

DRAFT Initial Equality Impact Assessment



1. The Project

Directorate:	Adult Social Services and Housing
Service area:	Adult Social Care – Operational Services
Lead Officer:	Ros Cox
Date:	18 November 2025

Description of the project:

Following a commitment in 2024 to improve the experience of a person contacting Adult Social Care (ASC), the Person's Journey project was undertaken. The outcomes of the project identified areas of challenge and opportunities for development. The subsequent Person's Journey Transformation work is based on the project findings. It looks to shape services to respond more effectively to the needs of our population; specifically, for a better experience - 'journey' - for people contacting Adult Social Care seeking advice and support.

The Person's Journey project is seeking to achieve the following objectives:

Better customer experience: reduced delays, faster delivery times, improved quality, and enhanced customer satisfaction

Improved efficiency: streamlining and integrating all steps of the end-to-end processes to reduce duplication of efforts and minimise delays.

Enhanced visibility: better tracking, monitoring, and control of each step, for improved flow, decision-making and problem-solving.

Cost savings: identify areas of waste or inefficiency, for cost savings through optimisation and improved resource allocation.

Increased agility: services able to adapt more quickly to changes in environment and demand.

The initial part of the project Dec 24 – Jun 25 sought to identify barriers to effective service delivery through extensive engagement with staff and some members of the North Somerset Population who have experience of accessing ASC. The outcomes of this work together with the outcomes of the recent Care Quality Commission Inspection informed the outline for an improved, streamlined way of working.

To deliver the improvements and the new way of working, a proposed structure for ASC mainstream operational services was selected from a range of options. The specific objectives linked to the restructure are:

- Ensure people receive an effective service from ASC (Social Work (SW) and Occupational Therapy (OT)) from the right person at the right time
- Enable staff to keep the person at the centre of decision-making with expertise from across the teams supporting the needs as necessary

- Ensure carers are treated on a par with those cared for and receive timely assessment and support
- Reduce the need for the person to repeat their story to multiple people – for a better experience, confidence that the services communicate effectively and removing unnecessary delays and duplication by staff
- Ensure teams can work more effectively with people and wider multi-agency neighbourhood teams
- Reduce delays and waiting times for people in need of care and support through process redesign
- Redesign LAS process for more effective business flow through a streamlined approach
- Reduce unnecessary duplication of work for staff – to enable a faster response for people
- Ensure we provide the specialist support needed for people who require longer term and less episodic support i.e. needs associated with extreme hoarding, substance misuse, self-neglect

This equality impact assessment relates to that proposed new structure as we look to consult on the proposals.

Summary of changes:

Four of the existing operational teams will be directly impacted by this change. They are: Single Point of Access, Locality North, Locality South, TEC and Reablement Intervention (TRI) team.

In addition, Safeguarding Adults (SA) will see an increase in staffing to meet demand.

Social Work:

- SPA SW functions and some SW functions of the current North and South Locality teams will merge. Delivery will be changed from the three teams into two (Community) teams to support the North and South areas of Woodspring (North) and Weston, Worle and Villages (South).
- Some current North and South Locality SW functions will be held within a county wide team (Enhanced Support Team).

Occupational Therapy:

- TRI and SPA OT functions will merge to be one OT Team, to sit alongside HDAT and the North and South Community teams; applying the approach of 'therapy first' – to avoid unnecessary reliance on ongoing care provision.
- Some North and South Locality OT staff may need to move into the OT Team to support timely resolution of needs for residents.
- Some current North and South Locality team OT work will merge to be a county wide offer within the Enhanced Support Team.

- OT staff will undertake a support conversation to commission or review packages of care i.e. when they are the primary assessor and intervention that they have undertaken impacts on the level of care needed.

Carers:

- Carers Assessments will be completed by all practitioners when assessing the cared for person, to ensure parity of support for carers and cared for.
- The Carers' Team currently based in SPA, will work as part of the North and South Community Teams and be responsible for assessing carers where there is no active contact for the associated 'cared for' person to ensure a timely assessment for the carer or where specialist carers support is required.

Safeguarding

- The Safeguarding Adults (SA) team will respond to ASC safeguarding referrals*, concerns and enquiries. Note, by exception, enquiry work may be undertaken by Enhanced Support team where this is the interest of the individual concerned.
- The SA team will undertake care act assessments where appropriate.
- The SA staff establishment will increase to support the additional SA work.
- There is opportunity for OT/SW to move to the SA team to resource this proposal.

** Excluding LD (current practice unchanged).*

In summary:

- There will be minor changes to job description titles to reflect the new structure and align some historic role names. The job family approach will be replaced with aligned job descriptions.
- There will be minor changes to role for Occupational Therapists and OT-supporting ASCW/ASW/OT Aides to allow for completion of care act assessment and care and support planning.
- There will be no change to working hours
- There will be no change to work location
- There will be no changes to salary
- Current support mechanisms and reasonable adjustments to workstyles and working hours will continue as they are currently.
- There may be a change of team and line manager dependent on the outcome of the staff preferences exercise.
- The existing Transfer Policy and internal expressions of interest/job adverts will continue to enable staff to access role and team changes.
- The change will not impact on job security.

2. Customer equality impact summary

Will the changes proposed in this project have a disproportionate impact (or bias) for any of these groups?

Insert X into one box per row, for impact level and type.

H = High, M = Medium, L = Low, N = None

+ = Positive, - = Negative

Protected or significant group	Impact Level				Impact type	
	H	M	L	N	+	-
Disabled people (Including the consideration of neurodiversity)		X			X	
People from different ethnic groups		X			X	
Men or women (including those who are pregnant or on maternity leave)		X			X	
People who are LGBTQ+				X	X	
People on a low income		X			X	
People in particular age groups		X			X	
People in particular faith groups				X	X	
People who are married or in a civil partnership				X	X	
People who are undergoing gender reassignment				X	X	
Other significant groups, for example: Armed Forces Community, care experienced young people, carers, parents. Please specify: carers		X			X	

3. Explanation of customer impact

We would expect there to be an overall **improvement in the delivery and receipt of services for all aspects of the population contacting Adult Social Care**. Reducing delays, addressing the needs of carers on a par with those of people in need of care and support. The level of impact may be affected by the limitations of the resources available to respond, to meet needs and the potential loss of staff because of service change.

We do know that North Somerset has areas of significant deprivation and a higher than national average for people over the age of 65 years (24% compared to 19% nationally) who are likely to have an increasing need for social care support. The North Somerset population is less diverse on average regionally and nationally (>95% indicate ethnicity as 'white', compared to 93% in the Southwest and 81% nationally (Public Health England, 2024 cited North Somerset Joint Local Health and Wellbeing Strategy 2025-2028).

In the 12 months between Oct 24 and Sep 25, 21,489 contacts for were made to Adult Social Care for support for 8928 people. Of these 11% were for informal carers seeking support. We are currently experiencing significant delays for people waiting for an assessment of their needs, to access care and support.

The following chart (Chart 1) outlines the age and gender detail of our population contacting and currently in receipt of services by age and gender. Our online information and support through the commissioned Care Connect services will have a wider reach. A higher number of females contacting for support either for their own needs or for support as a carer for someone else. Contacts by people needing and receiving care and support increasing by age particularly high between ages of 75 and 95 years.

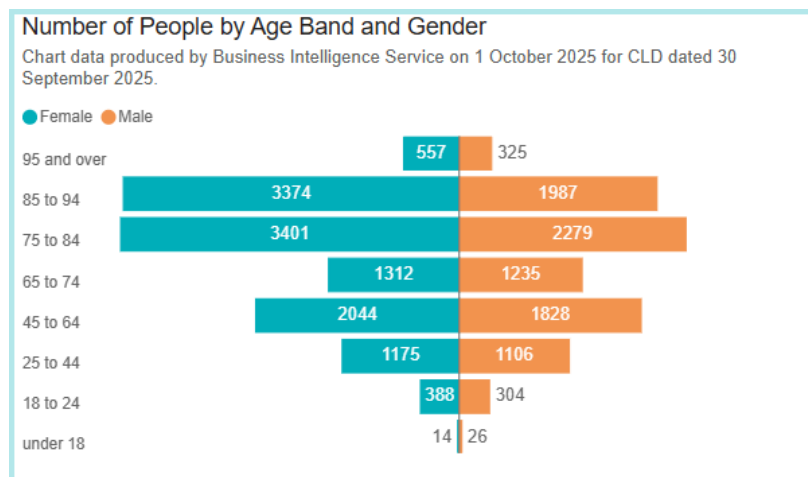
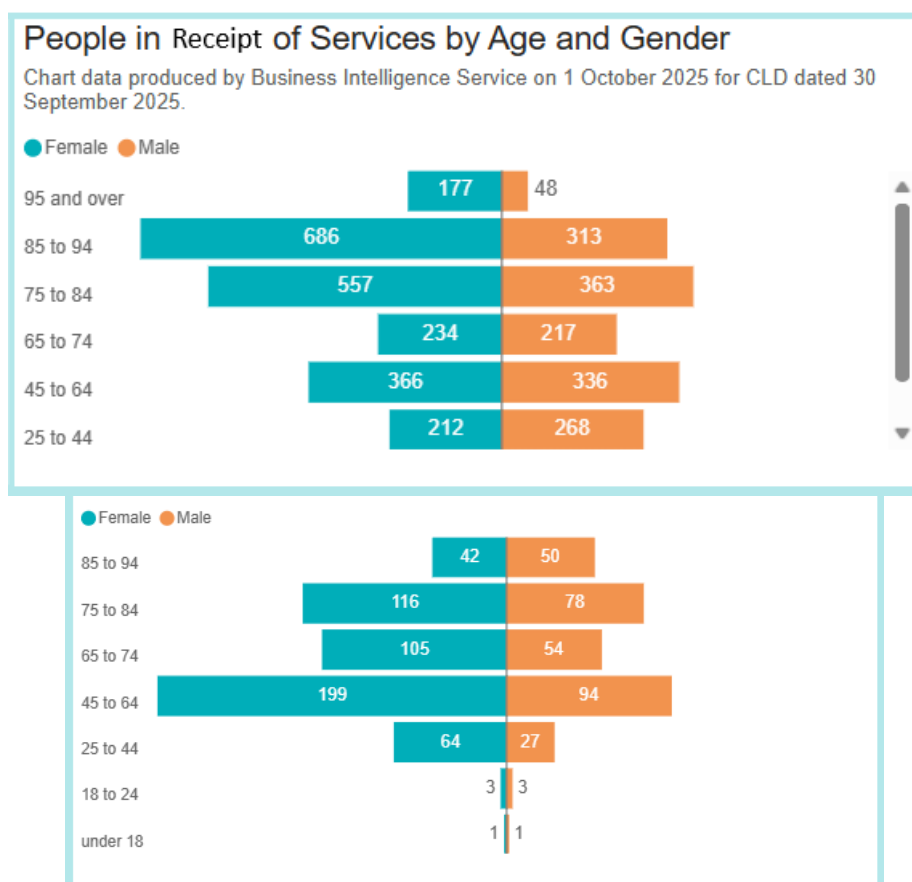


Chart 1: People contacting ASC for advice, assessment, support: 1 Oct 24- Sep25

Chart 2: Carers contacting ASC: 1 Oct 24- Sep25.

Chart
from



3: People in
receipt of services
ASC: 1 Oct 24-
Sep25

The ethnicity of people contacting Adult Social Care is predominantly White British, see the table below for detailed breakdown. Improving access to services and streamlining work will help improve our information recording regarding ethnicity and our continued work to address barriers to inclusion.

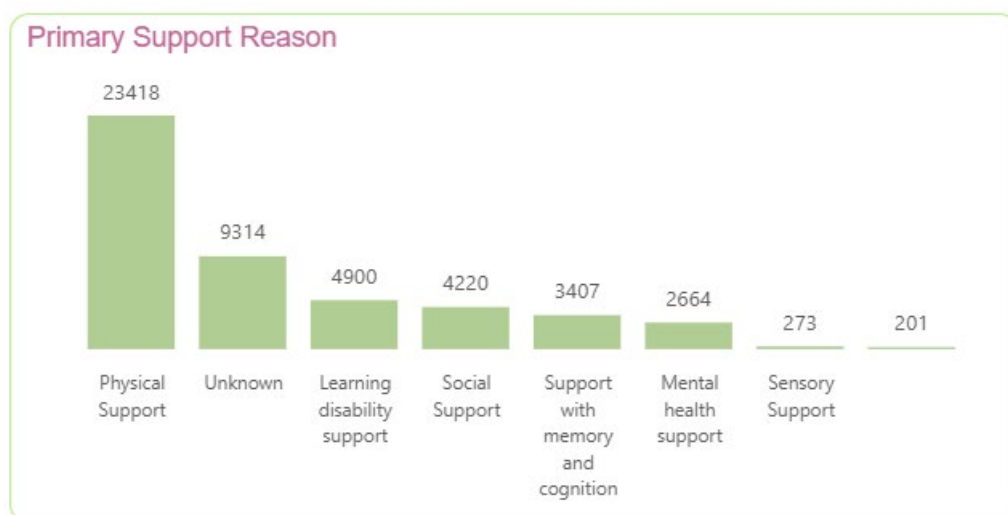
Ethnicity	Count of event_reference
White: English, Welsh, Scottish, Northern Irish or British	36418
No data: Undeclared or not known	8079
White: Any other White background	2165
No data: Refused	283
Unknown	217
Mixed or multiple ethnic groups: Any other Mixed or multiple ethnic background	181
White: Irish	180
Other ethnic group: Any other ethnic group	127
Black, Black British, Caribbean or African: African	99
Asian or Asian British: Any other Asian background	81
Mixed or multiple ethnic groups: White and Black African	80
Asian or Asian British: Indian	79
Asian or Asian British: Pakistani	69
Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background	65

Black, Black British, Caribbean or African: Caribbean	65
Mixed or multiple ethnic groups: White and Black Caribbean	58
Mixed or multiple ethnic groups: White and Asian	53
Other ethnic group: Arab	45
Asian or Asian British: Chinese	37
Asian or Asian British: Bangladeshi	10
White: Gypsy or Irish Traveller	6

Table 1: recorded ethnicity of people contacting Adult Social Care from Oct 24-Spe 25

The predominant presenting need is that of physical disability. See Chart 4 below.

Chart 4:
support
for



primary
reason
people

contacting Adult Social Care between Oct 24-Sep 25

There is a risk that change to service structure will lead to staff losses which may impact on the ability to fully deliver on the improvements, but we will seek to mitigate this by ensuring continued engagement of staff and steps outlines below in the staff assessment.

Please describe how you will communicate these changes to those impacted.

As part of continued efforts towards prevention and timely support we will be looking to ensure people are aware of the services and support through existing mechanisms i.e. partner agencies including NHS staff, GPs, voluntary sector and community groups, parish and town councils, increased corporate awareness, local and social media, our improved digital offer (under development) and through word of mouth from satisfied members of our population.

4. Staff equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

130 ASC operational staff – out of 400 people in the directorate - will be directly impacted by the proposals. These staff are currently working within the following teams: Single Point of Access, Locality North, Locality South, TEC and Reablement Intervention (TRI) team: as shown below:

Current People	Total	Team			
		SPA	TRI	North	South
T Mgrs (various)	4	1	1	1	1
SSW	10	3	0	4	3
SPOT (various)	9	2	3	2	2
SW (various)	40	10	0	15	15
OT	25	5	6	8	6
ASCW (SW)	18	6	0	5	7
ASCW (OT)	17	6	4	4	3
ASCW Carers	3	3	0	0	0
ASCW MINT	2	0	0	1	1
CDW	2	2	0	0	0
Total	130	38	14	40	38

Teams will be restructured into a different form. The visual representation of the current and proposed structure is at appendix 1.

The protected characteristics of the staff group impacted is as follows:

- Predominantly female: approximately 87% against 13% male
- 55% are part-time workers with the rest full-time (37 hours per week).
- Approximately 95% of directorate staff are recorded as 'White British', with 5.48% of the staff group recorded as having a non-white ethnic background.
- 38% of the directorate staff are aged between 51 and 65 years old, 28% 41-50 years and 23% 31-40 years.
- 24% of staff have indicated they have a disability.
- There is no specific data available to identify any disproportionate impact on staff with caring responsibilities or the further protected characteristics.

The implications for all staff will be fully apparent following a staff preference exercise for the roles they would like to undertake in the proposed structure – should this be confirmed.

Steps will be taken to mitigate unnecessary risk, bias or concern and accommodate individuals fairly and equitably through a formal, transparent HR process and in line with the existing HR policies. The consultation and changes will need to be communicated effectively with staff on sick leave, maternity leave, temporary secondment elsewhere.

5. Cumulative equality impacts

Is this project linked to or likely to have an impact on any other service areas?

This is linked to digital front door development and the LAS development work. Both of those projects are working in support of the Person's Journey objectives.

6. Action Plan

Are there any further actions that should be taken because of this Equality Impact Assessment?

Issue Identified	Planned Action	Lead Officer	Time for review
Consistency and continuation for reasonable adjustments for staff.	Ensure that subsequent preference exercise and role allocation is informed by current reasonable adjustments for individuals.	Sarah Shaw	Jan 26
Communication for staff off work sickness, maternity leave, seconded etc	Ensure effective consultation communication with staff not currently present at work.	Sarah Shaw	Nov 25

7. Review and Sign Off

Service Manager Review

Insert any service manager comments here.

Staff impacted by the proposed changes are to be fully engaged in the process throughout the consultation and any subsequent process changes.

There will be some challenge for staff impacted, through the change of their teams and immediate work colleagues. Steps will be taken to support staff through this change and help build new team working.

Aligning staff to the streamlined process, to support people more swiftly and effectively will not only benefit the people in need of support and their carers but will improve the work experience for staff, reduce complaints and deliver better outcomes for all involved.

Is a further detailed equality impact assessment needed? Yes **No**

Positive impact.

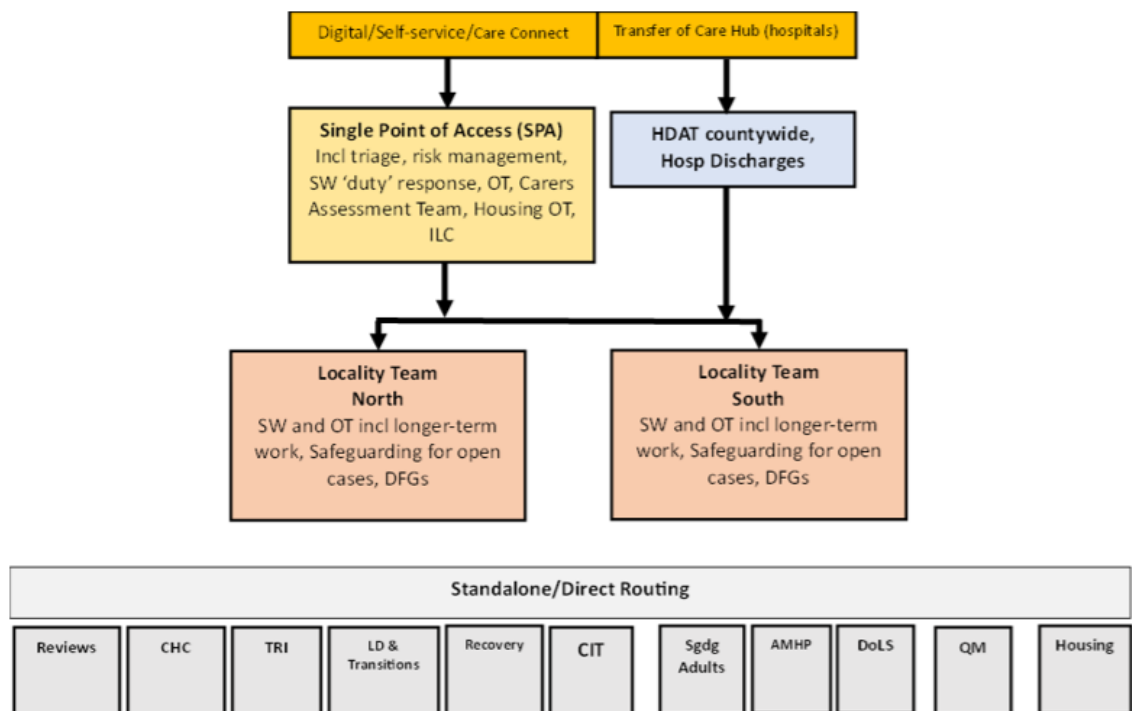
If 'yes', when will the further assessment be completed? N/A

Service Manager: Sarah Shaw

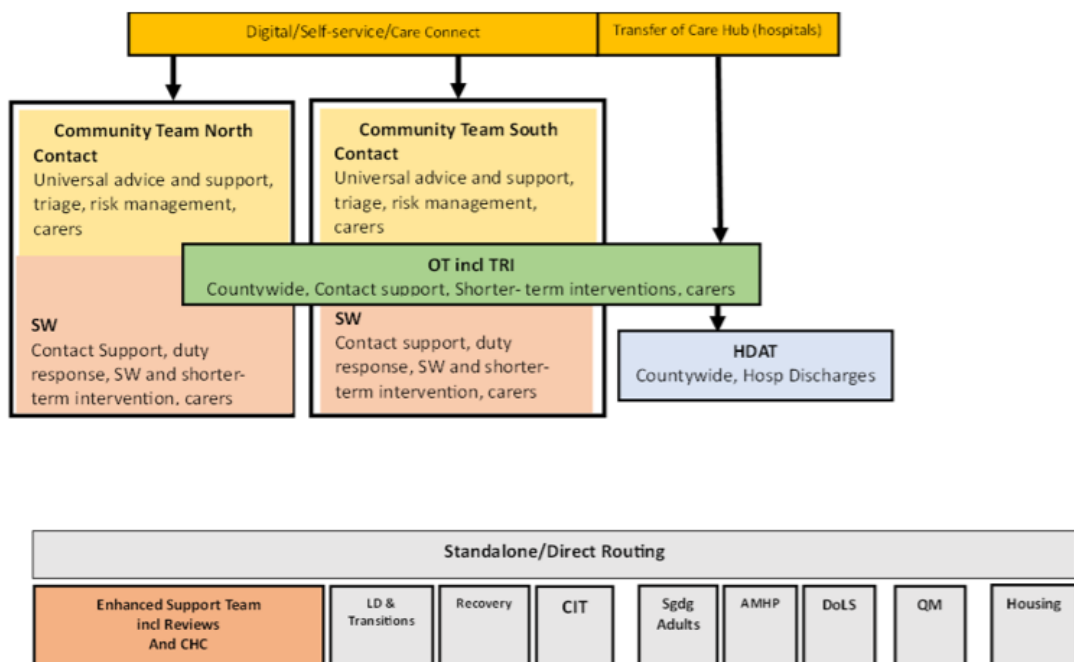
Date: 18 November 25

Appendix 1 – Current and proposed structure Adult Social Care and establishment

Adult Social Care Operations - Current Structure



Adult Social Care Operations



Summaries of Current staffing establishment by team (where change is proposed) and proposed staffing establishment aligned to the new structure

Current Role FTE by Team

	Total	SPA	TRI	North	South
T Mgrs (various)	4.0	1.0	1.0	1.0	1.0
SSW	9.2	2.9	0.0	3.2	3.0
SPOT (various)	7.6	1.9	2.6	1.6	1.5
SW (various)	33.1	7.5	0.0	11.3	14.3
OT	19.2	3.3	5.3	5.4	5.2
ASCW (SW)	16.2	5.6	0.0	4.0	6.6
ASCW (OT)	13.2	4.0	3.3	2.9	3.0
ASCW Carers	2.8	2.8	0.0	0.0	0.0
ASCW MINT	1.8	0.0	0.0	1.0	0.8
CDW	1.2	1.2	0.0	0.0	0.0
Sum FTE	108.1	30.0	12.1	30.5	35.5
% of total FTE		27.78%	11.23%	28.18%	32.81%

Proposed 70/30 FTE

	Total	OT	Com Nth	Com Sth	ESTm	SA (new)
T Mgrs (various)	4.0	1.0	1.0	1.0	1.0	
SSW	9.2	0.0	2.9	2.9	2.4	1.0
SPOT (various)	7.6	5.3	0.0	0.0	2.3	
SW (various)	33.1	0.0	10.5	10.5	9.0	3.0
OT	19.2	13.4	0.0	0.0	5.8	
ASCW (SW)	16.2	0.0	5.7	5.7	4.9	
ASCW (OT)	13.2	9.2	0.0	0.0	4.0	
ASCW Carers	2.8	0.0	1.4	1.4	0.0	
ASCW MINT	1.8	0.0	0.9	0.9	0.0	
CDW	1.2	0.0	0.6	0.6	0.0	
sum	108.1	29.0	22.9	22.9	29.3	4.0
% of total FTE		26.78%	21.21%	21.20%	27.11%	3.70%

**% FTE of teams impacted by proposed changes*

Notes:

FTE = Full Time Equivalent

1 FTE = 37hours

Working Assumptions:

- 70/30 split:
 - Senior Social Workers (SSW), Social Workers (SW) & Adult Social Care Workers (ASCW) - SW between 2 x Community and Enhanced Support Team (ESTm)
 - Senior Practitioner Occupational Therapist (SPOT), Occupational Therapist (OT) & Adult Social Care Workers (ASCW) - OT between Occupational Therapy Team and Enhanced Support Team (ESTm).
- Then 50/50 split North/South for SSW, SW and ASCW (SW) FTE

Abbreviations:

TOCH: Transfer of Care Hub (NHS Led), **HDAT:** Hospital Discharge Assessment Team

CHC: Continuing Health Care (Team), **LD:** Learning Disabilities (Team)

CIT: Crisis Intervention Team, **AMHP:** Approved Mental Health Practitioners

DoLS: Deprivation of Liberty Safeguards (Team), **QM:** Quality Monitoring (Team)

SSW: Senior Social Worker, **SPOT:** Senior Practitioner Occupational Therapist

SW: Social Worker, **OT:** Occupational Therapist, **ASCW:** Adult Social Care worker (SW/OT/Carers or MINT (Mental health and wellbeing Integrated Network Teams)), **CDW:** Carers Development worker