

South Ayrshire Council

**Report by Director of Health and Social Care
to Cabinet
of 1 November 2022**

Subject: Adult Locality Services Management Restructure

1. Purpose

1.1 The purpose of this report is to seek South Ayrshire Council approval for the proposed Management Restructure agreed by the Integration Joint Board in principle on 14 October 2022 insofar as it impacts on Council employees.

2. Recommendation

2.1 **It is recommended that the Cabinet agrees the proposals for changes to Council management structures in the HSCP as approved in principle by the IJB and as set out in the attached report ([Annex 1](#)).**

3. Background

3.1 On 12 October 2022, the Integration Joint Board agreed in principle proposals for a Management Restructure which affects primarily locality services in Adult Services. The proposals impact on both NHS and Council staff. This paper seeks South Ayrshire Council approval for those elements of the restructure which impact on Council staff.

3.2 The proposals are detailed in the report attached which were presented to the IJB. In summary, the proposals are the product of two significant service reviews; the Adult Social Work Learning Review (ASWLR) and the Community Nursing Review. These service reviews involved extensive engagement with a wide range of stakeholders. The proposals are intended to cement the ambition of the HSCP to more fully embed service provision within localities.

4. Proposals

4.1 The proposals as they impact on local authority staff are detailed in the report to the IJB. In summary they are as follows:

- The deletion of two grade 15 Service Manager posts;
- The creation of three grade 16 Senior Manager People in Locality posts who could be either local authority or NHS employees;
- The creation of three grade 14 Principal Social Workers;
- The creation of one grade 13 Service Manager (People's Health and Well-being) who could be either a local authority or NHS employee;

- The creation of two grade 12 Team Leaders; and
- The creation of two grade 8 Community Care Assistants.

5. Legal and Procurement Implications

5.1 There are no legal implications arising from this report.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 The financial implications are set out in detail in the report presented to the IJB. The IJB has identified a number of sources of funding which are detailed in the accompanying IJB paper at section 6.1.1. In total these resources total £1.215m. The cost of the proposals is detailed at section 6.1.2. In total the proposals will have an annual cost of £1.145m. The proposals are affordable within the resources identified. There are no additional financial implications for South Ayrshire Council. Any severance costs associated with the proposals will be met from HSCP funds.

7. Human Resources Implications

7.1 There are a number of human resources implications emerging from the proposals. These are detailed in the paper submitted to the IJB. In summary two posts are to be deleted and a number of posts created. South Ayrshire Council HR have been fully involved in the development of the proposals and have confirmed that the impact on any members of staff will be covered by the appropriate management of change policies.

8. Risk

8.1 Risk Implications of Adopting the Recommendations

8.1.1 There are no risks associated with adopting the recommendations.

8.2 Risk Implications of Rejecting the Recommendations

8.2.1 There are risks associated with rejecting the proposals. The proposals have been considered by the Integration Joint Board who have delegated authority for the resources committed to health and social care in South Ayrshire. They have oversight of the service provision of the areas of service being considered and are therefore best placed to make a judgement around the management structure. Rejection of the proposals could be viewed as impeding the work of the IJB and bring some reputational damage to the Council .

9. Equalities

- 9.1 The proposals in this report have been assessed through the Equality Impact Assessment Scoping process. There are no significant potential positive or negative equality impacts of agreeing the recommendations and therefore an Equalities Impact Assessment is not required. A copy of the Equalities Scoping Assessment is attached as [Annex 2](#).

10. Sustainable Development Implications

- 10.1 This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

- 11.1 An options appraisal has not been conducted in respect of the proposals.

12. Link to Council Plan

- 12.1 The matters referred to in this report contribute to Commitment 3 of the Council Plan: Grow Well, Live Well, Age Well/ Health and care systems that meet people's needs.

13. Results of Consultation

- 13.1 There has been no public consultation on the contents of this report.
- 13.2 Consultation has taken place with Councillor Lee Lyons, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.
- 13.3 As detailed in the report to the IJB, extensive consultation has taken place with Trade Unions and the contents of this report reflect any feedback provided.

14. Next Steps for Decision Tracking Purposes

- 14.1 If the recommendations above are approved by Members, the Director of Health and Social Care will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

<i>Implementation</i>	<i>Due date</i>	<i>Managed by</i>
Implementation of management of change policy and recruitment to posts	31 March 2023	Head of Community Health and Care Services

Background Papers **IJB Paper: Adult Locality Services Restructure**

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Date: 19 October 2022

Meeting of South Ayrshire Health and Social Care Partnership:	Integration Joint Board	
Held on:	14th September 2022	
Agenda Item:	7	
Title:	Proposals for Adult Locality Services Restructure	
Summary:		
<p>This paper makes a number of recommendations for changes to the management structure within adult services within the Health and Social Care Partnership (HSCP). The proposed changes are primarily within locality teams and seek to respond to the findings of the Adult Social Work Review and the Community Nursing Review.</p>		
Author:	Tim Eltringham, Director of Health & Social Care, HSCP	
Recommendations:		
<p>It is recommended that the Integration Joint Board</p> <ol style="list-style-type: none"> i. Approves the proposed changes to Adult Health and Care Management structures as outlined at section 4.5 of this report. ii. Remit the Chief Officer to present the proposals for approval by South Ayrshire Council where these impact on the Council workforce. iii. Dependent on the decision by South Ayrshire Council to either progress with implementation of the proposals or to bring back to the IJB for further consideration. 		
Route to meeting:		
<p>The proposals are presented to the IJB following extensive engagement with key stakeholders.</p>		
Directions:		Implications:
1. No Directions Required	<input type="checkbox"/>	Financial <input checked="" type="checkbox"/>
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	HR <input checked="" type="checkbox"/>
3. Directions to South Ayrshire Council	<input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS	<input checked="" type="checkbox"/>	Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>

Proposals for changes to Adult Health and Care Services Management Structure with in the HSCP

1. PURPOSE OF REPORT

- 1.1. The purpose of this report is to bring to the IJB a number of recommendations for changes to the management structure within adult services within the HSCP. The proposed changes are primarily within locality teams and seek to respond to the findings of the Adult Social Work Review and the Community Nursing Review.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Approves the proposed changes to Adult Health and Care Management structures as outlined in section 4.5. of this report.**
- ii. Remit the Chief Officer to present the proposals for approval by South Ayrshire Council where these impact on the Council workforce.**
- iii. Dependent on the decision by South Ayrshire Council to either progress with implementation of the proposals or to bring back to the IJB for further consideration.**

3. BACKGROUND INFORMATION

This paper introduces a range of proposed changes to management structures within Adult Services with a focus on the Localities part of the structure within South Ayrshire HSCP. The development of fit for purpose integrated management proposals across health and social care is fraught with complexity; The breadth of services, clinical and professional oversight and geography are some of the factors which need to be taken into account.

The proposals in this paper have had a number of influences:

- Adult SW Learning Review
- Community Nursing Review
- External Scrutiny: The ASP Inspection identified the need for improvement in aspects of practice recording, quality assurance, audit and management oversight for social work services
- Analysis of managerial spans of control in adult services
- Learning from the investments made in Children and Families management structure in 2018.
- Significant additional investments in older people and mental health front line services and associated management requirements.
- Review of senior management structures in other HSCPs.

- New Resourcing from the Scottish Government for management and leadership in a number of service areas
- The need to deliver on “Team Around the Locality” set out in the IJB Strategic Plan

There are a number of key and fundamental objectives which underpin the proposals:

- We are committed to the delivery of services in localities which have meaning for local people;
- There is a fundamental commitment to multi-disciplinary working in these localities.

It should be noted that the proposals in this paper relate to a number of Adult Services areas. Primarily the proposals concern:

- Community Nursing
- Adult Social Work Locality Teams
- Community Mental Health Services management capacity
- Strategic Management and Oversight of Older People’s services

No changes are proposed in relation to Learning Disability Services, Rehabilitation and Reablement or Registered Residential, Day or Care at Home Services and Local Authority Occupational Therapy services. These service areas are subject to their own reviews and at various stages of reform and implementation.

The HSCP has a strong commitment to locality-based services and is working with the Community Planning Partnership and other partners to achieve practical application of these ambitions. In addition, the management team is keen to ensure as full alignment to localities by AHP, mental health and learning disability services. For some, the management structure will be in a locality, while for others it is more likely to be a virtual alignment.

This paper is largely concerned with investment in management and professional leadership structures. It is acknowledged that based on the analysis of key priorities for investment in leadership to drive quality and efficiency that the investment being proposed is significant. It is important to note that in addition to the clear need for improved oversight there have been significant investments in the services managed over the last 18 months.

3.1. Service Development and Investments

Over the last few years there have been a range of investments in Adult Services. These are summarised in the table below. In total there has been additional investment of £5.46m with the consequent recruitment of 145 staff. These investments bring with them service improvement expectations and the requirement for both strategic and operational management and leadership. This leadership requirement needs to be appropriately resourced.

The table below provides a summary of the additional resourcing.

Care at Home				
Service Investment	Service Area	£m	FTE's	Investment Source
Emergency Response Team	Care at Home	0.406	11.5	IJB Budget (20-21)
Care at Home Responder Service - Increase in mobile attendants capacity	Care at Home	0.2	6.0	Winter Pressures Funding 21-22
Care at Home - Reablement additional capacity	Care at Home	1.005	25.7	IJB Budget (20-21) and IJB budget (21-22)
Care at Home Capacity - additional home carers, supervisors, CM200 admin support	Care at Home	0.752	22.8	Winter Pressures Funding 21-22
Total		2.363	66.0	
Locality Services				
Service Investment	Service Area	£m	FTE's	Investment Source
Primary Care - CTAC Nurses and Health Care Support Workers	Locality Services	0.811	24.9	Primary Care Improvement Fund (21/22 and 22/23)
District Nursing	Locality Services	0.169	6.4	Scottish Government (20-21)
Social Workers	Locality Services	0.105	2.0	Winter Pressures Funding 21-22
Total		1.085	33.3	
Mental Health				
Service Investment	Service Area	£m	FTE's	Investment Source
Mental Health - Mental Health Practitioners in GP Practices (funded Action 15, PCIF and Urgent Care)	Mental Health	0.557	10.4	Action 15 (20-21) Primary Care Improvement Fund (20-21) Urgent Care (21-22)
Mental Health and Wellbeing Team - Community Link Practitioners	Mental Health	0.303	9.0	Action 15 (20-21) Primary Care Improvement Fund (20-21) IJB Budget (21-22)
Mental Health and Wellbeing Team - Team Leader	Mental Health	0.056	1.0	IJB Budget (????) Sharon can you advise ?
Addiction Team - MAT Standards investment	Mental Health	0.270	6.0	ADP Investment (21-22, 22-23)
Mental Health Services - Self Help Workers aligned to GP Practices	Mental Health	0.236	7.0	Primary Care Improvement Fund (20-21) IJB Budget (21-22)
Mental Health Services - Mental Health Officer (MHO) capacity	Mental Health	0.097	2.0	IJB Budget (21-22)
Community Mental Health Elderly Services - Community Mental Health Nurses	Mental Health	0.080	2.0	IJB Budget (21-22)
Community Mental Health Elderly Services - Post Diagnostic Support	Mental Health	0.074	2.0	Mental Health Recovery and Renewal (21-22)
Community Mental Health Elderly Services - Advanced Nurse Practitioner	Mental Health	0.056	1.0	Mental Health Recovery and Renewal (21-22)
Mental Health - Mental Health Practitioners in GP Practices and 1 FTE Community Link Practitioners		0.287	6.0	Mental Health & Wellbeing in Primary Care Services (22-23)
TOTAL		2.016	46.400	
Overall Total		5.4634	145.7100	

3.2. Locality Working

The proposal is to establish 3 managerial localities, each covering two of the IJB localities. The management localities will manage and direct a range of NHS and local authority services and strategic relationships. Each locality will be led by a senior manager. These arrangements will replace the current locality team structure within Adult Services.

The establishment of these localities is widely supported and is seen as the necessary next step to better develop multi-disciplinary working in conjunction with primary care.

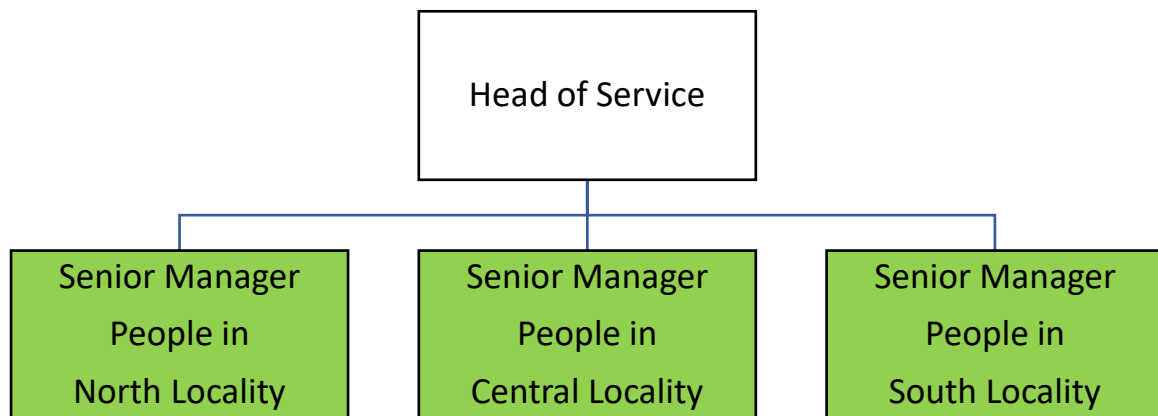
The localities will be:

North: Troon and Prestwick
 Central: Ayr
 South: Maybole and Girvan

4. REPORT

4.1. Locality Management¹

Each of the localities will have a Locality Manager directly accountable to the Head of Service. The locality managers will lead all locality based social work and community nursing teams in their area. The three posts will align as outlined in the diagram below:



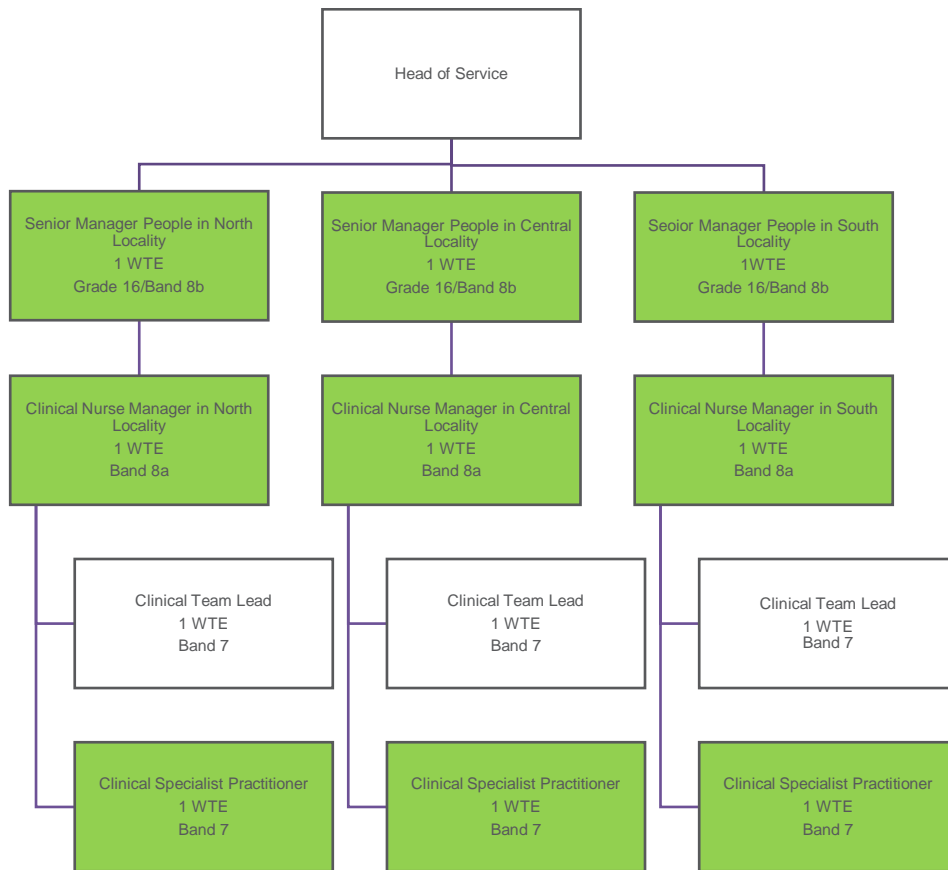
4.2. Community Nursing

The proposals in this paper respond to the findings of the Pan-Ayrshire Community Nursing Review. The Community Nursing Review, led by East Ayrshire HSCP, was undertaken during the autumn of 2021. It involved widespread consultation and engagement with the workforce and other stakeholders. A range of opportunities for service development and

¹Throughout this report the following colouring is used in the organizational diagrams:

- Green is used to denote new posts
- Yellow is used to denote deleted posts
- Orange is used to denote posts where there is a change in role
- No shading denotes a post with no change

improvement were highlighted. The need for robust leadership and management both professional and operational were emphasised. The structure presented below provides significant additional oversight of the service. The Band 7 Clinical Specialist practitioners have been agreed on a Pan-Ayrshire basis and have already been appointed. The Band 8a (Clinical Nurse Managers) are new to South Ayrshire and will bring the critical additional management and leadership capacity.



The proposals involve the following changes:

- The creation of 3 Band 8a posts
- The creation of 3 Band 7 posts²

4.3. Social Work Community Care Teams

The Adult Social Work Learning Review (ASWLR) undertook a wide-ranging assessment of the functioning of localities teams and concluded that a range of investment was needed in order to provide the highest possible levels of leadership and support to front-line teams.

² These posts have been recruited to utilising funding from the Scottish Government in Autumn 2021 as previously agreed by the IJB in February 2022.

From the perspective of Social Work, for each of the three localities the key functions are:

- Front door demand management
- Long term case management for complex cases
- Case review activity for less complex cases

Based on the findings of the ASWLR the recommendation is that having clear and dedicated leadership for each of these 3 functions is critical to improving the service to citizens.

The following roles are proposed for the service:

- **Locality Managers (LM)** This is a new general management role and will not necessary be filled by a Social Worker. Locality Managers will hold the role of overall resource allocation and risk prioritisation in the area. A key function is to drive strategic change leading a range of internal and external partners in addition to the ability to move resource and respond quickly to the emerging needs in the locality.
- **Principal Social Workers (PSW)** This is a new role. The Principal Social Worker will hold the locality responsibility for the quality of Social Work Services. They undertake a data / governance and performance function alongside professional oversight and guidance of the high-risk cases in the locality. Key functions in relation to service development; workforce planning and contributing to the work of the SWGB. They will be line managed by the LM however will receive professional supervision on a bimonthly basis from the CSWO.
- **Practice Team Managers (PTM)** This is a role with a change of title to better reflect what is asked. This title will replace some roles currently defined as Team Leaders. The Practice Team Manager will hold day to day operational responsibility for the allocation and progression of Social Work and are responsible for the quality control of this. Supervises the QSW and will also supervise NQSW.

There are no changes to a number or roles:

- **Social Workers (SW)** hold responsibility for progressing case work in line with policy and statutory duties.
- **Senior Practitioner (SP);** There are a small number of senior practitioners within the service who are able to lead on the most complex cases and provide professional leadership within front-line teams
- **Community Care Assistants (CCA)** – Undertake a range of assessment and review activities where a social work qualification is not required.

At this stage there are no proposed changes to the Occupational Teams. The Team leaders will report to the Principal Social Workers. A separate review of OT services has recently commenced.

Within the localities the structure will change from as outlined in diagram 1 to that in diagram 2.

Diagram 1: Current

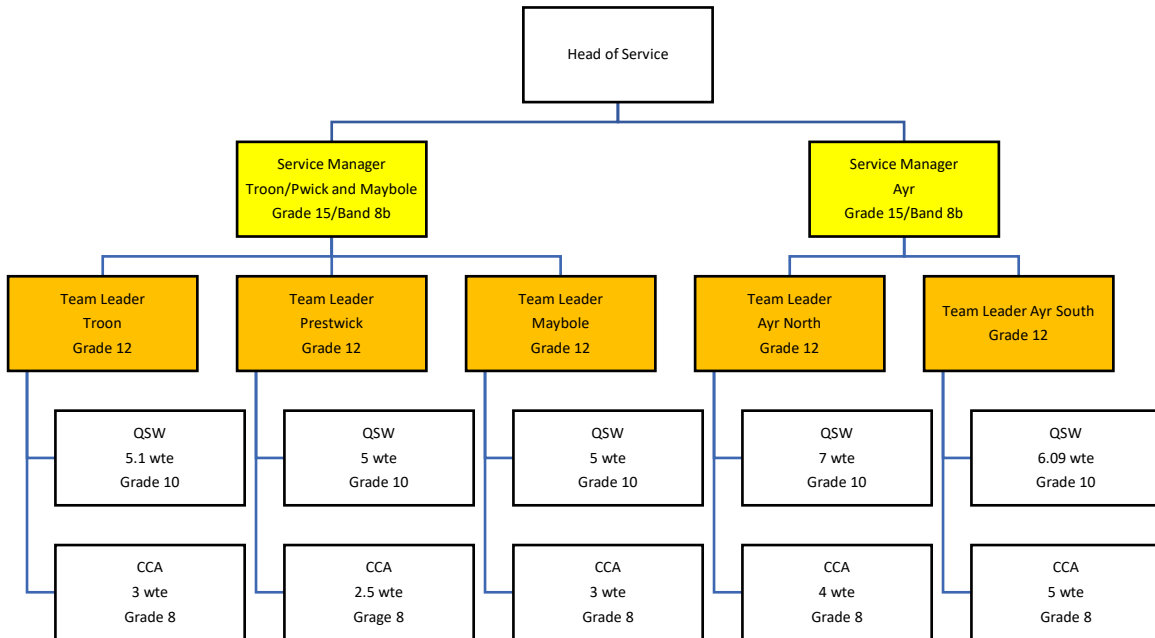
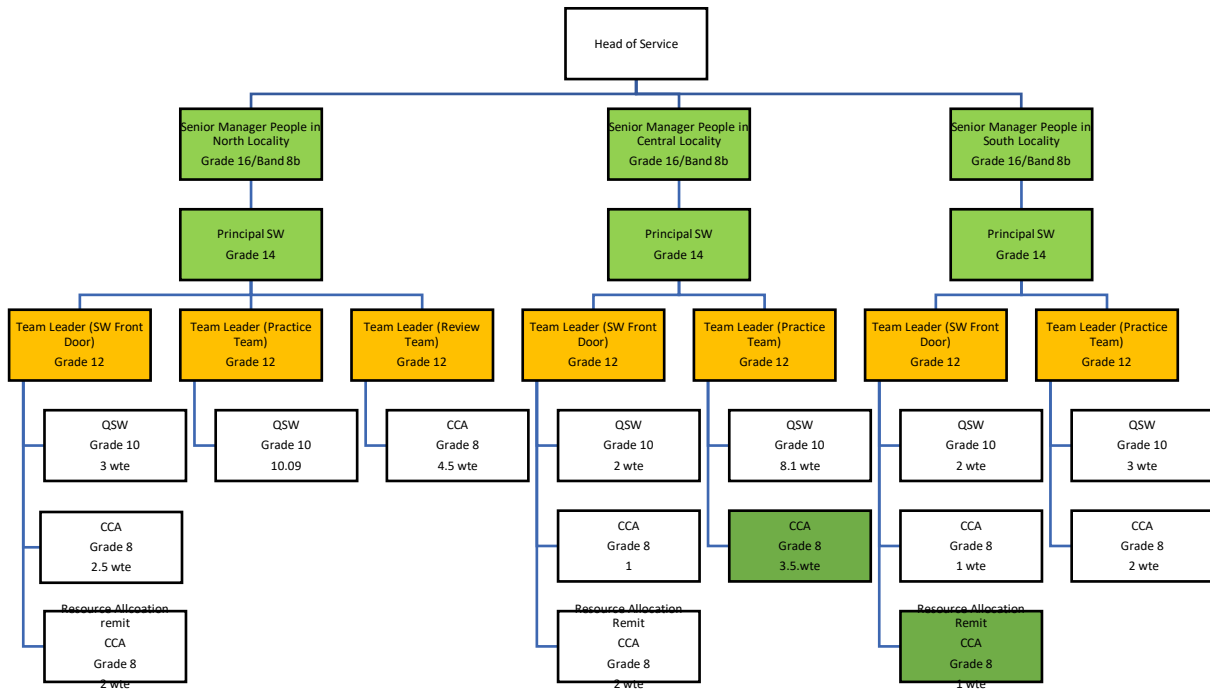


Diagram 2: Proposed

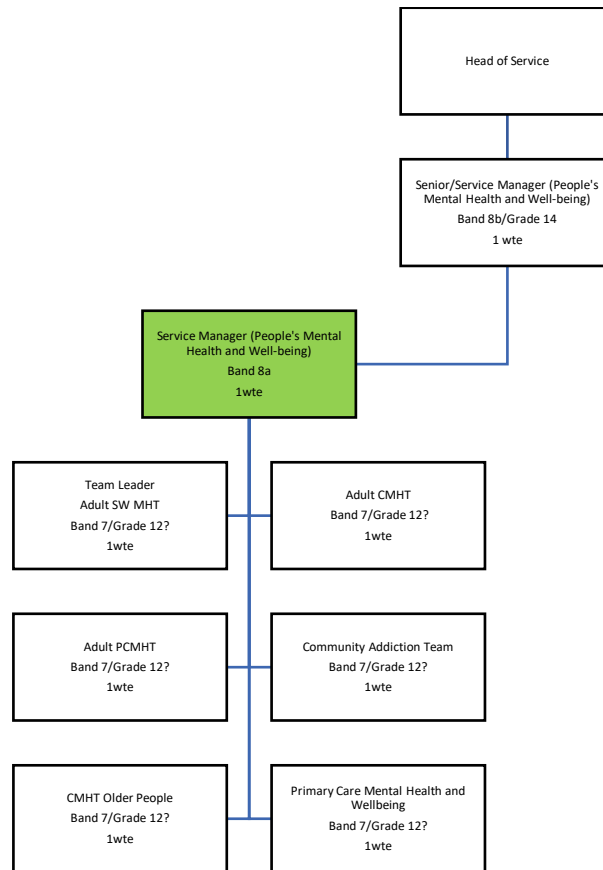


The proposals involve the following changes:

- Alignment of teams to three new functions: Front Door, Practice Team (Long term cases) and Review function.
- Deletion of 2 Service Manager posts
- The creation of 3 Senior Manager People in Locality Manager posts
- The creation of 3 additional Principal Social Worker posts
- The creation of 2 additional Team Leader Posts
- The creation of 2 Community Care Assistant Posts

4.4. Mental Health Teams

In view of the very significant investment in Mental Health Services to date and planned, together with the increased political emphasis on Mental Health and Well-being following the Covid pandemic it is proposed that a Service Manager is added to the structure to support the Senior Manager.



The proposals include the creation of a Service Manager (People’s Mental Health and Well-being).

4.5. Summary of Proposals

The proposals as outlined above involved the following proposed changes:

Post Deletions

2 Service Manager Locality posts at Grade 15

Post Creations

3 Senior Manager People in Locality posts at grade 16/band 8b

3 Clinical Nurse Managers in Locality posts at band 8a

3 Principal Social Worker posts at grade 14

1 Service Manager (Mental Health and Well-being) band 8a/grade 14

2 Team Leader posts in social work at grade 12

3 Clinical Specialist Practitioners at band 7

2 Community Care Assistants at grade 8

5. STRATEGIC CONTEXT

5.1 This proposals in this paper are fully aligned with the Strategic Intent of the IJB/HSCP. Delivering services in an integrated manner within the context of localities is a key policy objective of the Strategic Plan.

5.2 In particular, the proposals will enable the achievement of three of the IJBs strategic objectives.

- A focus on prevention and tackling inequality and everything we do.
- We nurture communities to care for each other.
- Working with partner organisations to provide the right care at the right place

6. IMPLICATIONS

6.1 Financial Implications

The proposals entail a significant investment in leadership capacity within adult services. A number of sources for the proposed investment are outlined below in conjunction with the costs for the service developments. The proposals are fully funded on a recurrent basis within the resources available.

6.1.1. Funding Sources

The following table summarises the resources available for investment in redesign:

Funding Sources	Amount
Existing 2 x Grade 15 posts in the Community Care Structure	153,208
Recurring Investment approved by IJB on 23rd June 21 to meet resource requirements from the ASWLR	150,000
Recurring Investment approved by IJB on 23rd June 21to meet resource requirements from Community Nursing Review	100,000
SG letter on 8th February 22 committed to additional Funding to create adult social care capacity	550,000
Winter Planning Investment - 3 Band 7 and 1 Band 8 a Senior Nurse/Principal Nurse approved by IJB on 16th Feb 22	261,490
TOTAL FUNDING AVAILABLE	1,214,698

6.1.2. Recurrent Investment Proposals

The following table summarises the proposals for investment and costs:

	Job Title	Grade	WTE	Salary	With On Costs	Total	Partner
Locality Management	Senior Manager People in North, Central and South Locality	16	3	62,068	82,550	247,650	NHS/SAC
Community Nursing Professional Leadership	Clinical Nurse Manager in North Central and South Locality	8a	3	54,482	72,076	216,228	NHS
Community Nursing - Frontline Clinical Leaders	Clinical Specialist Practitioner	7	3	47,846	63,138	189,414	NHS
Social Work - Professional Leadership	Principal Social Worker	14	3	54,312	72,235	216,705	SAC
Social Work - Middle Managers	Team Leader (Practice Team)	12	1	46,793	62,235	62,235	SAC
Social Work - Middle Managers	Team Leader (Review Team)	12	1	46,793	62,235	62,235	SAC
Social Work - Front Line	Community Care Assistants	8	2	32,667	43,447	86,894	SAC
Mental Health Teams Middle Management	Service Manager (People's Mental Health and Wellbeing)	13/8a	1	54,482	72,076	72,076	NHS/SAC
			17	TOTAL COST OF STRUCTURE		1,153,437	

The total recurrent cost for the restructure is within the available resources with a balance of £61,261.

A spreadsheet detailing the current and proposed staffing is attached as Appendix 2.

6.1.3. Non-Recurrent Costs

Following consultation with officers likely to be most impacted by the proposals it is anticipated that one officer is likely to take voluntary severance following the implementation of the new structure. The costs are likely to be in the region of £190K and will be funded from the underspend associated with the proposed restructure in-year 2022/23.

6.1 Human Resource Implications

There are a number of Human Resources implications associated with the recommendations in this paper. Throughout the development process advice has been sought from HR services within both South Ayrshire Council and NHS Ayrshire and Arran. Should the IJB and South Ayrshire Council approve the recommendations the respective NHS and Council Management of Change and Recruitment Policies will be applied in relation to current and prospective staff.

6.2 Legal Implications

6.2.1 There are no legal implications from the proposals

6.3 Equalities implications

This report covers management structures to support operational service delivery. Clearly, the ambition of the new structure is to improve services to people with protected characteristics. At this stage, however, an EQIA is not felt to be a requirement.

6.4 Sustainability implications

6.4.1 There are no sustainability implications from the proposals.

6.5 Clinical/professional assessment

These proposals affect primarily professional Social Work and Nursing services. The Chief Social Work Officer and Associated Nurse Director have been involved in the development of the proposals and have their support for the proposed arrangements. Both leads have endorsed both the move to focus on locality working and the additional capacity and professional leadership which the proposals are intended to deliver.

7. CONSULTATION AND PARTNERSHIP WORKING

There has been extensive engagement and consultation in relation to the development of the proposals and the current paper.

The Adult Social Work Review was a year long programme intended to explore how best to better support the service to meet the needs of vulnerable people. The Programme Board chaired by the Director of Health and Social Care involved a very wide range of stakeholders including managers, staff side, people with lived experience and a number of “critical friends”. The review involved a range of representative working groups, focus groups and surveys in order to ensure the widest possible engagement. The proposals reflect closely the findings of the review.

In parallel, the Community Nursing Review which was led by the Associate Nurse Director in East Ayrshire (as lead for Community Nursing Policy) involved extensive engagement with nurses working within the service. The findings closely reflect their priorities for improvement and professional leadership.

The proposals have been subjected to scrutiny at various stages by executive officers within both the Council and NHS and have been the subject of discussion within the “Three-Way Meeting”.

Staff side representatives were involved in both review processes from the outset and contributed to the development of the proposals. Following the development of the detailed proposals the Director has chaired a number of sessions involving management, HR and staff side at which the proposals have been scrutinised and clarified.

Most recently staff directly affected by the proposals as well as the wider adult service have been able to provide feedback on the proposals.

This most recent process has resulted in broad support for the proposals but has identified anxieties for some colleagues in relation to the detailed implementation and timescales. It is proposed that the detailed implementation process will be overseen by a representative Programme Board which will progress all aspects of the implementation.

8. RISK ASSESSMENT

The proposals in this paper are far-reaching and based on many years of learning and experience. Fundamentally, the proposals reflect an opportunity for a step change in the HSCP commitment to Locality Working which has been an ambition for some time. There is a very high confidence among stakeholders that locality-based arrangements are likely to better meet the needs of the citizens of South Ayrshire. There has been extensive analysis and engagement on the proposals. It is the author's view that there is a very high service and risk reputational risk associated with not progressing with the proposals.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

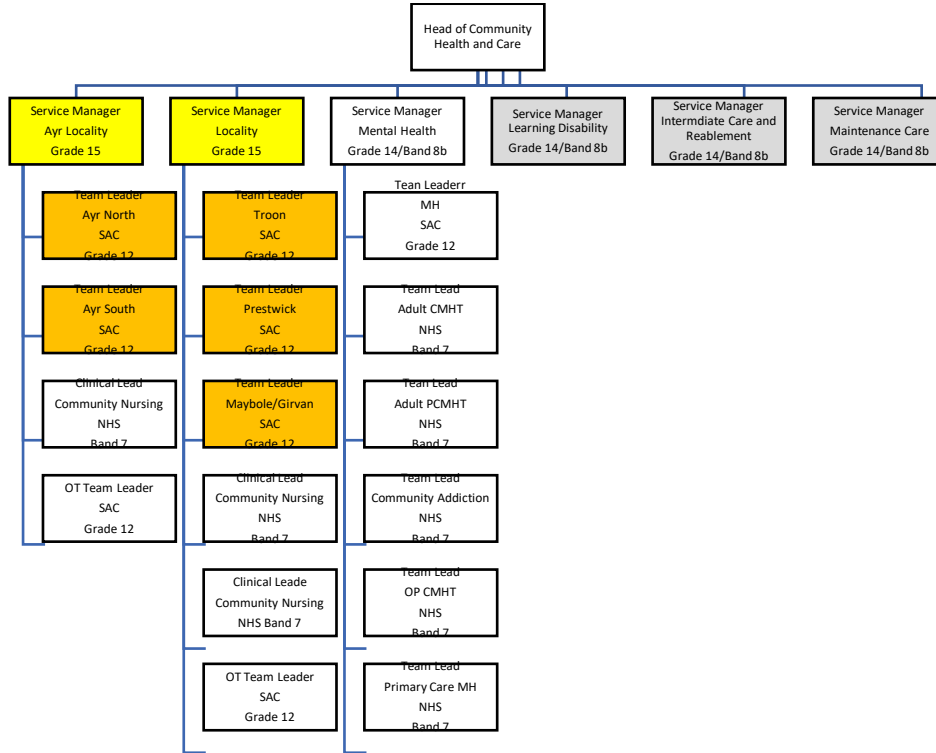
6 September 2022

Appendix 1

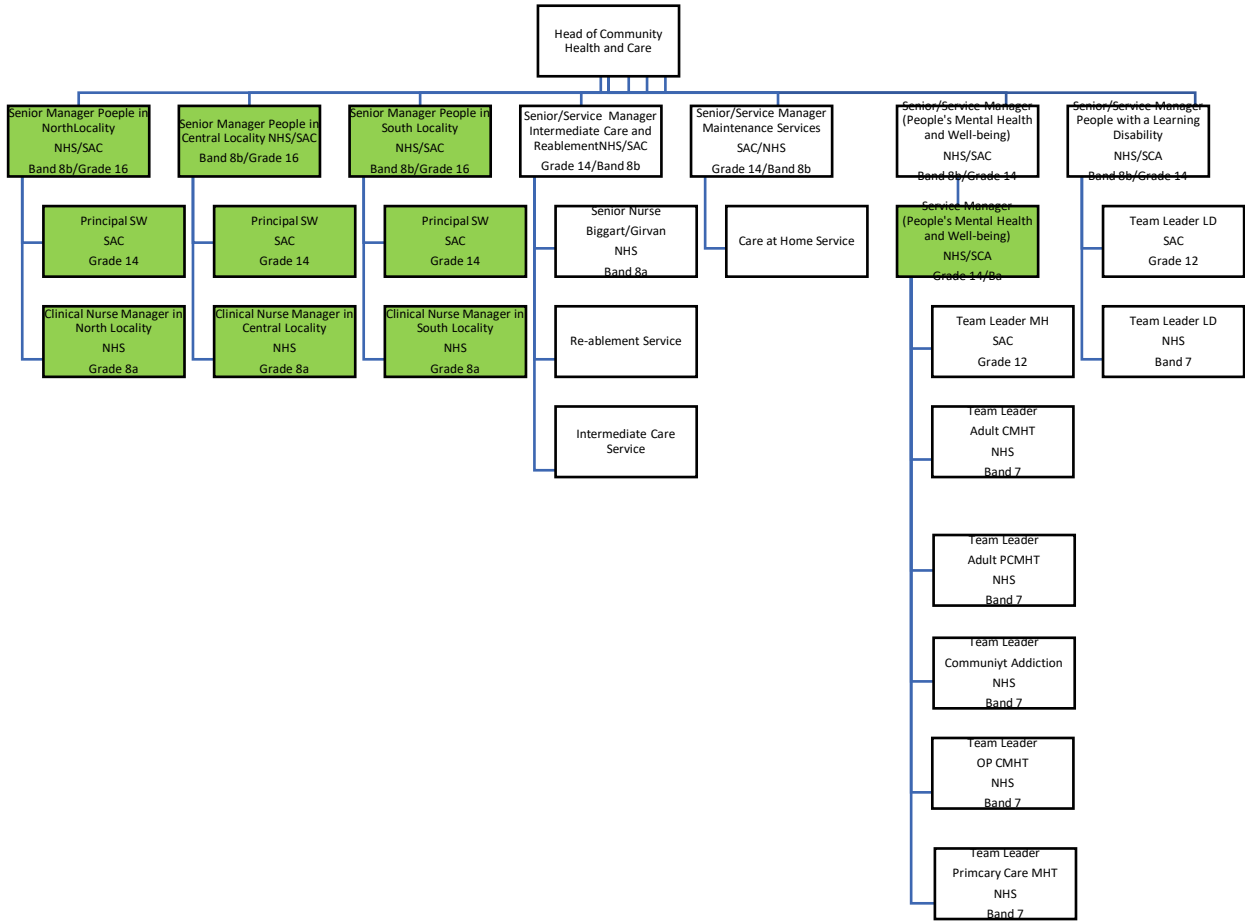
Summary of Changes Proposed

The following diagrams seek to summarise the proposed changes and affected posts

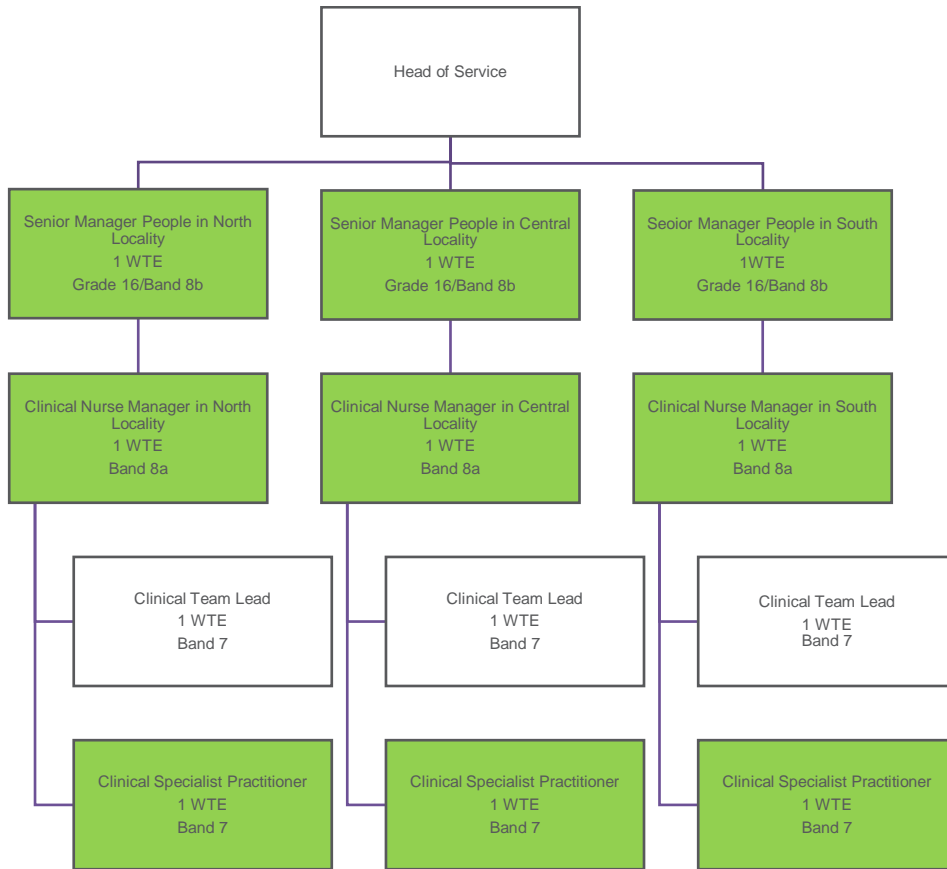
Current Structure Affected Posts



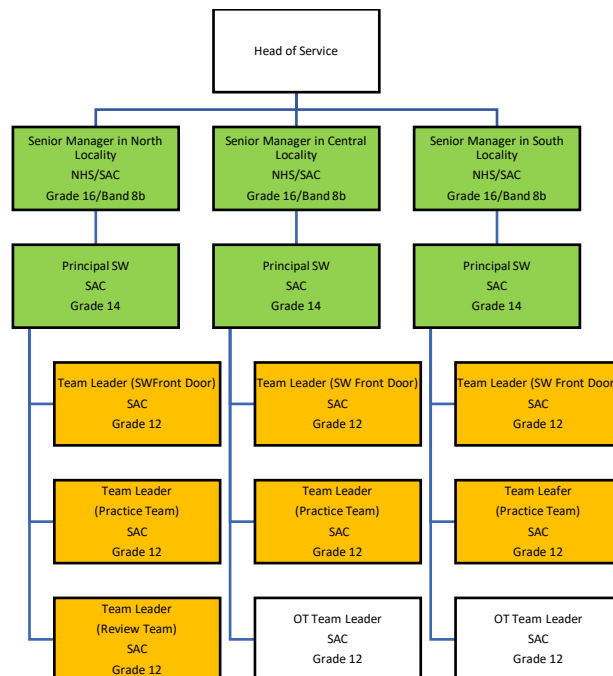
Proposed Structure



Proposed Community Nursing Structure



Proposed Social Work Structure



Appendix 2

HEALTH AND SOCIAL CARE PARTNERSHIP

Community Care and Health

Current		Proposed												
Job Title	Employer	FTE	Salary	On Costs	Total Cost	Narrative	Job Title	Employer	FTE	Salary	On Costs	Total Cost	Narrative	
Level 16/8b	Senior/Service Manager (Mental Health)	NHS	1.0	£ 60,730	£ 19,762	£ 80,492	No Change	Senior/Service Manager (People's Mental Health and Wellbeing)	NHS	1.0	£ 60,730	£ 19,762	£ 80,492	Title change
	Senior/Service Manager (Intermediate Care and Re-ablement)	NHS	1.0	£ 60,730	£ 19,762	£ 80,492	No Change	Senior/Service Manager (Intermediate Care and Re-ablement)	NHS	1.0	£ 60,730	£ 19,762	£ 80,492	Title change
								Senior Manager People in x Locality	SAC/NHS	3.0	£ 186,204	£ 61,447	£ 247,651	New Post
	Senior/Service Manager Learning Disability	SAC/NHS	1.0	£ 60,730	£ 19,762	£ 80,492	No Change	Senior/Service Manager People with a Learning Disability	SAC/NHS	1.0	£ 60,730	£ 19,762	£ 80,492	Title change
Level 15	Service Manager (Ayr)	SAC	1.0	£ 57,597	£ 19,007	£ 76,604	Post Deleted							
	Service Manager (Troon, Prestwick and Maybole)	SAC	1.0	£ 57,597	£ 19,007	£ 76,604	Post Deleted							
	Senior Nurse (Biggart and Girvan) 8a	NHS	1.0	£ 54,482	£ 17,595	£ 72,077	No Change	Senior Nurse (Biggart and Girvan)	NHS	1.0	£ 54,482	£ 17,595	£ 72,077	No Change
	Service Manager Maintenance Care	SAC/NHS	1.0	£ 54,312	£ 19,762	£ 74,074	No Change	Service Manager Maintenance Care	SAC/NHS	1.0	£ 54,312	£ 19,762	£ 74,074	No Change
Level 14/ 8a								Principal Social Worker (Adult Service Hubs)	SAC	3.0	£ 162,936	£ 53,769	£ 216,705	New Post
								Clinical Nurse Manager x locality	NHS	3.0	£ 163,446	£ 52,785	£ 216,231	New Post
								Service Manager (People's Mental Health and Wellbeing)	NHS/SAC	1.0	£ 54,482	£ 17,595	£ 72,077	New Post
Level 13														
Level 12/7	Team Leader (Ayr North)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	Post revised	Team Leader (SW Front Door)	SAC	3.0	£ 140,379	£ 46,325	£ 186,704	Revised Post
	Team Leader (Ayr South)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	Post revised	Team Leader (Practice Team)	SAC	3.0	£ 140,379	£ 46,325	£ 186,704	1 New Post
	Team Leader (Maybole/Girvan)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	Post revised	Team Leader (Review Team)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	New Post
	Team Leader (Prestwick)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	Post revised							
	Team Leader (Troon)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	Post revised							
	Clinical Lead (Community Nursing)- 7	NHS	3.0	£ 143,538	£ 45,876	£ 189,414	No Change	Clinical Lead (Community Nursing)	NHS	3.0	£ 143,538	£ 45,876	£ 189,414	No Change
	Team Leader (Mental Health)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	No Change	Team Leader (Mental Health)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	No Change
	Team Leader (Learning Disability)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	No Change	Team Leader (Learning Disability)	SAC	1.0	£ 46,793	£ 15,442	£ 62,235	No Change
	Team Leader (Learning Disability) - 7	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change	Team Leader (Learning Disability)	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change
	Adult CMHT - 7	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change	Adult CMHT	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change
	Adult PCMHT - 7	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change	Adult PCMHT	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change
	Community Addiction Team -7	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change	Community Addiction Team	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change
	Older People CMHT -7	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change	Older People CMHT	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change
	Primary Care MH and Well-being -7	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change	Primary Care MH and Well-being	NHS	1.0	£ 47,846	£ 15,292	£ 63,138	No Change
								Clinical Specialist Practitioner (Community Nursing)	NHS	3.0	£ 143,538	£ 45,876	£ 189,414	New Post
Level 11														
			23.0			£ 1,544,720				36.0			£ 2,458,059	
								Total Cost		13.0			£ 913,340	
													£ 913,340	
											New Posts		£ 1,066,548	15.0
											Deleted Posts		£ 153,208	2.0
														13.0
											Balance		£ 913,340	

**South Ayrshire Council
 Equality Impact Assessment
 Scoping Template**

Equality Impact Assessment is a legal requirement under the Public Sector Duty to promote equality of the Equality Act 2010. Separate guidance has been developed on Equality Impact Assessment's which will guide you through the process and is available to view here: <https://www.south-ayrshire.gov.uk/equalities/impact-assessment.aspx>

Further guidance is available here: <https://www.equalityhumanrights.com/en/publication-download/assessing-impact-and-public-sector-equality-duty-guide-public-authorities/>

The Fairer Scotland Duty ('the Duty'), Part 1 of the Equality Act 2010, came into force in Scotland from 1 April 2018. It places a legal responsibility on Councils to actively consider ('pay due regard to') how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. [FSD Guidance for Public Bodies](#) in respect of the Duty, was published by the Scottish Government in March 2018 and revised in October 2021. See information here: <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>

1. Policy details

Policy Title	Adult Locality Services Management Restructure
Lead Officer (Name/Position/Email)	Tim Eltringham Tim.Eltringham@south-ayrshire.gov.uk

2. Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this policy? Please indicate whether these would be positive or negative impacts

Community or Groups of People	Negative Impacts	Positive impacts
Age – men and women, girls & boys	-	The restructure proposals set out in this report are designed to have a positive impact and will contribute to Commitment 3 of the Council Plan: Grow Well, Live Well, Age Well/ Health and care systems that meet people's needs.
Disability	-	This proposal would present the opportunity for a positive impact through South Ayrshire Council's commitment to

Community or Groups of People	Negative Impacts	Positive impacts
		interview applicants who meet the minimum requirements and have a disability.
Gender Reassignment (Trans/Transgender Identity)	-	There would be an anticipated positive impact which is supported through South Ayrshire Council's current recruitment procedures. This approach ensures that prospective applicants will not be disadvantaged due to any protected characteristics
Marriage or Civil Partnership	-	As above
Pregnancy and Maternity	-	As above
Race – people from different racial groups, (BME) ethnic minorities and Gypsy/Travellers	-	As above
Religion or Belief (including lack of belief)	-	As above
Sex – (issues specific to women & men or girls & boys)	-	As above
Sexual Orientation – person's sexual orientation i.e. LGBT+, lesbian, gay, bi-sexual, heterosexual/straight	-	As above
Thematic Groups: Health, Human Rights & Children's Rights	-	As above

3. What likely impact will this policy have on people experiencing different kinds of social disadvantage i.e. The Fairer Scotland Duty (This section to be completed for any Strategic Decisions). Consideration must be given particularly to children and families.

Socio-Economic Disadvantage	Negative Impacts	Positive impacts
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	-	Although not specifically measurable at this stage, it is anticipated this proposal will contribute to

Socio-Economic Disadvantage	Negative Impacts	Positive impacts
		delivering Health and Care services across all localities which can have a positive impact for local people.
Low and/or no wealth – enough money to meet Basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	-	As above
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies	-	As above
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	-	As above
Socio-economic Background – social class i.e. parent’s education, employment and income	-	As above

4. Do you have evidence or reason to believe that the policy will support the Council to:

General Duty and other Equality Themes Consider the ‘Three Key Needs’ of the Equality Duty	Level of Negative and/or Positive Impact (High, Medium or Low)
Eliminate unlawful discrimination, harassment and victimisation	Low Positive
Advance equality of opportunity between people who share a protected characteristic and those who do not	Low Positive
Foster good relations between people who share a protected characteristic and those who do not. (Does it tackle prejudice and promote a better understanding of equality issues?)	Low Positive
Increase participation of particular communities or groups in public life	Low Positive
Improve the health and wellbeing of particular communities or groups	This proposal is have a positive impact across the health and wellbeing of all age groups including children.
Promote the human rights of particular communities or groups	Low Positive
Tackle deprivation faced by particular communities or groups	Low Positive

5. Summary Assessment

Is a full Equality Impact Assessment required? (A full Equality Impact Assessment must be carried out if impacts identified as Medium and/or High)	NO NO
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Rationale for decision:

The proposals aim to provide investment into and clearer management and leadership of our integrated teams with a focus on the six localities within South Ayrshire. The proposals are designed to have a positive impact for all people who access and use our health and social care services by having a more localised and responsive service.

This report advises the Panel of Cabinet Members' decision on this has no specific equality implications

Signed :

Service Lead

Date: