

BCP Equality Impact Assessment Template

Executive Summary and Conclusions

Once the Equality Impact Assessment Template has been completed, please summarise the key findings here. Please send a copy of your final document to the Policy and Performance Team.

Implementing a single, BCP wide 'front door' model for Adult Social Care enquiries that will provide greater demand management for social care services and positively impacts older people and people with disabilities. Consideration has been given to capacity and initial implementation will account for this. A thorough staff training plan has been put in place to address any knowledge gaps across BCP.

Part 1 - The Project

Policy/Service under development/review:	ASC Front Door Redesign – phase 1
Service Unit:	Adult Social Care
Service Lead:	David Vitty – Director of Adult Social Care Services
Equality Impact Assessment Team:	Tim Branson – Service Manager Rachel Haughton – ASC Contact Centre Manager Nicky Mitchell – Quality Assurance Manager Brian Langridge – Commissioning Manager Debi Platt – Policy Officer
Date assessment started:	05/08/20
Date assessment completed:	20/10/20
What are the aims/objectives of the policy/service?	This project aims to implement a single, BCP-wide Front Door for Adult Social Care enquiries that provides a proportionate, person-centred and

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Part 1 - The Project

	<p>basic strengths-based response, and improved demand management for longer-term ASC support. Phase 1 (June – October 2020) will ensure the appropriate analysis is completed to include skills gaps, structures, training needs and process mapping, and initial plans for a harmonised model.</p>
<p>What outcomes will be achieved with the new or changed policy/service?</p>	<ul style="list-style-type: none"> • Consistency across the authority for all those initially wishing to access Adult Social Care Services • Consistent approach to decision making and triage of safeguarding concerns • Embedding a strengths-based conversations model into the ASC Front Door, enhancing customer experience and valuing a “tell me once” approach • Strong connections to services in the community and a good knowledge of what is available locally, allowing BCP to confidently help people find solutions. • Developed connections to voluntary sector. • Fairness and equity across different user groups in the way they can access ASC services • Unified and simplified processes for Adult Social Care teams to record, process and deal with short-term case work • Embed early help preventative work and monitoring to improve individual wellbeing and reduce demand on long-term ASC services (inclusive of assistive technology, equipment and adaptations) • Strong links at the front door to reablement and rehabilitation, and assistive technology means that people can recover lost skills and regain levels of independence without the need for detailed assessments • Achieve contribution towards savings target in ASC

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Part 1 - The Project

Are there any associated services, policies or procedures?	Yes – ASSIST procedure documents for Borough of Poole, Care Management Manual for Bournemouth Borough Council, Conversation Record Forms (held on case management systems).
Please list the main people, or groups, that this policy/service is designed to benefit, and any other stakeholders involved:	<ul style="list-style-type: none"> • All in-scope staff within the existing Front Door models across Bournemouth, Christchurch and Poole. • Other teams within Adult Social Care with independencies i.e. locality teams, crisis payments, safeguarding hub, statutory teams, finance, blue badge • Residents, carers and families of BCP – existing service-users & self-funders • Hospital discharge services • Tricuro (care provider)
With consideration for their clients, please list any other organisations, statutory, voluntary or community that the policy/service/process will affect:	<ul style="list-style-type: none"> • Local community and voluntary organisations, charities etc (Community Action Network, Help and Care) • Professional partners and organisations (Healthwatch) • Elected Members

Part 2 – Supporting Evidence¹

Please list and/or link to below any recent & relevant consultation & engagement that can be used to demonstrate a clear understanding of those with a legitimate interest in the policy/service/process and the relevant findings:

Consultation and engagement

- Presentation – IHCP Workshop

¹ This could include: service monitoring reports, research, customer satisfaction surveys & feedback, workforce monitoring, staff surveys, opinions and information from trade unions, previous completed EIAs (including those of other organisations) feedback from focus groups & individuals or organisations representing the interests of key target groups or similar.

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Part 2 – Supporting Evidence¹

- December 2019 – ASC staff newsletter article
- Regular (2 weekly) Front Door Project meeting
- Regular Programme Board meeting
- Engagement and consultation meetings planned with affected staff groups
- Other engagement activities to be considered:
 - Existing groups (ASC focus groups, involvement data base, Healthwatch, PPGs, carers leads etc)
 - Internal staff (staff engagement events, PSW/POT groups/bulletins, Shelley B comms group, ASC newsletter)
 - Stakeholder workshops (vol. sector, health, partners etc)
 - Providers (forums, bulletins)
 - LDPB (forums, bulletins)
 - Virtual huddles/Peer support
 - Public and staff BCP ASC factsheets
 - Corporate comms - social media and BCP website, My Life My Care
- Use existing routes incl public outlets (GPs, pharmacies, libraries, community centers etc.)
- Use of partner organisations (networks, their own websites and social media)

If there is insufficient consultation or engagement information please explain in the Action plan what further consultation will be undertaken, who with and how.

Please list or link to any relevant research, census and other evidence or information that is available and relevant to this EIA:

- [Research of other Local Authorities Front Door Models](#)
- Research into strengths-based approaches
- IPC points to a number of LAs who now resolve approx. 75% of presenting problems at first point of contact through a strong focus on finding resolution for peoples' problems
- KPMG report for ASC that reflects different models across BCP that are confusing for and not sustainable longer term
- In its work for BCP ASC, KPMG has researched and cited examples of LAs such as Leeds, Thurrock and Wigan that have successfully tested remodelling their front doors

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Part 2 – Supporting Evidence¹

Please list below any service user/employee monitoring data available and relevant to this policy/service/process and what it shows in relation to any Protected Characteristic:

Older people are more likely to access Adult Social Care and therefore use any front door model - as per our ASC performance dashboard (April-June 2020) 76% of our client group are over the age of 64.

Older people are more likely to have a disability or long-term condition and are therefore more likely to access ASC Services. As per [BCP insight profile](#), 57% of BCP residents aged 65 or over say they have a disability or long-term condition that limits their day to day activities (compared to 11.25% of adults aged 64 or under).

Women are slightly more likely to access ASC Services - as per ASC performance dashboard (April-June 2020) the client group is 43% Male and 57% Female.

Any staff considerations (for example those in-scope of re-organisation as a result of this project) will be/have been assessed in separate EIA documents to protect confidentiality.

If there is insufficient research and monitoring data, please explain in the Action plan what information will be gathered:

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Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. [Click here](#) for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
1. Age ²	The proposed model will achieve a more unified approach with clearly defined processes that will enable individual outcomes to be achieved in a fair and equitable way. A more streamlined and less intrusive, arduous process will have a positive impact.	<p>Increased demand may mean longer waiting times if resources are not effectively managed.</p> <p>A service that is geographically (and hence financially) inaccessible to people in need; there is a need to ensure that help is easily accessible in various areas of BCP.</p>
2. Disability ³	The proposed model will achieve a more unified approach with clearly defined processes that will enable individual outcomes to be achieved in a fair and equitable way. A more streamlined and less intrusive, arduous process will have a positive impact.	<p>Increased demand may mean longer waiting times if resources are not effectively managed.</p> <p>A service that is geographically (and hence financially) inaccessible to people in need; there is a need to ensure that help is easily accessible in various areas of BCP.</p>
3. Sex/Gender	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.

² Under this characteristic, The Equality Act only applies to those over 18.

³ Consider any reasonable adjustments that may need to be made to ensure fair access.

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	Actual or potential positive outcome	Actual or potential negative outcome
4. Gender reassignment ⁴	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
5. Pregnancy and Maternity	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
6. Marriage and Civil Partnership	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
7. Race	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
8. Religion or Belief	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
9. Sexual Orientation	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
10. Any other factors/groups e.g.	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.

⁴ Transgender refers to someone who considers that they do not identify strictly to one gender to the other, identifying themselves as neither male nor female.

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	Actual or potential positive outcome	Actual or potential negative outcome
socio-economic status/carers etc ⁵		
11. Human Rights	N/A	N/A

Any policy which shows actual or potential unlawful discrimination must be stopped, removed or changed.

Part 4 – Equality Impact Action Plan

Please complete this Action Plan for any negative or unknown impacts identified in the assessment table above.

Issue identified	Action required to reduce impact	Timescale	Responsible officer
Staffing & resource to deal with increased or changing demand - longer waiting times would adversely impact older people and people with a disability	Consideration to be given on capacity, specialism and recruitment of staff able to deal with triage, allocation and signposting; ensure that capacity is assessed, and initial implementation is manned at higher rate. Training plan to be put in place	Prior to Service Design	Programme Manager

⁵ People on low incomes or no income, unemployed, carers, part-time, seasonal workers and shift workers

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(those most likely to access ASC through the front door).	to address any knowledge gaps across BCP.		
Availability and accessibility.	Good knowledge and networking with local charities to signpost adults and families and to prevent the need for ASC intervention.	By implementation date	Programme Manager
Disability or condition that may require reasonable adjustment	<p>Involve advocacy services in planning and implementation phases.</p> <p>Review communication methods e.g. easy read; sight or hearing impairment provision; interpreters for other languages including signing.</p> <p>Research requirements for neurological untypical people (e.g. Autism Spectrum Disorder) wanting information and advice, or making contact.</p>	<p>During implementation</p> <p>By implementation date</p> <p>Integrate with Autism Pathway review</p>	

Key contacts for further advice & guidance:

Equality & Diversity:

[Sam Johnson - Policy & Performance Manager](#)

Consultation & Research:

[Lisa Stuchberry – Insight Manager](#)