

Equality Impact Assessment (EIA) Template – Part 1

Policy title and purpose (brief outline):	The Partnership Arrangements (Wales) Regulations under Part 9 of the Social Services and Well-being (Wales) Act 2014
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Department:	Health and Social Services
Date:	October 2015
Signature:	

1. Please provide a brief description of the policy/decision.

This Equality Impact Assessment is about Part 9 of the Social Services and Wellbeing (Wales) Act 2014 – Partnership and Co-operation. This equality impact assessment must be considered in conjunction with the other equality impact assessments because partnership and co-operation applies to all user groups e.g. children & young people, older people, etc. and to all functions: the provision of information, advice and support, assessment, care and support planning, safeguarding and to the provision of services.

The Act provides the legal framework for improving the well-being of people who need care and support and carers who need support. It transforms the way social services are delivered, promoting people's independence to give them voice and control. It also seeks to ensure social services are sustainable going forward.

Individuals, their families and carers may require care and/or support from more than one professional or organisation. Where this is the case, the care and support they receive should be effectively co-ordinated and delivered to meet their specific needs. The purpose of Part 9 of the Social Services and Well-being (Wales) Act 2014 ("the Act") is to ensure there are co-operation and partnership arrangements in place to enable this.

Part 9 of the Act requires local authorities to make arrangements to promote cooperation with their relevant partners and others, in relation to adults, carers and children with needs for care and support. It places a duty on relevant partners to cooperate with, and provide information to, the local authorities for the purpose of their social services functions. It makes provision about promoting the integration of care and support with health services. Our definition of integration for people needing care and support is:

"My care is planned by me with people working together to understand me, my family, and carer(s) giving me control, and bringing together services to achieve the outcomes important to me."

This definition with its emphasis on control both promotes equality and should serve to protect against discrimination.

The objective is to get different professionals and agencies to work together to deliver joined up care and support services rather than a fragmented series of interventions which the individual may find confusing and inconvenient. It is important to note that we are not pursuing co-operation and partnership for the sake of it. Partnership has to have a purpose.

The purposes of co-operation, partnership and integration can be described as follows:

- To improve outcomes for the individual in need of health and social care and improve opportunities for more personalised care
- To improve outcomes for carers and families

- To make more effective use of resources
- To improve staff morale with leaner more integrated processes and fewer hoops to jump through. Staff working in multi-disciplinary teams
- To improve governance arrangements for integrated services.

Part 9 of the Act provides for partnership arrangements between local authorities and Local Health Boards for the discharge of their functions. It also provides Welsh Ministers with regulation making powers under which they can require the creation of formal partnership arrangements and the use of pooled funds.

2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 (please refer to Annex A of the EIA guidance) identified as being relevant to the policy. What steps have you taken to engage with stakeholders, both internally and externally?

Two consultation events were held as part of the consultation process. The purpose of these to:

- Promote engagement with the consultation
- Provide a base level of understanding to key stakeholder groups of areas we were consulting on.

Attendees were asked to participate in discussions on the implementation of the regulations, and also to share information from the events with their wider networks to provoke deeper engagement with the proposals and a wider span of consultation responses.

The first event was held on 21 May in St George's Hotel, Llandudno. The second was held on 4 June in the Liberty Stadium, Swansea with 200 attendees overall, representing a range of organisations. The range of stakeholders included representation from:

- Age Alliance Wales
- British Deaf Association
- Care Council for Wales
- Children in Wales
- College of occupational therapists
- CSSIW
- Disability Wales
- Learning Disability Wales
- Local authorities
- Local Health Boards
- WLGA
- RNIB Cymru
- Public Health Wales
- Office of the Older People's Commissioner

North Wales Social Services Improvement Collaborative.

Workshops were held at the events on each of the parts of the Act subject to consultation under Tranche 2. The content of these workshops was tailored to suit the subject matter but at the core of each was a presentation from officials and group discussions and activities.

The comments and outputs from these events were considered alongside the formal written responses in order to inform the final regulations, code(s) of practice and, in respect of Part 9 statutory guidance.

In addition to this public consultation process, the proposals were discussed with the stakeholder reference group as well as the following groups: North Wales Directors, National Commissioning Board, National Provider Forum, Learning Disability Advisory Group, Care Homes Steering Group, National Partnership Forum for Older People, Cymru Older People's Alliance South, Wales Carers Alliance and the National Citizens Panel.

We have a steering group in place with broad representation from statutory, third and independent sectors and from a wide range of user groups including children & young people, older people and from groups representing a range of disabilities.

A 12 week public consultation on these regulations and accompanying Code of Practice ran between 8/5/15 and 31/7/15. The Consultation Summary Report can be found at:

http://gov.wales/consultations/healthsocialcare/part9/?status=closed&lang=en

The Act provides an overarching statutory duty which is that any person exercising functions under the Act must have regard to the characteristics, culture and beliefs of individuals. This duty gives effect to the principle that all people have different needs which are expressed in a number of different ways and that these needs must have proper regard paid to them when exercising functions under the Act

Engagement has reached as many individuals as possible to ensure that Welsh Government equality commitments have been inbuilt into the development of the policy from the outset. This has improved the understanding of barriers that exist in different equality groups.

The Welsh Government has recently developed an integrated approach to the provision of communication equipment to people with severe speech and communication problems. This involves the employment of additional staff and the development of a single central budget for high tech equipment. This approach was based upon a review of communication equipment services. Individuals and families were consulted as part of the review. The review itself was scrutinised by an expert group. The previous service model lacked staff with the expertise to assess for the need for and to prescribe high tech equipment and even when assessments were completed there were frequent disputes between agencies with regard to funding responsibilities. This new model of service provision will provide voice and control to people with some of the most severe disabilities.

This work followed the integration of community equipment services 8 years ago. We now have 11 formal partnerships with pooled budgets providing community equipment services. The services have improved performance and reduced costs.

We have also previously worked with Sense Cymru; Action for People with Hearing Loss, the RNIB, Wales Council for the Blind, Wales Council for the Deaf, local authorities and the Social Services Improvement Agency to develop a publication 'Making a Difference: Realistic Options for improving services to people with a sensory loss'. This work largely focused on cooperation and partnership in the provision of sensory impairment services. This work also examined how public bodies can work together to improve the training of staff.

We have engaged directly with the learning disability advisory group; the national partnership forum for older people, Cymru Older People's Alliance; Wales Carers Alliance; National Citizen's Panel.

We have also engaged with the leaders of <u>Integrated Family Support services</u>.

As part of the implementation of the intermediate care fund (ICF) which is targeted at older people officials have also undertaken several rounds of visits to regional partnership boards to discuss integration as well as the ICF. These partnerships include representatives from the statutory, independent and third sectors.

3. Your decisions must be based on robust evidence. What evidence base have you used? Please list the source of this evidence e.g. National Survey for Wales. Do you consider the evidence to be strong, satisfactory or weak and are there any gaps in evidence?

In relation to disability the Welsh Government has worked with partners in recent years to improve services in relation to community equipment services, communication equipment and services for people with a sensory impairment, although for this latter group progress will depend on the successful integration of services. We have successfully integrated community equipment services and have a new service model for communication equipment. These developments offer practical illustrations of the benefits of integration.

We have also engaged and consulted a wide range of groups described in our response to question 2. The responses to our consultation were overwhelmingly positive concerning the integration of services largely because of the opportunities to provide single points of access and opportunities for key professionals to work together. The quality of the population needs assessment is seen to be very important together with the opportunities for people to get involved with the design and delivery of services. The important point is that we capture the needs of each

group and work with them to find solutions. We will be monitoring the impact on each group.

The most important risk to providing good quality services is that some groups become marginalised.

It is important to note any opportunities you have identified that could advance or promote equality.

Impact

Please complete the next section to show how this policy / decision / practice could have an impact (positive or negative) on the protected groups under the Equality Act 2010 (refer to the EIA quidance document for more information).

Lack of evidence is not a reason for *not* progressing to carrying out an EIA. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?

Age	Positive	Negative	None / Negligible	Reasons for your decision (including evidence) / How might it impact?
Younger people (Children and young people, up to 18)				The Regulations and respective codes of practice seek to strengthen the duties on individuals and local authorities when carrying out their functions in relation to looked after and accommodated children band ensure they have
				 The child or young person's views, wishes and feelings, so far as is reasonably practicable The importance of

respecting the child or young person's dignity

- The characteristics, culture and beliefs of the child or young person
- The importance of providing appropriate support to enable the child or young person to participate in decisions that effect them

All of these considerations and others apply to arrangements for cooperation and partnership

Integrated services can improve access to services by providing a single point of access for both the public and professionals.

Integration facilitates multi-disciplinary working and helps to ensure that individuals and their families get access to the appropriate advice and support.

		I	I	
				Professionals are more able to support each other. Individuals enjoy better access to professionals with specialist knowledge e.g. specialist social workers for deaf people
				Integrated commissioning can exercise greater influence over the shaping of services
				The service model for communication equipment described above can provide better access to services with specialist staff managing a single budget.
				Integration works particularly well for low volume high cost services for people with specialist needs.
People 18- 50	√			As above
Older people (50+)	V		0	We already have evidence of the benefits of integration from the implementation of the Framework for the

		Integrated Delivery of Services for Older People with Complex Needs and the Intermediate Care	
		Fund.	

4.2 Because they are disabled?

Impairment	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Visual impairment	V			Integrated provision between authorities can support specialist sensory impairment teams and improve training opportunities for specialist staff.
Hearing impairment	V			Integrated provision between authorities can support specialist sensory impairment teams and improve training opportunities for specialist staff.
Physically disabled	√			Access to equipment has already greatly improved in terms of timeliness of provision, quality and cost with

integrated community equipment services and integrated communication equipment.

Integrated services can improve access to services by providing a single point of access for both the public and professionals.

Integration facilitates multi-disciplinary working and helps to ensure that individuals and their families get access to the appropriate advice and support.

Professionals are more able to support each other.

Individuals enjoy better access to professionals with specialist knowledge e.g. specialist social workers for deaf people

Integrated commissioning can exercise greater influence over the

			shaping of services
			The service model for communication equipment described above can provide better access to services with specialist staff managing a single budget.
			Integration works particularly well for low volume high cost services for people with specialist needs.
Learning disability	V		Integrated services can improve access to services by providing a single point of access for both the public and professionals.
			Integration facilitates multi-disciplinary working and helps to ensure that individuals and their families get access to the appropriate advice and support.
			Professionals are more able to support each other.

			Individuals enjoy better access to professionals with specialist knowledge e.g. specialist social workers for deaf people
			Integrated commissioning can exercise greater influence over the shaping of services
			The service model for communication equipment described above can provide better access to services with specialist staff managing a single budget.
			Integration works particularly well for low volume high cost services for people with specialist needs.
Mental health problem	√		Integrated services can improve access to services by providing a single point of access for both the public and professionals.
			Integration facilitates multi-

			disciplinary working and helps to ensure that individuals and their families get access to the appropriate advice and support.
			Professionals are more able to support each other.
			Individuals enjoy better access to professionals with specialist knowledge e.g. specialist social workers for deaf people
			Integrated commissioning can exercise greater influence over the shaping of services
			Integration works particularly well for low volume high cost services.
deaf blind	√		As with HI and VI above.
severe speech &	$\sqrt{}$		abuve.
communication problems.			Example of communication equipment

4.3 Because of their gender (man or woman)?

Gender	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Male	V			Welsh Government has worked with men and women to develop
Female	√			the policy and regulations and code of practice to identify what matters to them. Our focus on maximising the control for individuals in need of care and support and focusing on outcomes should promote equality.

4.4 Because they are transgender?

Transgender	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
√	/			Our focus on maximising the control for individuals in need of care and support and focusing on outcomes should promote equality.
				The integration of services will

	improveopportunities for staff to share learning and knowledge.
	It also provides opportunities for shared training.

4.5 Because of their marriage or civil partnership?

Marriage and Civil Partnership	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Marriage	$\sqrt{}$			Our focus on maximising the control for
Civil Partnership	V			individuals in need of care and support and focusing on outcomes should promote equality.

4.6 Because of their pregnancy or maternity?

Pregnancy	Positive	Negative	None /	Reason for your
and			Negligible	decision (including
Maternity				evidence) / How
				might it impact?

Pregnancy	V		Our focus on
			maximising the control for individuals
Maternity (the period after birth)	V		in need of care and support and focusing on outcomes should promote equality.

4.7 Because of their race?

Race	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?	
Ethnic minority people e.g. Asian, Black,	~			The Social Services and Wellbeing (Wales) Act sets out that people exercising their functions under	
National Origin (e.g. Welsh, English)	V			the Act must have regard to the characteristics, culture and beliefs of	
Asylum Seeker and Refugees	V			the individual. Our focus on	
Gypsies and Travellers				maximising the control for individuals	
Migrants	V			in need of care and support and focusing	

Others		on outcomes should promote equality.
		promote equality:

4.8 Because of their religion and belief or non-belief?

Religion and belief or non – belief	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Different religious groups including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others (please specify)	1			The Social Services and Wellbeing (Wales) Act sets out that people exercising their functions under the Act must have regard to the characteristics, culture and beliefs of the individual.
Belief e.g. Humanists	$\sqrt{}$			
Non-belief	V			

4.9 Because of their sexual orientation?

Gay men	V		The Act will improve the well-being of all those with needs for
Lesbians	V		care and support. The Act focuses on giving individuals
Bi-sexual	V		more voice and control and focuses on outcomes.
			The Social Services and Wellbeing (Wales) Act sets out that people exercising their functions under the Act must have
			regard to the characteristics, culture and beliefs of the individual.

4.10 Do you think that this policy will have a positive or negative impact on people's human rights? Please refer to point 1.4 of the EIA Annex A - Guidance for further information about Human Rights.

evidence) / How might it impact?

Human Rights including Human Rights Act and UN Conventions		The integration of services will improve access to the service for individuals and their carers and will offer a more joined up approach to helping them to find appropriate solutions to their care and support
		solutions to their care and support needs.

If you have identified any impacts (other than negligible ones), positive or negative, on any group with protected characteristics, please complete Part 2.

Only if there are no or negligible positive or negative impacts should you go straight to part 2 and sign off the EIA.

- 1. Building on the evidence you gathered and considered in Part 1, please consider the following:
- 1.1 How could, or does, the policy help advance / promote equality of opportunity?

For example, positive measures designed to address disadvantage and reach different communities or protected groups?

By giving the individual greater voice and control and focusing on helping them to achieve the outcomes important to them.

The integration of services will also demand the development of good quality management information to provide assurance to partners that their statutory duties are being fulfilled. This will need to be applied to all services including specialist services e.g. specialist sensory impairment services.

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?

Because it puts the individual at the centre of activities. The policy of integration is to give more control to the individual and to focus on the outcomes important to them. Helping the individual to identify the outcomes most important to them and finding the appropriate solutions through appropriate services will contribute to the elimination of discrimination.

A clear and unequivocal commitment to an inclusive approach is set out in the regulations and codes of practice.

The Act transforms the way social services are delivered, primarily through promoting people's independence and the simplification of the law will also provide greater consistency and clarity to people who use social services, their carers, local authority staff and their partner organisations, the courts and the judiciary.

The Act promotes equality through the provision of information, advice and support and shared focus on prevention and early intervention which should prevent problems escalating requiring more intensive forms of intervention.

Everyone is entitled to well-being and everyone has a responsibility for their own well-being, but some people will need extra help to achieve this and the integration of services where appropriate should ensure a joined up approach to helping individuals and their families. The Act will ensure people are able to access care and support to meet their specific needs.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?

whether these include formal services or existing community support.
2. Strengthening the policy
2.1 If the policy is likely to have a negative effect ('adverse impact') on any of the protected groups or good relations, what are the reasons for this?
What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?
There should be no negative impacts.
2.2 If we get an in to be taken to remove or mitirate negative /
2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.
(Please remember that if you have identified unlawful discrimination (immediate or potential) as a result of the policy, the policy must be changed or revised.)

3. Monitoring, evaluating and reviewing
How will you monitor the impact and effectiveness of the policy?
List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).
The Social Services and Wellbeing (Wales) Act 2014 contains provisions to allow for Ministers to monitor functions of the Act carried out by local authorities and other bodies.
Partnership boards will be required to provide an annual report on progress in relation to the integration of services.
Success will be monitored by the achievement of well-being outcomes, using the national outcomes framework.
The results of all impact assessments where the impact is significant will be published on the Welsh Government's website.

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*Please delete as appropriate:

The policy *does / does not have a significant impact upon equality issues

Official completing the EIA
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Department:
Health and Social Services
Date: October 2015
Signature:
Head of Division (Sign-off)

Name: Lisa Dunsford
Job title and department: Deputy Director for Integration Policy and Deliver, Health and Social Services Group
Date: November 2015
Signature:
Review Date: