex needs and maybe experiencing a range of difficulties including, complex social, emotional, behavioural

	difficulties, moderate to severe learning disability, physical disability, sensory disability, dyspraxia, attention deficit problems, communication difficulties
Gender reassignment	A service at Tipton Road would be provided regardless of gender reassignment.
Pregnancy or maternity	There are no issues relating to pregnancy and maternity with this service. If support is required this is provided.
Race	Tipton Road provides a service to young people regardless of race.
Religion or belief	Tipton Road will actively encourage young people to maintain their religious observance. The manager and staff provide a list of local churches, temples, mosques and other places of worship appropriate to the young person's religious needs.
Sex	Tipton Road provide a service to both male and female.
Sexual Orientation	The Service is provided regardless of sexual orientation.
6. Outline any information, such as from monitoring, consultation feedback or complaints, which indicates a differential impact on particular protected groups.	
There are no differential impacts on any of the above listed protected groups.	
Conclusions	
7. On the basis of sections 5 and 6, is an equality impact assessment required? Provide a justification for your answer.	
No	
Individual children and young people in external residential placements are currently being reviewed and a number have been identified where it may be possible to undertake a planned move.	
<ul style="list-style-type: none"> • Continue to collate and review the SoP for children's homes known to operate in this way. • To amend the current Statement of Purpose (SoP) for Tipton Road Children's Home from a residential care home for children with disabilities to a residential care home for children with complex needs – which may include disabilities. • Continue to identify young people where it would be appropriate to undertake a planned move. 	
8. (a) If no, list any actions identified:	
(b) If yes, what priority do you assign to the EIA (high, medium, low) and why?	

See actions above

Signed assessment lead officer:

Date:

Signed head of service:

Date: 23.11.2018

A handwritten signature in black ink, appearing to read 'Lee Payne', is written in the space provided for the head of service's signature.

Equality impact assessment



Name of policy, service or decision: Dudley Disability Service (DDS)

Lead directorate: People

1. Description – what is being assessed?

We are remodelling services for children, young people and adults with disabilities, autism or special educational needs to develop an all age disability service called Dudley Disability Service (DDS). The teams involved are the Children with Disability Team, Special Educational Needs (SEN) Team, Whole Life Disability Service and Specialist Inclusion Service.

The medium term financial strategy identifies savings of £190k in 2019/20 and £398k in 2020/21 through reducing initial demand, increasing self-assessment, identifying placements eligible for Continuing Health Care Funding and developing specific all age commissioning projects targeted at reducing costs over 5 years.

2. Lead officer on assessment: Helen Molteno

3. Head of service: Santokh Dulai

4. Members of assessment team:

Santokh Dulai, Helen Molteno, Joanne Tasker, Mandy Williams, Barry Hutchinson, Abbie Goodwin, John McHale, Donna Roberts, Sarah Offley, Sheila Rock, Kelly Slade, Greg Barbosa, Mark Smith, Steve Wilkinson

5. Date assessment began: 31 Aug 2017. Updated Dec 2017. Updated April 2018. Updated 22 Oct 2018.

Background

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

The aim of the DDS is to develop a consistent approach to care and support for people of all ages with disabilities, who access statutory social care and education services within Dudley, and their families and carers.

The key principle is to develop a seamless service and approach that gives people with disabilities the right resources at the right time, improved outcomes and an improved service user experience.

The rationale for creating the all age disability service is:

- The national policy agenda set out in the Care Act 2014 and the Children and Families Act 2014 and SEND Code of Practice, which requires local authorities to facilitate an effective transition between children's and adult social services, support people to lead more fulfilling and independent lives

in the community and to prevent, reduce and delay the escalation of care and support needs;

- The need to improve support for people coming through Child & Adolescent Mental health Services, Special Educational Needs & Disability (SEND) and young people aged from 14-18 years in Transitions;
- The need to improve the experience of young people and their carers through the transitions process;
- The need to deliver services more cost effectively; and
- The need to improve planning and commissioning of all age disability services.

The functions of the service are:

- Provision of services for children, young people and adults with a disability as defined by the Equality Act 2010, and their families and carers: people who have a 'physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities';
- Statutory duties under the Care Act 2014, the Children and Families Act 2014 and related SEND Code of Practice, and Education Act 2011;
- Social care and special educational need (SEN) services to children, young people and adults with disabilities;
- Information and advice;
- Advocacy and inclusion;
- Access to preventative services to prevent loss of independency & build resilience;
- Assessment & allocations;
- Safeguarding;
- Duty;
- Long-term planning & commissioning of care packages;
- Short breaks for children & adults with disabilities;
- SEN Educational Health and Care Plan (EHCP) assessments;
- SEN panel;
- Specialist Inclusion Services to children and young people with special educational needs and disabilities;
- Occupational therapy to support the development and maintenance of independent living skills; and
- Mental health support to those who do not meet the threshold for a mental health referral.

7. Who is it intended to affect or benefit (the target population)?

The DDS is intended to have a significant positive impact on people of all ages with disabilities, autism or special educational needs, and their families and carers. It

provides a disability service across children's and adult's social care and special education needs services, to children, young people and adults with disabilities, and their families and carers.

8. What are the main potential equality issues to be looked at?

Impact on service users: There is no change to the group of people receiving a service from the services moving into the DDS; the impact will be on the quality of service they receive, without a cliff edge between children's and adults social care and SEN, the provision of a streamlined service, and a consistent approach to all people with disabilities.

The previous services for people children, young people and adults with disabilities were provided by separate services and teams: the Children with Disabilities Team, Special Educational Needs Team, Whole Life Disability Service and Specialist Inclusion Services. The new structure incorporates these teams and services into one disability service for people of all ages, and their families and carers.

It helps to meet the duties to:

- eliminate discrimination, harassment and victimisation,
- advance equality of opportunity, and
- foster good relations with people of all ages with disabilities, and their families and carers.

Impact on staff: The new management structure and service has not reduced the headcount within the service model. The numbers affected by the new service redesign model were very low (i.e. less than 10 staff), and so meaningful statistical comparisons against protected characteristics for staff cannot be made.

Evidence gathering

9. Provide details of all information about the policy, service or decision, which will help with the assessment.

See no.6 above.

Equality monitoring data:

What monitoring data is collected for each of the protected characteristics?

Set out relevant details of this data.

Data is collected on disability, age, gender and race through existing service models through the children's CMS ICT system and the adults AIS ICT system. Bringing together the services gives an opportunity to review how equality information is collated across the whole life course.

As part of the development of the new service model, the Integrated Intelligence, Performance and Policy Team has analysed the demand for services (Whole Life Disability – Performance and Demand, December 2017). This information has been used to develop the multi-disciplinary teams, so that they are based on the geographies that account for differing levels of need within the borough.

Customers have been involved in the development of the DDS, and provided feedback on an ongoing basis.

Engagement and customer feedback:

What engagement has been carried out with users, customers, potential customers, employees as appropriate? What was the feedback?

Consultation with service users, families and carers provided the following feedback:

- “The process is too complex” (we need to improve simplicity)
- “I need a quicker and more flexible response” (we need to improve timeliness and accessibility)
- “I only want to tell you once” (we need to reduce repetition and improve accuracy)
- “The service is not responsive” (we need to be responsive to a range of needs)
- “We want quality and safe services” (we need to improve commissioning)
- “Close to home and least invasive” (we need to improve the local offer)
- “Please provide early help” (we need to increase independency and prevention).

The vision for the DDS was co-produced with the Dudley Parent Carer Forum. It is to: ‘Support children, young people and adults with disabilities, autism or special educational needs in Dudley to achieve a full and happy life, in which they have independence, gain skills and knowledge, and have confidence and a sociable life’.

The objectives of the service were developed from consultation and engagement with service users, parents and carers, staff and external organisations:

- To take an asset based approach to deliver our vision of 'supporting children, young people and adults with disabilities in Dudley to achieve a full and happy life, in which they have independence, gain skills and knowledge, and have confidence and a social life';
- To take a system wide approach to re-modelling services to provide an all age disability service across children's and adult's social care and special education needs (SEN) services;
- To provide a seamless service across internal and external services, including greater integration with health, housing, mental health, health and well-being, and employment services, and the voluntary sector;
- To provide a seamless service for people with disabilities and their carers, which gives them the right resources at the right time, improved outcomes and an improved experience;
- To enable a consistent approach to care and support for all people with disabilities within Dudley who access statutory social care services and SEN services;
- Develop sustainable community based services, which provide specialist, intensive interventions, with resilience for emergencies and crises;
- Improve planning and commissioning to provide a range of local services which support the development of independent living skills;
- Minimise the use of institutional care, both in and out of borough;
- To take a preventative approach, and improve the independency of people with disabilities and their carers, and thereby reduce demand; and
- Improve value for money.

The design principles were developed from consultation and engagement with service users, parents and carers, staff and external organisations. They are to deliver:

- Simple well-coordinated services
- Tell my story once
- Best use of resources to meet demand
- Streamlined ways of working without duplication
- Provide services to enable people to maximise their independence, with early help, prevention, and wrap around support
- Provide safe statutory services
- Provide care close to home using the least invasive services
- Encourage the development of sustainable community based services, which provide specialist, intensive interventions, with resilience for emergencies and crises
- Co-produced with service users, families and carers

- Use integrated approaches, systems and leadership
- Provide support for carers
- Greater integration with the health, housing and mental health service.

What other relevant information do you hold e.g. are you aware of any barriers to any groups in accessing the service?

There are no barriers to access in both the current services, and the new DDS.

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

Data quality and gaps in existing data were included in the work of the Commissioning and Performance workstream, during the development of the service. This is being taken forward in the phase 2 programme of work to implement the service.

Data analysis

10. What does the information tell you? What patterns or trends are there? What comparative data is there - how does your data compare with background data e.g. from the Census, national data or research, or other authorities?

The Integrated Intelligence, Performance and Policy Team analysed the demand for services (Whole Life Disability – Performance and Demand, December 2017), to identify patterns and trends. This information has been used to develop the service model.

By providing streamlined services, the right resources at the right time, improved outcomes and an improved service user experience the DDS will help to mitigate the impact of budget savings on future demand.

11. From your data analysis, what are the main issues relating to each protected characteristic (if any)? Consider all three parts of the public sector equality duty.

All protected characteristics

There is no change to the group of people receiving a service from the services moving into the DDS; the impact will be on the quality of service they receive, without a cliff edge between children’s and adults social care and SEN, the provision of a streamlined service, and a consistent approach to all people with disabilities.

It helps to meet the duties to:

- eliminate discrimination, harassment and victimisation,
- advance equality of opportunity, and

	<ul style="list-style-type: none"> • foster good relations with people of all ages with disabilities, and their families and carers.
Age	The DDS is intended to improve outcomes for children, young people and adults of all ages (from birth to death) with a disability. It removes the 'cliff-edge' between children's and adults services, through the development of all age multi-disciplinary teams, which include children's, transitions and adults professionals. Staff work together in their teams to provide a seamless service across the different ages.
Disability	<p>DDS provides a service to people of all ages (from birth to death), and their families and carers, who access statutory social care and education services, and who have a disability, as defined by the Equality Act 2010: people who have a 'physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on a person's ability to do normal daily activities'.</p> <p>The needs of staff and customers with disabilities are being taken into consideration in the development of the new service location.</p>
Gender reassignment	The cohort of people receiving a service from the DDS includes people who have had gender reassignment.
Marriage or civil partnership	The cohort of people receiving a service from the DDS includes people who are married or in civil partnerships.
Pregnancy or maternity	The cohort of people receiving a service from the DDS includes people who are pregnant or on maternity leave.
Race	The cohort of people receiving a service from the DDS includes people of all races.
Religion or belief	<p>The cohort of people receiving a service from the DDS includes people of all religions and beliefs.</p> <p>The number of people is not collected.</p>
Sex	The cohort of people receiving a service from the DDS includes people of both sexes.
Sexual Orientation	The cohort of people receiving a service from the DDS includes people of all sexual orientations.

Identifying adverse impacts	
12. What are the main potential adverse impacts on particular protected characteristics that need to be taken into account in changing the service or policy/making a decision? Indicate any positive impacts.	
There are no potential adverse impacts on any of the protected groups.	
Alternatives/mitigating actions	
13. How will any adverse impacts identified be reduced or removed? Explain if it is decided that an adverse impact is unavoidable.	
There are no potential adverse impacts on any of the protected groups.	
Monitoring arrangements	
14. How will the equality impact of the policy/service be monitored in future?	
This will be monitored through the DDS performance and activity information.	
Action planning	
15. Provide details of actions or improvements identified during the EIA.	
None identified.	
Decision making	
16. Who will be making a decision relating to the policy or service (e.g. the Cabinet, a Cabinet member through a decision sheet, a director or chief officer through delegated authority) and when will a decision be made?	
The Cabinet on 11 th February 2019 will make recommendations on the budget for 2019/20 and the medium term financial strategy to the meeting of the Council on 25 th February.	
<i>Note. The decision maker(s) need(s) to be briefed on the contents of the EIA. Include a summary of the main impacts in the 'Equality Impact' paragraph of any committee report or decision sheet (attach a copy of the EIA where appropriate).</i>	
Signed assessment lead officer:	Date:
Chief officer/head of service: Santokh Dulai	Date: 8-1-19

Initial assessment or screening

Name of policy, service or decision: Redesign of Voluntary Sector Contracts

Lead directorate: People – Integrated Commissioning Hub & Health & Wellbeing

1. Description – what is being assessed?

Voluntary Sector Transformation project - to recommission key activities currently performed by a range of voluntary sector providers across multiple contracts into a single arrangement that provides a seamless service, increasing scope and scale, social value, efficiency and quality.

The services deliver advice and information , advocacy and signposting

The activity continues to be scoped to ascertain if there are other services that should also be considered. The initial scoping has identified the following 11 services :

- Healthwatch,
- CAB
- Dudley Advocacy
- Powher
- Voiceability
- People Plus
- LST
- Ideal for all
- IBS
- Age UK
- WEA

It is possible that some or all of the current providers, may form an alliance or consortium. In the event that providers do not bid or are unsuccessful then TUPE will apply All current customers who are eligible for services will continue to receive a service and arrangements will be made for the transfer of business as part of the mobilisation of the new arrangement.

The pre procurement engagement is every 2 weeks until the procurement goes live , however in addition to this and recognising the potential impact for services

that do not form part of a bid, we are working with the providers on what the model might look like to help them prepare for the changes.

We are also going to phase the changes by agreeing key milestones for transformation to enable TUPE to take place.

Activity to be picked up and prioritisation for the transition to the new models will form part of the bidders mobilisation plans to be submitted for evaluation and consideration of the activity and organisations that are not successful will be factored in by the evaluation panel and project group as part of the Project Risk Register.

This will achieve savings of £94,000 in 2019/20 and £158,000 in 2020/21 as identified in the medium term financial strategy.

2. Lead officer on assessment: Julie Cox /Elaine Hopwood

3. Head of service: Inderjit Lahel

4. Members of assessment team:

Elaine Hopwood

Julie Cox

Inderjit Lahel

Julia Simmonds

Deborah Harkins

**5. What are the main issues relating to each protected characteristic?
Consider all three parts of the public sector equality duty.**

Protected characteristic	Issues
All protected characteristics	<p>Current service provision strives to be accessible to everyone who meets the eligibility criteria, including people from protected groups. Data collation within current contracts is adhoc and the recommissioning of activity will ensure reliable data is captured. The proposed changes to delivery/commissioning model is not expected to have a disproportionate impact on any group.</p> <p>The proposed changes to delivery will specify that the provider takes reasonable measures to make the service accessible to all groups eligible to access services.</p> <p>There will be an option of self-referral as well as referrals from professionals in the borough delivered with access to languages that represent the Dudley population.</p>

	Performance monitoring will include measuring demographics of service users.
Age	The new service will extend the scope and scale of the current services and will provide across a wider age range.
Disability	The new service will extend the scope and scale of the current services and will provide across a wider range of disabilities, it will not disadvantage people with disabilities
Gender reassignment	The new service will not disadvantage people undergoing gender reassignment
Pregnancy or maternity	The new service will not disadvantage pregnant women or around maternity issues
Race	The new service will extend the scope and scale and will not disadvantage any race.
Religion or belief	The new service will not disadvantage people based on religion or beliefs
Sex	The new service will not disadvantage people based on sex
Sexual Orientation	The new service will not disadvantage people based on sexual orientation

6. Outline any information, such as from data collection, engagement feedback or complaints, which indicates a differential impact on particular protected groups.

Equality monitoring data is collated in some of the services currently but not consistently across all contracts – this will be a requirement for the new arrangement / partnership to enable ongoing equality monitoring.

A key feature of the partnership/contact will be ensuring ongoing engagement and customer feedback. Engagement events have taken place during the latter half of 2018 and regular engagement is scheduled in early 2019 up to the tender going live. Group and individual meetings have taken place including opportunities for providers to meet separately. The Tender and new service is being co-designed and coproduced.

Monitoring data will include access and barriers and will form part of the contract /partnership discussions. Any barriers to access will be assessed and actions planned to remove or reduce barriers.

Based on current data it is not anticipated that the service will have an adverse impact on any protected groups.

There is a possibility that an LA member of staff will be subject to TUPE.

Conclusions

7. On the basis of sections 5 and 6, is an equality impact assessment required? Provide a justification for your answer.

No. The new service is intended to extend the scope and scale of services. Monitoring systems will be developed accordingly to ensure that this is the case and that no adverse impacts are created on any group, including those with protected characteristics.

8. If no, list any actions identified. If yes, what priority do you assign to the EIA (high, medium, low) and why?

Demographic data requirements for the newly commissioned service will be enhanced to enable a better understanding of the impact of the service on protected groups and inform service development and design for the duration of the contract.

On-going monitoring will be present throughout the life of the project/contract and partnership. This will include monitoring any adverse impact and will address any issues that arise to remove or reduce any adverse impact.

The provider will be expected to routinely review policies, procedures and practices, to make sure they do not discriminate against any person from protected groups and to report on this at monitoring reviews.

Updates through Portfolio Holders and Cabinet Members / Leader where needed to ensure communication and progress are detailed.

Signed assessment lead officer: Elaine Hopwood/Julie Cox

Date:19/11/2018

Signed head of service: Inderjit Lahel

Date: 22/11/2018

Initial assessment or screening

Name of policy, service or decision: Home Care Transformation

Lead directorate: People – Integrated Commissioning and Adult Social Care

1. Description – what is being assessed?

The impact on the Dudley Borough clients and residents in relation to the Home care Transformation Project which will include:

- Domiciliary care
- External reablement provision
- Extra care provision

This will achieve savings of £112,000 in 2019/20 and £250,000 in 2020/21

The project is aimed at transforming the home care market with a focus on efficiency / flexibility / maximising expertise / provider growth and supplementary universal support as core elements of the arrangement. The project will challenge the practice of all partners to deliver outcome based care.

2. Lead officer on assessment: Julie Cox

3. Head of service: Inderjit Lahel/Joanne Vaughan

4. Members of assessment team:

Julie Cox

Gurbi Cox

5. What are the main issues relating to each protected characteristic?

Consider all three parts of the public sector equality duty.

Protected characteristic	Issues
All protected characteristics	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Age	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Disability	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care

Gender reassignment	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Pregnancy or maternity	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Race	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Religion or belief	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Sex	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care
Sexual Orientation	The project will provide improved care, single point of access and improved relationships with care provider(s) and will not disadvantage any adults using home care

6. Outline any information, such as from data collection, engagement feedback or complaints, which indicates a differential impact on particular protected groups.

There are approximately 1500 clients using home care services (this includes long term care and reablement) using approximately 17000 hours of contracted home care. The change from 22 providers to one or two arrangements/ partnerships will improve the care for people by virtue of scale, scope and increased flexibilities.

There has been one large group engagement event followed by individual meetings through 2018. Engagement will be ongoing and at least monthly on the lead up to the tender going live in Summer 2019. Mobilisation of the new arrangements will factor in transfers of staff under TUPE and planned transfer of clients. As TUPE will apply many of the carers delivering the care will remain the same.

Dudley has a relatively stable workforce which should mitigate any impact on continuity of care.(SCIE workforce analysis 9 June 2018) notes that workers in Dudley have on average 9.4 years of experience in the sector and 73% of the workforce had been working in the sector for at least three years. The length of contract and flexibilities that will be built in will further enhance the workforce offer.

Current data in respect of protected characteristics is below :

Age Band	Clients	Proportion
18-64	279	16%
65+	1471	84%
Total	1750	100%

Gender	Clients	Proportion
Female	1086	62%
Male	664	38%
Total	1750	100%

Ethnic Origin	Clients	Proportion
White - British	1618	92.5%
Asian Or Asian British - Indian	34	1.9%
Asian Or Asian British - Pakistani	26	1.5%
Black Or Black British - Caribbean	24	1.4%
White - Other Cultural Background	10	0.6%
White - Irish	9	0.5%
Any Other Ethnic Group	5	0.3%
Black Or Black British - Other Black	5	0.3%
Asian Or Asian British - Other Asian	4	0.2%
Information Not Yet Obtained	6	0.3%
Mixed - White And Black Caribbean	3	0.2%

Black Or Black British - African	2	0.1%
Any Other Ethnic Group - Arab	1	0.1%
Chinese	1	0.1%
Mixed - White And Asian	1	0.1%
Mixed - White And Black African	1	0.1%
Total	1750	100%

Current data collection systems do not currently support a robust analysis but planned improvements in recording and reporting from the council record system and data returns from providers will enable greater monitoring of equality data

Ongoing Engagement and customer feedback will be fundamental to the success of the project and is identified as a sub-group of the project board and will be facilitated independently via HealthWatch alongside contract monitoring activity. A range of Provider engagement sessions have taken place as well as internal workshops which will drive the change.

Ongoing engagement and customer feedback will also be fundamental to the success of the project.

Conclusions

7. On the basis of sections 5 and 6, is an equality impact assessment required? Provide a justification for your answer.

No. Home care services do not discriminate access to services based on any protected characteristic. The proposed project will not result in any changes that negatively impact access for individuals with protected characteristics.

8. If no, list any actions identified. If yes, what priority do you assign to the EIA (high, medium, low) and why?

Any barriers to access will be reviewed as part of the governance, partnership approach and multi-disciplinary team attached to the project / partnership during its lifetime.

Signed assessment lead officer: Julie Cox	Date:15/11/18
Signed head of service: Inderjit Lahel	Date:19/11/18

Equality impact assessment



Name of policy, service or decision: Transport Programme

Lead directorate: People

1. Description – what is being assessed?

Transport Review/Implementation Programme covering the provision of home to school transport for those students eligible under current policy, up to age 25 including:

- Children receiving home to school transport (with SEN)
- Children receiving home to school transport (Children Looked After)
- Post 16 transport provision
- This will deliver savings of £381,000 in 2019/20, £737,000 in 2020/21 and £965,000 in 2021/22 identified in the medium term financial strategy.

2. Lead officer on assessment:

3. Head of service: Inderjit Lahel

4. Members of assessment team:

Inderjit Lahel

Laura Smith

Michael Robinson

5. Date assessment began:

Background

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

Current service provision strives to be accessible to everyone who meets the eligibility criteria, including people from protected groups.

The service transports children to and from school using contracted taxi provision. Those children will be those who meet the eligibility criteria as set out in the Transport Policy.

The aim of the project is to maximise the efficiencies of the service through: -

- a) Route optimisation
- b) Ensuring that the eligibility criteria is applied
- c) Tendering for a new framework to drive costs down and create greater transparency

7. Who is it intended to affect or benefit (the target population)?

Children with a disability and / or Special Educational Need.

8. What are the main potential equality issues to be looked at?

The project will aim to create an efficient delivery model for the provision of travel / transport to and from school.

Some children who currently receive transport will not be eligible for transport going forward. **However, this is not the basis of the project.** The review process is / should be undertaken on a yearly basis and is an ongoing process in any case.

Those children who are eligible for transport will continue to be eligible and will receive a service.

The project will aim to stop the initial applications for transport being approved by applying the policy. This will mean that the Council is not stopping transport for children but instead not awarding transport to those not eligible.

A stream of the project will look towards Independent Travel Training which will positively impact those children both during their academic life and ongoing into adulthood.

The route optimisation will ensure that children receiving transport are on routes that are safe, coordinated and cost effective. This will show a shift in a number of routes with the focus on single person journeys and reviewing those children who may be amenable to different route options.

The tender process will bring a focus on competition in the market place across the taxi provider services with the output being a best value approach and quality services for people receiving the service.

A focus of the project will increase the Independent Travel Training offer for children which will focus on the 'travel' offer as opposed to the transport provision.

This will provide a positive impact for a number of children in the short term but also for adulthood.

Evidence gathering

9. Provide details of all information about the policy, service or decision which will help with the assessment.

Equality monitoring data:

What monitoring data is collected for each of the protected characteristics? Set out relevant details of this data.

Equality monitoring data is collated in some of the services currently but not consistently across all contracts – this will be a requirement for the new arrangement / partnership to enable ongoing equality monitoring.

A key feature of the contracts moving forward will be ensuring ongoing engagement and customer feedback (both with contractors / pupils / schools and parents).

The SEND strategy which has been finalised focusses on promoting independence and inclusion which is consistent with the transport approach. The SEND strategy has been widely consulted on with parents / schools / partners.

None of the data/information available from the above suggests that the project will create any adverse impacts on protected groups.

Schools have been engaged as part of the initial transport review and have been positive in supporting the review.

Engagement and customer feedback:

What engagement has been carried out with users, customers, potential customers, employees as appropriate? What was the feedback?

The service is fundamental to a number of key Dudley strands – namely the DDS and the SEND programmes.

The key to both of these programmes is around promoting independence and inclusion.

Users / carers / schools / families have been consulted on these agendas.

Feedback in the main has been positive on these programmes.

What other relevant information do you hold e.g. are you aware of any barriers to any groups in accessing the service?

The policy provides the eligibility assessed against for pupils. There has been no change to this as part of the project

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

Data analysis

10. What does the information tell you? What patterns or trends are there? What comparative data is there - how does your data compare with background data e.g. from the Census, national data or research, or other authorities?

	Good is....	Basket	Dudley
Children per route	Higher	3.9	3.26
Single passenger journeys as % of all journeys	Lower	28%	38%
% children travelling without a P.A	Higher	30%	19%
% of total P.A's to total children	Lower	9%	22%
Average cost per child (operational)	Lower	£3,709	£4,400

11. From your data analysis, what are the main issues relating to each protected characteristic (if any)? Consider all three parts of the public sector equality duty.

All protected characteristics	
Age	The service will still be available to children as per the current policy

Disability	Those children eligible for transport will have an SEN or SEND. Where transport is removed as part of the yearly review process there will be an impact on those children and families. However, as stated earlier in the EIA the transport programme is around fundamental changes to commissioning / processes / application, not around removing transport.
Gender reassignment	No impact
Marriage or civil partnership	No impact
Pregnancy or maternity	No impact
Race	No impact
Religion or belief	No impact
Sex	No impact
Sexual Orientation	No impact

Identifying adverse impacts

12. What are the main potential adverse impacts on particular protected characteristics that need to be taken into account in changing the service or policy/making a decision? Indicate any positive impacts.

Positive impact

- 1) Promotion and increase of Independent travel training
- 2) Increased independence and preparing for adulthood
- 3) Increased relationship building by changing route options (single to multiple)

Adverse impact

- 1) Removal of transport where people do not meet eligibility (although this is a standard review process)
- 2) Some taxi companies may not be successful as part of the tender and / or have less volume through the contract

Alternatives/mitigating actions

13. How will any adverse impacts identified be reduced or removed? Explain if it is decided that an adverse impact is unavoidable.

- 1) Removal of transport for non-eligible people is part of the standard review process
- 2) Should taxi companies not be successful or receive less business from the Council – this is unavoidable as part of the tender process.

Monitoring arrangements

14. How will the equality impact of the policy/service be monitored in future?

A key feature of the contracts moving forward will be ensuring ongoing engagement and customer feedback (both with contractors / pupils / schools and parents).

Detailed systems will be put in place on the Synergy System to ensure data on pupils is up to date.

Action planning

15. Provide details of actions or improvements identified during the EIA.

The EIA has identified that the ongoing monitoring of transport / travel usage is key in shaping the success of the programme.

Decision making

16. Who will be making a decision relating to the policy or service (e.g. the Cabinet, a Cabinet member through a decision sheet, a director or chief officer through delegated authority) and when will a decision be made?

The service is part of the MTFS for the People Directorate.

Note. The decision maker(s) need(s) to be briefed on the contents of the EIA. Include a summary of the main impacts in the 'Equality Impact' paragraph of any committee report or decision sheet (attach a copy of the EIA where appropriate).

Signed assessment lead officer:

Date:

Chief officer/head of service: Inderjit Lahel

Date: 28/01/19

Initial assessment or screening

Name of policy, service or decision: Contact Centre

Lead directorate: People Directorate

1. Description – what is being assessed?

The project is required because of a review undertaken at the request of DMT to identify smarter methods and approaches to ensure that Children and Young People who are looked after have appropriate contact with their birth families whilst offering overall value from public resources and to deliver savings of £168k in 2019/20, £194k in 2020/21 and £250k in 2021/22.

The Contact Service has seen changes in its delivery model over the last few years. However, whilst the changes have seen some financial savings, further work is required in terms of efficiency maximising opportunities to use other buildings and resources, considering who else can supervise contact, i.e. social workers and foster carers.

The dual purpose of transforming the Contact Centre arrangements in Dudley is to secure better outcomes for children and families whilst offering better overall value from public resources. Potential options are considered in relation to four? main objectives:

- Improved **alignment** of Contact Centre provision at point of delivery within the wider whole-system of support for children and young people in Dudley
- Capacity to build on **best practice and innovation** from within Dudley and elsewhere
- Realisation of cost efficiencies achieved through **more effective use of finite resources**. This includes consideration of infrastructure, core staffing and associated transport costs. any redundancies will be dealt with in accordance with the council's agreed policy rather than include the staffing details in section 5
- Rebranding of service name and operational practises to ensure that it is efficient and effective.

2. Lead officer on assessment: **Iona Payne**

3. Head of service: **Iona Payne**

4. Members of assessment team:

- Lori Cleeton
- Sue Butcher

- Iona Payne

5. 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

Protected characteristic	Issues
All protected characteristics	
Age	<p>The Contact Service focuses on looked after children, young people up to the age of 16 years of ages.</p> <p><u>Staffing</u> The age range of the staff group is across the range with over 55% being under 40. Therefore there is no identified impact on age.</p>
Disability	<p>The service is accessible to all looked after children irrespective of disability.</p> <p><u>Staffing</u> It is difficult to ascertain any impact on disabled staff as 55% of the staff have not stated whether they are disabled or not. The Council will consider any impact on disability if any changes impact individuals and in accordance with the Equality Act would ensure that any reasonable adjustments are considered.</p>
Gender reassignment	<p>The Service is provided regardless of gender reassignment. It is acknowledged that data on clients` gender reassignment is limited often as reluctance on the part of the applicant to provide such information in detail.</p> <p><u>Staffing</u> Very few children and young people have this protected characteristic</p>
Pregnancy or maternity	<p>There are no issues relating to pregnancy and maternity with this service. If support is required this is provided.</p> <p><u>Staffing</u> If any employees are pregnant or on maternity leave they are treated fairly in accordance with the Equality Act and Council policy.</p>

Race	<p>The Contact Service is a universal service open to all looked after children up to the age of 18 regardless of race.</p> <p><u>Staffing</u></p> <p>There is a 45% representation of employees from a BAME background which is significantly higher than the proportion of BAME employees in the workforce. Therefore there may be an impact on BAME. Council policy will be followed with any staffing changes but this should be reviewed to assess any impact.</p>
Religion or belief	<p>A contact service is a universal service open to all looked after children up to the age of 18 regardless of religion/belief groups. Provision is made within the service so that children's and families preferences related to their religion or beliefs can be accommodated.</p> <p><u>Staffing</u></p> <p>30% of employees have not disclosed their religious belief so it is difficult to assess impact on religion/belief. From those who have disclosed their religion, the majority of employees are Christian so no impact is identified on religion/belief.</p>
Sex	<p>Contact is offered to both male and female.</p> <p><u>Staffing</u></p> <p>89% of employees are female, which is significantly higher than the proportion in the workforce. Therefore there may be an impact on gender. Council policy will be followed with any staffing changes but this should be reviewed to assess any impact.</p>
Sexual Orientation	<p>The Service is provided regardless of sexual orientation. It is acknowledged that data on clients` sexual orientation is limited due to their age.</p> <p><u>Staffing</u></p> <p>30% of employees have not disclosed their sexual orientation so it is difficult to assess impact on sexual orientation.</p>
<p>6. Outline any information, such as from monitoring, consultation feedback or complaints, which indicates a differential impact on particular protected groups.</p> <p>There are no differential impacts on any of the above listed protected groups.</p>	

Conclusions

7. On the basis of sections 5 and 6, is an equality impact assessment required?
Provide a justification for your answer.

No

- Foster Carers taking on the contact role as appropriately identified through risk assessments
- Social Workers taking on the contact role as appropriately identified through risk assessments
- Utilisation of LA buildings will have multiple functions to be used for the delivery of contact
- Existing staff embracing the cultural change in how it operates
- Reconfiguration of existing Contact Workers in relation to being more flexible to meet the changing demands
- Reduce costs of agency and weekend costs through a more flexible workforce
- Extend the contact function to other roles that are appropriately suited to deliver the function i.e. reducing engagement of multiple professionals in young person's/families life
- Streamlining of transport procedures – thus reducing the role of contact workers transporting children
- Utilisation of other approaches other than supervised contact, based on risk factors
- Engagement of Independent Reviewing Officer in relation to quality assurance and risk assessing on contact delivery
- Robust procedures in place to monitor out of Public Law Outline proceedings that contact is being delivered for

8. (a) If no, list any actions identified:

(b) If yes, what priority do you assign to the EIA (high, medium, low) and why?

See actions above

Signed assessment lead officer:

Date: 23.11.2018

Signed head of service:

Date: 23.11.2018



Equality impact assessment

Name of policy, service or decision: Dementia Gateway Services – Medium Term Financial Strategy (MTFs)

Lead directorate: People’s Directorate – Adult Social Care – Access and Prevention

<p>1. Description – what is being assessed? To review existing provision of day opportunities provided internally by Dudley MBC and provide an alternative offer / model that delivers identified savings of £59k 2019/20; £85k 2020/2021; £85k 2021/2022 whilst achieving the following</p> <ul style="list-style-type: none"> • Maximises Adult Social Care funding to deliver service for people • Addresses increased unit costs within the service area • Continues to provide a resource that supports family carers in the Borough
<p>2. Lead officer on assessment: Annette Darby – Team Manager</p>
<p>3. Head of service: Marie Spittle</p>
<p>4. Members of assessment team: Head of Service, Team Manager, Assistant Team Manager, representation from staff / attendees / carers and significant stake holders</p>
<p>5. Date assessment began: November 2018</p>
<p>Background</p>
<p>6. What are the aims and objectives or purposes of the policy or service? Dudley MBC has agreed a local dementia strategy to ensure that it delivers on the Living well with dementia National Dementia Strategy of 2009 (updated locally to reflect the period 2015 – 2020). The national and local strategy aims to ensure that people with dementia do not receive less favourable treatment on the grounds of their dementia. The vision is to achieve better awareness of dementia, early diagnosis and high quality treatment / support at whatever stage of the illness and in whatever setting.</p> <p>The Dementia Gateway service is committed to providing every person with a confirmed diagnosis of dementia with a named worker who is employed as a Dementia Advisor. The Dementia Advisor is a “point of contact” and provide</p>

information about how dementia impacts on the family, acts as a sign posting service and helps the person and their carer “navigate” the support options available to them within Dudley.

The physicality of the building based services (Brett Young and Crystal Gateways) provides people with dementia who are 18+ years but in the main 60+ years with complex needs the opportunity to access therapeutic activities that support them to maintain their skill base, remain independent and prevent social isolation. The service also provides valuable respite to carers of people with dementia to have respite from their caring responsibilities. The service reduces premature permanent admission to long term residential or nursing home care and reduces the number of packages of care (i.e. daily calls) provided by domiciliary care agencies

The Dementia Gateway service currently comprises of

- 8 Dementia Advisors who are assigned to people with a confirmed diagnosis of dementia (currently a total of 1,500 people aged 28 – 100+). The dementia advisor provides advice and support to both carers and the person with a diagnosis of dementia, signpost and help carers navigate the assessment process. The Dementia Advisors also undertake the assessment of need to access the dementia centre and are skilled to undertake carer assessments. Seven dementia advisors are based within the gateways with one dementia advisor whose portfolio is to support the Acute Hospital and link to BAME community groups. The Dementia Advisors are assigned to a township to manage referral and allocation requirements. The demand for the dementia advisors increases week on week as their referrals are generated primarily by the 3 Dementia Nurse Specialists who work closely with the service; local GP's who are now actively engaged in undertaking a diagnostic role and the dementia lead nurse in the Acute Hospital. Referrals are also received from community sources usually via ACCESS or the Dudley and Walsall Mental Health Trust Community Mental Health Team. The dementia advisors operate a current live list (where they are actively involved in a supportive role; a dormant list (individuals who may return to the service at any time and there is a waiting list for allocation purposes.
- There are 2 dementia centres (Crystal Gateway Central Dudley and Brett Young South Dudley) that support 138 people to attend either on a sessional basis or one / two /three days per week (in exceptional circumstances some people may attend seven days per week). This figure constantly fluctuates as people referred to the dementia services are already advanced in their care and support needs

Attendance at the dementia centres provides respite from caring responsibilities for the carer, provides therapeutic interventions and practical support and maintenance of skills to support independence for the person with dementia. It is also evident that attendance at the dementia centre is reducing the demand on home care support and the risk of premature admittance to residential or nursing home care by 6 – 18 months minimum. The service is also able to support avoidance to hospital admission and support hospital discharge.

The current attendance in each centre varies as shown in the attached table as at October 2018. (These figures are an overall improvement on data relating to October 2015 Brett Young has increased by 17% take up and Crystal has increased by 13% take up Mon – Fri but has decreased at the weekend by 13%)

	Brett Young	Crystal Gateway Mon – Fri	Crystal Gateway Weekends	Comments
Number assessed to receive a placement and allocated a place	31	94	13	
Scheduled attendance	53	81	10	People attend for the number of days indicated by assessment of need i.e. 1/2/3 – 7 dys
Average daily take up (day placement)	8	14	5	
Average daily take up (sessional placement)	11	12	5	
Total take up	19	26	5	
Percentage	63%	86%	50%	

To ensure a cost effective service attendance should be 30 people per day which would require a minimum of 40 people to be assessed to attend each day to compensate for non-attendees. Reasons for non-attendance is monitored and there are instances where residential respite care will interrupt attendance as will illness and admission to hospital.

The age of people with dementia is captured either as older people i.e. 65 yrs+ or as people of working age i.e. less than 65 yrs. The majority of people who attend the dementia centres are aged between 67 years rising to 95 years as at October 2018, often attendees will have other long term health conditions that increases their risk of frailty and complexity of need that will influence their ability to attend on a regular basis.

Currently the weekend service at the Crystal Gateway is kept at a lower level of expected attendance to minimise the number of staff required to provide cover.

The dementia centres are staffed by 2 Team Leaders who provide day to day operational management; 2 Senior Support Workers who will deputise in the absence of the Team Leaders; a total of 24 support staff providing practical and personal care assistance; 2 catering assistants and 2 domestic assistants support the mid-day meal provision and cleaning of premises.

There is a requirement to achieve moderate savings between 2019/2020 – 2021/22. The remodelling of the service will be achieved with minimal impact on front line services as far as possible whilst achieving sustainability for five – ten years.

The remodelling of the service area will aim for the retention of the Dementia Advisors, with provision to have one of the existing posts designated at a senior level. The duty system will be retained to ensure that immediate interventions at a time when the carer / professional colleagues consider there is complex situation to overcome in a timely manner. The dementia advisors will continue to be assigned to one of the five townships and maintain existing links to the Acute Hospital whilst participating in the multi-disciplinary team that is being developed by Dudley Walsall Mental Health Trust/Dudley CCG with regards to an integrated memory assessment service.

A definitive model has not yet been identified as this will require input from the 1500 people living with dementia who are supported in the community and their carers as well as consultation with key stakeholders and partners across the Health, Social Care and Voluntary sector. However there is a need to meet statutory provision i.e. those people with complex needs in order to minimise early/premature admittance to residential or nursing home care, whilst reducing the impact on domiciliary care services. The other pressure is to provide post diagnostic support to enable people to live well with their diagnosis.

It is anticipated that one dementia centre will provide support to people with complex dementia related needs 7 days per week during the hours of 0800 – 1800 hrs attendance would be either a full day placements, or hourly / sessional placements whilst the other becomes a dementia hub to support those people diagnosed with dementia with practical information/guidance and assistance and a base to attend activities that support their ability to continue to live well with dementia.

There is currently financial modelling being undertaken to determine how many full time equivalent posts will be at risk and this will be managed in accordance with the Corporate policy for employees at risk of redeployment or redundancy.

An opportunity presents itself to consider generation of income i.e. introduction of a building tariff to be applied to groups who may hire the building facility (i.e. the dementia centres continue to host the Alzheimer's CrISP (carers information and support programme) and Public Health "Who looks after me" – both support carers but there is no recharge for the use of the space occupied whilst the sessions run.)

7. Who is it intended to affect or benefit (the target population)?

Whilst re modelling proposals will look to reduce impacts to local people in reality, the realignment of the service will have an impact on current and future users as the service is targeted at all residents of Dudley MBC from the age of 18+ who have a confirmed diagnosis of dementia. Dudley has been set a national target by NHS England to achieve a minimum of 67% diagnosis rate. This suggests that there are currently 4600 people living in Dudley who may be at risk of developing dementia. Currently the Dementia Service is aware of 3412 people who have been diagnosed with dementia over the age of 65 years). There are 65 people under the age of 65 years who have been diagnosed with dementia (total of 3477) of which 1638 are currently known and supported by the service either by the Dementia Advisors or attendance at the dementia centres.

Carers of people living with or receiving a diagnosis of dementia are supported and signposted to service and information. There is a requirement under the Care Act 2014 for local authorities to assess whether the carer has needs and what they may be. The carer's assessment and support plan assessment consider the impact of caring on the carer. It also considers the things that a carer needs to achieve in their own day-to-day life. It considers other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially. Offering attendance at the dementia gateway supports the carer to achieve their assessed needs.

Directorate savings strive to be achieved with minimal direct impact on current service users, their carers or the existing frontline staff, the level of savings that are required suggests this is achievable.

8. What are the main potential equality issues to be looked at?

If the service develops a model that embraces both complex need (i.e. statutory support) and prevention aimed at the 1500 people who don't currently access a day support service there would be a need to consider relocation of attendees from one centre to the other.

Affordability of attending the day service – people with dementia are supported, in the main, via social care. Because people are being diagnosed earlier they are paying for their care for longer due to the complexity of dementia and the impact of symptoms on carrying out everyday tasks.

Transport – Transportation is another aspect of a caregiver's responsibilities. Many people with a diagnosis of dementia are no longer able to legally drive themselves. For those people who are caregivers they may be of an age, or have a long term health condition that also inhibits their ability to continue to drive and transport their dependent. Without accessible and affordable transport this can be a barrier to taking advantage of support services.

Timely diagnosis – Dudley CCG is under pressure from NHS England to achieve a minimum diagnosis rate of 67% and to maintain this going forward. There is an expectation that General Practitioners will undertake diagnosis of dementia. However, where the GP is not confident to undertake this task there is a risk that individuals could be mis-diagnosed when the reality is that there is evidence of mild cognitive impairment that is associated with the ageing process.

Gender – National and local data indicates that more women than men are being diagnosed with dementia.

Carers – There is an impact on the local economy with regards to sons/daughters undertaking caring responsibilities whilst attempting to maintain their working roles and parental responsibilities. This can increase carer distress, and has financial implications for the care givers.

Black and minority ethnic groups – diagnosis rates relating to people from BAME groups is very low amongst first and second generation elders. Language and cultural beliefs are often the main barrier to people seeking support. Services that are available are not always culturally sensitive

Evidence gathering

9. Provide details of all information about the policy, service or decision which will help with the assessment.

Equality monitoring data:

**What monitoring data is collected for each of the protected characteristics?
Set out relevant details of this data.**

The dementia register, held by Adult Social Care is able to provide information by Age Group 65 yrs.+ and under 65 yrs.; whether the person is male or female, their

ethnicity, the type of diagnosis of dementia (which is relevant with regards to the characteristic of Disability.) The register is also able to consider the impact of people living with dementia by township; provide clarity of source of referrals; the length of time spent waiting for allocation to a named worker, and the outcomes achieved for each individual.

AIS/SWIFT provides further information relating to the protected characteristics of people who are known to us.

PIMs holds staff details that would identify the associated protected characteristics

The QUAF register held by GP's holds details relating to people with a diagnosis of dementia.

There will be records made of informal meetings, formal consultation meetings and individual formal consultation meetings. These meetings will be held with people using the service, their carers and staff. At these events attendees/carers and staff will have the opportunity to state their preferences to reflect their personal circumstances. Any such documentation will be recorded and stored in an appropriate manner to reflect Data Protection requirements.

Engagement and customer feedback:

What engagement has been carried out with users, customers, potential customers, employees as appropriate? What was the feedback?

Nationally, regionally and locally research documents that there is need to provide post diagnostic support to both the person with dementia that is age specific i.e. people under 65yrs may require support to maintaining employment, financial stability (i.e. housing related costs, educational costs for siblings) whilst people 65+yrs it may be related to advance care planning, carer respite to remain within their own home for as long as possible. Across the age groups there is a need to avoid the person with the diagnosis of dementia and their family becoming socially isolated as a result of the diagnosis this requires the wider community becoming more dementia friendly.

It is intended that there will be a series of consultations undertaken with:

- People who currently use the service – this may take the format of 1:1 discussions using a communication tool that enables the person to participate or via small focus groups with written and graphic notes taken

- Carers of people who currently use the service – this may take the format of small group discussions at a time and place to suit the needs of the carers with written and graphic notes taken
- People with dementia and their carers who are currently not engaged with the service – this may take the format of 1:1 discussion, focus group with written and graphic notes taken.
- Staff teams opportunity for group and individual discussion with notes and a frequently asked question sheet developed
- Human Resources
- Finance
- Unions
- Key Partners i.e. Alzheimer's Society, CCG, Age UK/Concern; Public Health; Dudley and Walsall Mental Health Trust; Health Watch Dudley information will be obtained via the strategic steering group, group meetings

The use of electronic surveys has a role to play. The emphasis will be on face to face communication methods.

The themes of the consultations planned aim to focus on:

- alternative models of support that people with dementia and their caregivers would want to be considered
- Realignment of the staffing resource

At the point of implementation of the realignment of the service the policy associated with managing employees at risk of redeployment or redundancy will be followed, supported by Officers from Human Resources

What other relevant information do you hold e.g. are you aware of any barriers to any groups in accessing the service?

In order to achieve changes the principles of person centred planning and person led ethos will be observed to ensure that the evolving service operates within the model of social disability. However this change coincides with changes to the current memory service operated by Dudley CCG and Dudley Walsall Mental Health Trust who are working to have one integrated memory service.

Not all General Practitioners feel confident in either diagnosing dementia and/or the appropriate medication.

Stigma and stereotypical views held by the wider community as a result of lack of awareness about dementia does present a barrier to all people with a diagnosis of dementia. However Dudley has developed a Dementia Action Alliance that has achieved the recognised status of “working towards a dementia friendly community” and the group will continue to build on its success and continue to challenge inappropriate views and opinions.

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

The main information that needs to be collated will be in relation to those people already accessing day respite at the two dementia centres who may be affected by any change to the model i.e. if one centre becomes the complex support this will impact on existing attendees at the other dementia centre, Therefore information relating to current take up, capacity in the new model of support, transport implications and transitional arrangements will need to be carefully considered. This information is currently being obtained using local operational data and will form part of the consultation with attendees and their carers.

Data analysis

10. What does the information tell you? What patterns or trends are there? What comparative data is there - how does your data compare with background data e.g. from the Census, national data or research, or other authorities?

Key factors from the Dudley 2011 census that are taken into account include: 24.8% of the borough population is aged 60+ years or over, an increase greater than the England figure of 22.4%

People from ethnic groups other than White British has increased from 7.5% in 2001 to 11.5%, the national figure is 20.2%

People in employment who work 31 hours or more per week is 70.2%, however there is a corresponding increase in part time employment.

Nationally there are 850,0000 people in the UK with a diagnosis of dementia of which 40,000 are of working age and 25,0000 people from BAME communities, by 2025 it is estimated that there will be 1 million people with dementia, with two thirds being women and one in six people will be over the age of 80 years. Currently 60,000 deaths each year are attributed to dementia whilst delaying the onset of dementia can reduce this figure by 30,000 per year. The financial cost of dementia is estimated at £26 billion per year with family caregivers saving the UK a reported £11 billion per year, with an estimated cost of £32,250 per person living with dementia. Two thirds

of people with dementia live in their local community whilst a third is cared for in residential or nursing care homes.

Data held on the Dudley Dementia Register shows that Dudley is still to achieve its national diagnosis rate of 67%, at April 1st 2018 it had achieved 66.4%. Dudley CCG continues to be under pressure from NHS England to achieve its target.

Footfall into the dementia centres continues to fluctuate as attendees become unwell, enter into residential care on a permanent basis or die whilst known the service. Another factor is the ability of attendees/families to contribute to their care costs, lack of accessible transport (public provision, contracted or personal availability) and the distance people are prepared to travel. Care givers are ageing alongside the looked after person and developing their own health conditions that make ongoing care giving challenging for them and can influence the decision to place the looked after person into permanent residential care. Business decisions made to reduce grants to voluntary sector providers as part of efficiency savings between 2015 to current date has seen a reduction in community based provision by the third sector organisations.

The information held on the register show us how diagnosis rates are reflected by township (as at November 2018)

Halesowen	655
Stourbridge	819
Brierley Hill	665
Dudley	768
Sedgley	547
Out of borough with Dudley GP	23

This will enable us to consider options to redesign the service delivery model and how to encourage development of support opportunities that reflect the needs of the local community

The register also allows us to track trends in the source of referrals which is important to ensure that marketing of the redesigned service model is targeted in a prioritised manner and ensures we engage with key partners

Adult social care	324
Carers	88
Carers network	14
Self-referral	63
General Practitioner	658
Consultant Mental Health Older People	134
External Partners (statutory/voluntary)	507
Falls Spa	4
Acute Hospital	183
Housing	2
Integrated Plus via MDT	4
Dementia Nurse Memory service	464
Historical referrals prior to register source not confirmed	1032

11. From your data analysis, what are the main issues relating to each protected characteristic (if any)? Consider all three parts of the public sector equality duty.

All protected characteristics	
Age	<p>The change in the model of delivery will have an impact on the people currently attending either of the dementia centre i.e. 18+ years with a diagnosis of dementia currently this figure is 148 people. These individuals range from 67 yrs. to 95 yrs.</p> <p>The Dementia Advisors are currently known to 1500 people who are living in the community of which there is a mixture of active involvement, dormant i.e. carers or the person with dementia are not experiencing any issues. The age range is 28 yrs. to 95 yrs.</p> <p>Existing staff are not disadvantaged as they are able to work until they choose to retire at pensionable age 66yrs rising to 67 yrs. or alternatively continue until they are 70 yrs. There is likely to be a requirement to change the working patterns of staff and this will be negotiated on an individual basis with those staff affected giving due consideration to personal circumstances i.e. caring duties.</p> <p>Carers of people with dementia are predominately in the age group 65+ yrs., their individual needs will be taken into account as part of the service remodelling. For the currently low numbers of carers under the age of 65 yrs. and remain in employment their individual needs will be considered. The service is expected to be more flexible with its hours of operation and this would provide added value to carers who work. Any identified carers under the age of 19 yrs. will see links being made with Children's services – currently there are no known carers in this age group</p>
Disability	<p>Dementia is a recognised long term terminal condition as there is no known cure currently available. Therefore under the Equality Act 2010 where there is a long term or substantial physical or mental impairment that affects the ability to undertake normal daily tasks the person is considered to be disabled.</p> <p>In addition to having dementia individuals will develop other long term health conditions.</p>

	<p>The above applies to the person with dementia which is recognised as a disability within the scope of the Mental Health Act and carers within the age range of 65 yrs. to 85 yrs. + are likely to fall into the criteria of the Equality Act.</p>
Gender reassignment	<p>There is no known negative or potential impact on this protected group in relation to proposed changes to the model of support</p>
Marriage or civil partnership	<p>There is no known negative or potential impact on this protected group in relation to proposed changes to the model of support</p>
Pregnancy or maternity	<p>Currently there is no-one within this group if through consultation this became known due attention would be given to ensure they are not discriminated against or treated less favourably</p>
Race	<p>The remodelling of the service supports all people and makes no distinction regarding race.</p> <p>The majority of people known to the service describe their ethnic origin as White British (1678) with 96 identifying as Black or Asian origin.</p> <p>National indicators suggest that by 2026 50,000 people from BAME communities will have dementia but are less likely to receive a formal diagnosis. Under representation at a local level for this group has been evidenced which gives a strong indication that further work needs to be undertaken with both General Practitioners and the memory services to increase diagnostic opportunities and to encourage take up of service provision.</p>
Religion or belief	<p>The remodelling of the service will help to support people relating to their Religion or Belief.</p> <p>Cultural issues associated with religion or belief may impact on the levels of diagnosis for some groups.</p>
Sex	<p>The service is applied fairly and consistently irrespective of gender.</p> <p>Women are often defined by their caring roles however it is unrealistic to assume that all women are happy to undertake the caring role,</p>

	<p>Research indicates that more women than men are diagnosed with dementia, and are more likely to live longer than men.</p> <p>However evidence suggestions that socio-economic circumstances (poor education, stress in younger life, hormonal issues, stress associated with parenting and other care roles can influence the onset of dementia)</p> <p>Currently 2084 females compared to 1393 males are known to the Dudley Dementia Service.</p>
Sexual Orientation	<p>There is no information relating to the sexual orientation of people who use the service or their carers. The remodelling of the service will be applied fairly and consistently irrespective of sexual orientation. Support plans, assessments will inform the person centred care and support required.</p>
Identifying adverse impacts	
<p>12. What are the main potential adverse impacts on particular protected characteristics that need to be taken into account in changing the service or policy/making a decision? Indicate any positive impacts.</p> <p>Ensuring that service remodelling is reflective of support required for people from Black, Asian, Gypsy and Roma and other minority communities to reflect the changing demographic of the Borough. This will need to include timely diagnosis which would have a positive effect on individuals so that support and care can be tailored to their needs culturally</p> <p>The remodelling of the service needs to offer a range of support options, whether via internal provision or by helping to stimulate the external market place, that aims to further reduce impact on domiciliary care organisations and residential care.</p> <p>If the revised service provision can offer flexed hours over seven days this should be a positive outcome for carers, whether they are of working age or not</p>	
Alternatives/mitigating actions	
<p>13. How will any adverse impacts identified be reduced or removed? Explain if it is decided that an adverse impact is unavoidable.</p> <p>It is unavoidable that some staff maybe adversely affected, i.e. risk of redeployment, redundancy or changes to existing working patterns.</p>	

It is likely that some attendees may be required to relocate to a different dementia centre depending on the model introduced. A good understanding of the impact on individuals and using a considered transition approach will minimise adverse effects.

Through financial modelling and listening to the outcome of the consultation sessions it is possible that solutions will be identified to minimise the impact on individuals i.e. agreement on how to manage new referrals to the most appropriate centre if one becomes a statutory provision for people with complex needs and one functions as a dementia hub promoting preventative / post diagnosis support.

Maximising the Dementia Advisor role to facilitate post diagnosis support alongside other providers whilst stimulating the community based market place to use its existing assets or develop its assets to provide alternative support options rather than using internal services will also help mitigate any adverse impacts.

The consultation process will be key to raising concerns about future service whilst ensuring the voice of the cared for living with dementia, their care givers and key stakeholders/partners within statutory/voluntary/community organisations have opportunity to influence any change in provision.

Monitoring arrangements

14. How will the equality impact of the policy/service be monitored in future?

The use of highlight reporting to review progress against impact on any of the protected characteristics will be used with the equality impact assessment providing the focus for the regular review.

The dementia register held by the service area will continue to monitor the makeup of individual referrals and ensure that the information is captured within the requirements of the management information system (AIS/Liquid Logic)

Action planning

15. Provide details of actions or improvements identified during the EIA.

The prime requirement of current actions is to ensure a successful consultation process with people living with dementia, their care givers and key stakeholders. It is that a three month engagement proposed that a plan is identified, clear key messages identified, clarity of information to be sourced. Where possible face to face discussions and graphic recording will be the norm of the process used.

Decision making

16. Who will be making a decision relating to the policy or service (e.g. the Cabinet, a Cabinet member through a decision sheet, a director or chief officer through delegated authority) and when will a decision be made?

The Cabinet on 11th February 2019 will make recommendations on the budget for 2019/20 and the medium term financial strategy to the meeting of the Council on 25th February

Tier five and four managers will be responsible for ensuring that Chief Officers are suitably briefed via the agreed protocol on progress, developments and issues that arise.

Note. The decision maker(s) need(s) to be briefed on the contents of the EIA. Include a summary of the main impacts in the 'Equality Impact' paragraph of any committee report or decision sheet (attach a copy of the EIA where appropriate).

Signed assessment lead officer:



Date:

26/11/2018

Chief officer/head of service:

Date:

Initial assessment or screening

Name of policy, service or decision: Teenage Pregnancy (TP)

Lead directorate: People, Health & Wellbeing

1. Description – what is being assessed?

The impact of the redesign in the teenage pregnancy service and reduction in funding .

In 2017/18 the ‘Respect Yourself Team’ team were restructured into the Family Solutions service as part of the Early Help service redesign. The nurse roles were embedded within the sexual health provider contract.

Outcomes of this service are to be delivered in partnership with the Integrated Children & Young People wellness service and the 0-19 team (Health Visitors, Family Nurse Partnership (FNP) and School Nurses) based in the Multi-speciality Community Provider.

The reduction of Public Health contribution, from £135,000 to £46k, is to be used to support teenage pregnancy outcomes, harmful sexual behaviours, prevention and early intervention work stream with regards to vulnerable CYP.

This saving can be achieved whilst maintaining a level of knowledge, information and support to young people in Dudley borough with no equality impact. The service recognises the need to work with some of our most vulnerable children and young people.

2. Lead officer on assessment: Jill Edwards

3. Head of service: Bal Kaur

4. Members of assessment team:

Jill Edwards

5. What are the main issues relating to each protected characteristic?

Consider all three parts of the public sector equality duty.

Protected characteristic	Issues
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All protected characteristics	
Age	This provision is for teenagers. Therefore, by ensuring all family solution staff working with this age group are aware of the support available for teenagers, information will reach those deemed to be most vulnerable,
Disability	By embedding this work into a wider team, key messages and advice will be given in other staff roles, which provides more inclusive practice, the age range will be higher for those with a disability.
Gender reassignment	The services will continue to work with and support individuals with gender reassignment
Pregnancy or maternity	Young people will be supported with decision-making and access to support for pregnancy.
Race	Dudley family solutions team support vulnerable young people of any race. Race needs to be monitored to ensure fair access and identify any specific needs.
Religion or belief	Inclusive as above
Sex	Support for all sexes is included.
Sexual Orientation	Inclusive as above

6. Outline any information, such as from data collection, engagement feedback or complaints, which indicates a differential impact on particular protected groups.

There is local, regional and national data available on teenage pregnancies. The local data highlights the areas with the highest level of conceptions around the borough. This data alerts public health to any significant concern or need for urgent intervention.

There is also a Health Related Behaviour Questionnaire conducted in all secondary schools and colleges every 2 years, which assesses children's lifestyles and knowledge, this will provide valuable data in establishing a picture of the boroughs young people's health needs and any future adjustments to provision needed.

By embedding the TP staff and work into the wider family solutions team, they are now better placed to support the most vulnerable young people in the borough, whilst sharing knowledge and support with family solution staff who come into contact with these young people, their families and carers.

All of the staff involved in this programme, record all of their contacts, therefore it will be easy to monitor all of the characteristics, to ensure equity and alert us to any failings, also, provide information should any adaptations in programme be needed.

Conclusions

7. On the basis of sections 5 and 6, is an equality impact assessment required? Provide a justification for your answer.

An equality impact assessment is not needed here, as the work of the teenage pregnancy team is not being removed but being integrated and embedded within a wider team. Therefore, the support still remains.

8. If no, list any actions identified. If yes, what priority do you assign to the EIA (high, medium, low) and why?

To ensure support still exists, quarterly meetings with a lead member of staff will ensure a joined up, aligned approach and give opportunity to raise any gaps, difficulties or further opportunities.

Signed assessment lead officer:



Date:
19th November 2018

Signed head of service:



Date:
19th November 2018

Initial assessment or screening

Name of policy, service or decision: Secondary Care Stop Smoking Service

Lead directorate: People, Public Health

1. Description – what is being assessed?

The secondary care stop smoking service to be discontinued.

The maternity contract has been undergoing a review and there is opportunity to embed some of the service provision within the main maternity contract. A separate Secondary Care Stop Smoking element of this contract is not meeting the needs of children and young people as it offers a palliative role for patients with smoking related conditions.

In addition the smoking elements of the contract were embedded within Dudley's new lifestyle service model, with pathways into Lets-Get, the integrated Adult Wellness Service provided by Solutions for Health.

Also at this time Dudley Group had committed to operating a Smoke Free Hospital and this included staff training and referrals to staff to community services.

Targeted support for pregnant women continues in partnership with maternity services. Funding to support this has also been secured through the local maternity system (LMS) plans

2. Lead officer on assessment: Sally Cornfield

3. Head of service: Bal Kaur



4. Members of assessment team:

N/A

5. What are the main issues relating to each protected characteristic?

Consider all three parts of the public sector equality duty.

Protected characteristic	Issues
All protected characteristics	None – all Dudley patients and staff who are residents can be referred to Dudley's Integrated Adult Wellness Service
Age	As above
Disability	As above
Gender reassignment	As above

Pregnancy or maternity	Pregnant women were exempt from this service as Dudley Stop Smoking Service had a bespoke service for pregnant women in addition to support in maternity. Support for pregnant women has been reconfigured to maternity services and through the adult service – Lets Get.	
Race	As above	
Religion or belief	As above	
Sex	As above	
Sexual Orientation	As above	
<p>6. Outline any information, such as from data collection, engagement feedback or complaints, which indicates a differential impact on particular protected groups.</p> <p>None received. There are not currently any data collection methods in place.</p>		
<p>Conclusions</p>		
<p>7. On the basis of sections 5 and 6, is an equality impact assessment required? Provide a justification for your answer.</p> <p>No, there continues to be a service for hospital patients and hospital staff who are Dudley residents via the Integrated Adult wellness Service – Lets-Get.</p> <p>There is no evidence to suggest that anyone with a protected characteristic would not access the service provided by Solutions for Health.</p>		
<p>8. If no, list any actions identified. If yes, what priority do you assign to the EIA (high, medium, low) and why?</p> <p>N/A</p>		
<p>Signed assessment lead officer:</p> 		<p>Date: 22.11.2018</p>
<p>Signed head of service:</p> 		<p>Date: 22.11.2018</p>

Equality impact assessment



Name of policy, service or decision: The reduction in non-school staff as a result of the budget saving process for financial year 2018/2019.

Lead directorate: Chief Executive's

<p>1. Description – what is being assessed?</p> <p>The impact on staffing levels in the Council of actions taken to deliver the Council's Budget Strategy and necessary savings for 2018/19.</p>
<p>2. Lead officer on assessment: Karen Jesson – Interim Head of OD</p>
<p>3. Head of service: Adrian McCormick - Chief Officer OD and Performance</p>
<p>4. Members of assessment team:</p> <p>Emma Wright, HR Business Partner</p>
<p>5. Date assessment began: January 2019</p>
<p>Background</p>
<p>6. What are the aims and objectives or purposes of the policy or service?</p> <p>The Council continues to be required to identify significant levels of savings. A Cabinet Report was approved on 26th October 2017 detailing the proposals to be put to the Council on 26th February 2018 for budget savings to be made in 2018/19.</p> <p>This EIA details the impact of budget savings on the staffing levels, addressing the impact at a corporate level. Service EIA's are also produced to assess the impact of individual budget savings proposals.</p> <p>EIAs produced that considered the impact of previous years of budget savings on staffing concluded that there was no significant adverse impact on the basis of protected characteristics apparent from the available data and analysis.</p> <p>Prior to the 2018/19 process, at the end of the 7 previous years of budget savings, 1254 voluntary redundancy requests were accepted. As a result of the voluntary Council's redeployment process, 145 employees were redeployed into alternative roles. A total of 164 compulsory redundancies were necessary during the previous 7 years of budget savings.</p>

During the previous 7 years of budget savings process, the Managing Employees at Risk of Redundancy (MEARR) Policy and Procedure has been reviewed and has been updated on several occasions with a view to addressing issues and learning points that arose. The Redeployment and Retraining Policy and Procedure was also revised, taking into consideration learning points.

The MEARR Policy had a further review prior to the 2017/2018 budget savings process and the selection for redundancy criteria was amended in order to ensure a balance of skills for our future business needs and the need to make redundancies within the budget set aside for the purpose. The revised policy was implemented from January 2017.

In the previous years of budget savings, Cabinet has approved an expression of interest process for voluntary redundancies, aiming to minimise the need for compulsory redundancies across the Council. However, the MEARR policy that was implemented in January 2017 uses a multi-criteria approach to select employees for redundancy. Therefore instead of operating an expression of interest process where requests for voluntary redundancy can automatically be accepted, employees are assessed against a number of criteria which takes into account the future requirements of the job, conduct and capability record, cost of redundancy and also whether an employee wishes to request voluntary redundancy.

In total during the 2018/2019 budget savings process, as at 31st December 2018 89 employees were placed at risk of redundancy. Following the outcome of necessary selection pools of these 89, 20 were made redundant and 32 were redeployed into alternative job roles. Of these 20 redundancies, 9 were voluntary redundancy.

Provided in the assessment below is an analysis of the data from the redundancies made for 2018/19 as at 31st December 2018, demonstrating whether there has been any impact on protected groups.

Although the figures in this EIA refer to the budget savings in 2017/18, further to these savings, Cabinet approved additional savings for 2019/20. This process is currently ongoing and at an appropriate point there will be a further EIA to demonstrate whether there has been any impact on protected groups.

Decisions regarding redundancies are approved by the Lead Cabinet Member and figures are reported to both Cabinet and Council.

7. Who is it intended to affect or benefit (the target population)?

The Council's budget reduction process and its consequential impact will have an effect on:

1. Service users of the Council including potential users and carers
2. Members of non-school staff across the Council

8. What are the main potential equality issues to be looked at?

The equality statistics at the beginning of the budget process highlighted possible concerns of impact on employees with a protected characteristic such as BME employees and disabled employees.

Further possible concerns related to any potential impact of the amendments to the selection criteria introduced for the 2017-2018 process.

Evidence gathering

9. Provide details of all information about the policy, service or decision which will help with the assessment.

Equality monitoring data:

What monitoring data is collected for each of the protected characteristics? Set out relevant details of this data.

The PIMS system contains employee's personal details and reports can be produced from the system with equality information. Many employees are able to update their personal details using the MyHR system. The ongoing work to develop the PIMS system should improve data capture in the future so that the council will be more informed of the workforce profile.

The equality profile of those employees affected was compared to the workforce statistics for the last quarter of 2009/10 prior to the first year of a budget savings process and the latest workforce statistics produced for the third quarter of 2018/19.

Engagement and customer feedback:

What engagement has been carried out with users, customers, potential customers, employees as appropriate? What was the feedback?

Throughout the 8 years of budget savings, the MEARR Policy has been reviewed and updated following feedback from affected employees and feedback from Trade

Unions. Further guidance notes have been developed as required on specific aspects of the Policy in order to assist in its application.

What other relevant information do you hold e.g. are you aware of any barriers to any groups in accessing the service?

All employees at risk of compulsory redundancy are offered the same provisions: access to 12 weeks on the redeployment register, 4 week trials where a placement is found (this may increase to 3 months if the employee has disabilities); access to 'Facing the Future' support and coaching and severance payment if an employee with 2 years or more continuous service is made redundant. There are no identifiable barriers of access apart from the requirement to be aged 55 or over to access pension when made redundant and employees are encouraged to discuss their individual pension situation with the pension's team for advice.

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

The data missing is that on religion/belief, transgender and sexual orientation. Although religion/belief and sexual orientation data is being collated for employees it is not widely completed. Transgender is not recorded.

Data analysis

Provide details of the analysis completed on the information presented at stage 1 above, identify patterns or trends and compare with other authorities, national research, census data, etc.

The data analysis provided below is on the strands from which sufficient data can be retrieved in order to reach significant conclusions.

Age

The age profile of those made redundant in the budget savings process shows that a much higher proportion were over 55 (55%) than were at risk of redundancy (22%) and also than in the workforce as a whole (27.5%). This is largely due to access to the pension commencing when employees are over the age of 55 and

therefore 55% of those made redundant who were over 55 were as a result of voluntary redundancy requests.

The potential for age discrimination in the selection for redundancy was identified in an EIA of the revised MEARR policy and was the subject of an Employment Appeal Tribunal in another authority where younger workers were selected for redundancy as it was cheaper to make them redundant than older workers. The evidence above indicates that this has not been the case in Dudley with a large proportion of redundancies being employees who are able to access their pensions.

Disability

Of those employees placed at risk of redundancy, 17% had declared a disability which is a higher proportion than in the proportion in the workforce at 6.4%. Of those employees made redundant, 10% had declared a disability. However, of the 2 employees with a disability who were made redundant, 1 (50%) requested voluntary redundancy.

Over the 8 years of budget savings, the proportion of disabled employees in the workforce has increased from 2.8% to 6.4% and therefore there has been no impact of the budget savings on the proportional profile of the workforce by disability.

Race

The proportion of BME employees who were placed at risk of redundancy in the budget savings process was lower at 8% compared to that in the workforce at 10.9%. The proportion of BME employees who were made redundant was also lower at 5% so there was no impact on the BME proportional profile as a result.

Over the 8 years of budget savings, the proportion of BME employees has increased from 7.3% to 10.9% so there has been no negative impact on the overall workforce profile.

Religion

A total of 21% of the employees at risk have not disclosed their religion/belief. Similarly across the Council 32% have not declared their religion. The proportions of employees both placed at risk and subsequently made redundant are consistent with those in the workforce as a whole.

Sex

There was a slightly higher proportion of females (76%) and therefore a lower proportion of males (24%) placed at risk of redundancy compared to that in the workforce (65% female and 35% male). However the overall proportion of those at risk made redundant was slightly lower for females at 60% and higher for males at 33%.

Looking at the grade breakdown, at below SCP 34, 88% of those at risk were female and of those actually made redundant, 87% of these were female. At SCP 34 and above, there was only a slightly greater proportion of females (57%) who were placed at risk than males. However, of those made redundant, only 41% were female. It is difficult to draw conclusions due to the small numbers of employees actually made redundant, particularly at SCP 34 and below which was only 8 employees of which 50% were voluntary redundancies.

The 8 years of budget savings has not impacted on the overall workforce profile, as the proportions of males and females in the workforce remain about the same as it was at the beginning.

There has also not been any negative impact on the proportions of females in the workforce at SCP 34 and above, which has actually increased (Males 46% and Females 54%, compared to prior to the 8 years of budget savings of Males 48.7% and Females 51.3%). The proportions in the workforce below SCP 34 have remained roughly the same (Males 31% and Females 69% compared to prior to the 8 years of budget savings of Males 30.8% and Females 69.2%).

11. From your data analysis, what are the main issues relating to each protected characteristic (if any)? Consider all three parts of the public sector equality duty.

All protected characteristics	
Age	<p>An expression of interest in voluntary redundancy is part of the selection criteria for employees who are at risk of redundancy and part of a selection pool and is an option available for those employees who are at risk of redundancy and in a unique post. Due to the nature of severance payments and the pension provision, those employees expressing an interest in voluntary redundancy are expected to be mostly from the over 55 age range although not exclusively. Those below the age of 55 do not have access to their pension thus usually making volunteering a less attractive option.</p> <p>In terms of compulsory redundancies older employees being made redundant who look for alternative work outside the Council may find it more difficult than a younger person, to find another job, despite age discrimination legislation. Also it is more likely that fewer 55-64 year olds are actively seeking work as they have 'retired'. However, a number of companies (especially in retail) do promote their employment of experienced older employees.</p> <p>Where there is a selection pool in a redundancy situation the selection criteria provides an opportunity to reward employee loyalty whilst not discriminating against younger workers by including length of service as an element but limited to 5 years maximum. The competency based interview structure focuses on the skills and competencies held by the employee rather than length of time served to gain the necessary experience.</p>
Disability	<p>To mitigate any potential impact on disabled employees, the selection criteria used for any selection pool requirements omits any absence that is discountable under the Attendance Management Policy. All employees and their representatives have an opportunity to discuss and challenge in a meeting the selection criteria therefore if any absence has inadvertently been included incorrectly this can be investigated as appropriate and rectified.</p>

	<p>Employees are encouraged to declare any disability on an annual basis to ensure records are up-to-date and necessary support, advice and guidance is provided to both employee and manager.</p> <p>Reasonable adjustments will be considered where necessary for individuals in the selection interview and in any redeployment opportunities considered. Occupational Health advice is sought where necessary. Employees may also bring a representative with them to consultation and communication meetings.</p>
Gender reassignment	There is no data available in this area to collate this.
Pregnancy or maternity	<p>Women on maternity leave and men on additional paternity leave have enhanced protected status and this is recognised when considering selection pools for redundancy and when considering vacancies. This right also applies to those on adoption leave. Employees on maternity/additional paternity/adoption leave are kept informed of the consultation process throughout. To mitigate any potential impact on this group, the selection criteria used for any selection pool requirements omits any absence relating to pregnancy.</p>
Race	Employees from some BME groups being made redundant may find it more difficult to find another job (e.g. due to employer discrimination) than employees from white groups.
Religion or belief	The data in this area is limited by the number of employees who do not declare their religion to draw any conclusions.
Sex	<p>65% of the Council's workforce (excluding schools) is female and therefore it is probable that more women than men will be at risk of redundancy or request voluntary redundancy. Due regard will be made to this area as some service areas may be more affected by the budget savings process for example back office functions, where the proportion of women may be even higher, and monitoring will be ongoing to ascertain if this affects a higher ratio of women to men than in the workforce profile of the council.</p> <p>Part-time employees tend to be predominantly female therefore, this may be an issue in terms of gender as higher numbers of</p>

	part-time employees would need to be made redundant in order to make an required budget saving.
Sexual Orientation	There is insufficient data available on sexual orientation for conclusions to be drawn in this area, although the council has started to monitor against this protected characteristic.

Identifying adverse impacts

12. What are the main potential adverse impacts on particular protected characteristics that need to be taken into account in changing the service or policy/making a decision? Indicate any positive impacts.

Where a small difference has been found between the proportion of redundancies based on a particular protected characteristic and the representation of that group in the workforce, it is relatively slight and the numbers involved are small so no evidence of adverse impact that can be drawn from this.

Over the 8 years of budget savings, the proportion of employees in the workforce by protected characteristics has remained either roughly the same, or in the case of BME groups and Disability, the proportions have increased.

No significant adverse impact on particular protected characteristics has been identified and the budget savings process has not impacted negatively on the proportions of employees with protected characteristics within the workforce (where usable data exists).

Alternatives/mitigating actions

How will any adverse impacts identified be reduced or removed? Explain if it is decided that an adverse impact is unavoidable.

1. In anticipation of the need to make significant savings the council through effective workforce planning have continued with vacancy management, including the non filling of some vacant posts and acceptance of requests for voluntary reduction in hours or flexible retirements where the vacant hours have not been replaced.

2. In order to mitigate compulsory redundancies, where employees are placed at risk of redundancy, requests for voluntary redundancy are taken into account as part of the redundancy selection criteria where

there is a selection pool, or progressed as appropriate if the employee is in a unique post. The current DMBC redundancy scheme is an enhancement on the statutory redundancy scheme.

3. The Council has developed comprehensive resources to support employees at risk of redundancy through its “Facing the Future” programme. This includes face to face advice and training and online information on topics such as life planning, career and finance and emotional support.
4. The Council offers redeployment support to staff at risk of compulsory redundancy. This includes staff being placed on the redeployment list with uncompetitive opportunities for vacancies (although competition with other redeployees). There is also support with regards to advice on the development of CV's, assistance with identifying job opportunities and preparation for interviews. Reasonable adjustments will be made for disabled employees during this process. Employees on maternity leave, adoption leave and long term sickness absence are kept fully informed.
5. The Council has extended the time allowed on the redeployment register for employees to be given access to the register before their post is declared redundant but whilst they are identified as in an ‘at risk of redundancy’ situation. Therefore employees will in some cases have more than 12 weeks to find alternative employment through redundancy bumping or redeployment.
6. Reasonable time off work will be given for employees at risk of compulsory redundancy to look for work or arrange appropriate training.
7. The Council will apply relevant policies in relation to employees covered by maternity and paternity provisions when considering redundancy and redeployment.
8. To ensure consistency HR staff advise and support managers through the process as appropriate and template documents are also available

Monitoring arrangements

14. How will the equality impact of the policy/service be monitored in future?

At an appropriate point in the process there will be a further EIA to demonstrate whether there has been any impact on protected groups resulting from the 2019/20 budget process.

The revised MEARR policy in place for the 2017/2018 budget savings and the Retraining and Redeployment policy will undergo further review as required to ensure any potential impact of the budget process is removed / minimised and where possible, mitigating actions are put in place.

Workforce information will continue to be routinely monitored on a quarterly basis.

Action planning

15. Provide details of actions or improvements identified during the EIA.

During the 8 years of budget savings, there were 1,254 voluntary redundancies and 177 employees at risk of compulsory redundancy were found alternative employment, resulting in minimising the need of compulsory redundancies to 175.

The equality statistics at the beginning of the process highlighted possible concerns of impact on BME employees and disabled employees. These concerns have been alleviated due to the fact that the budget savings process has not had any significant or disproportionate impact on employees with these protected characteristics.

The amendments to the selection criteria introduced for the 2017-2018 process have also not had any significant or disproportionate impact on employees with a protected characteristic.

Decision making

16. Who will be making a decision relating to the policy or service (e.g. the Cabinet, a Cabinet member through a decision sheet, a director or chief officer through delegated authority) and when will a decision be made?

Note. The decision maker(s) need(s) to be briefed on the contents of the EIA. Include a summary of the main impacts in the 'Equality Impact' paragraph of any committee report or decision sheet (attach a copy of the EIA where appropriate).

Signed assessment lead officer: Karen Jesson

Date: January 2019

Chief officer: Adrian McCormick

Date: January 2019