



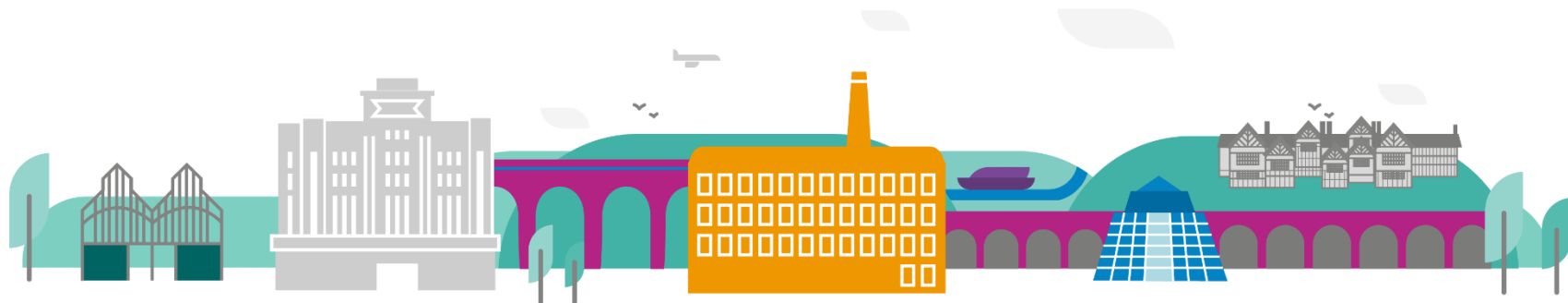
Equality Impact Assessment

This document contains a template for an Equality Impact Assessment (EqIA). An EqIA is a working document that will inform decision-makers and those who come up with solutions about the impacts of your proposal on equality groups. They provide evidence of how we as a council have reached a decision and how we have factored in equalities the decision about a proposal.

An EqIA should be done when:

- **introducing a new service, policy or scheme (whether or not the service is statutory);**
- **proposing to remove all or part of a service, policy or scheme;**
- **making a change to a the way a service is provided;**
- **making any decision that will affect people's life or the quality of it.**

If you need any help to complete an EqIA, please email equalities@stockport.gov.uk



Equality Impact Assessment

Title of report or proposal	A whole-borough Speech and Language Therapy and Occupational Therapy Service using the Balanced System® model.		
Lead officer(s)	David Hulley, Laura Mercer	Date	12/02/2025
Aims and desired outcomes of the proposal			
Are you trying to solve an existing problem?			
<p>Enhanced Speech and Language Therapy and Occupational Therapy services have been commissioned by SMBC for many years. The aim of the service has been to deliver enhanced levels of therapy – above that which is provided by the NHS as their core service offer – to children and young people with Education, Health and Care Plans and are in Stockport’s maintained / academy special schools. From 2016, the enhanced service was delivered by Together Trust. Since 2016, a number of smaller contracts have been established, bringing other providers and schools into the mix. This has led to less efficiency in the overall system, some confusion about roles and responsibilities of the different providers, and some children and young people being supported by multiple professionals, when not entirely necessary. Two wholesale reviews of OT and SLT services have been completed in the last two years – led by Better Communication CIC – who produced a number of recommendations around the establishment of a new delivery model under their own Balanced System® model.</p>			
The problem			
<ul style="list-style-type: none"> • Increasing demand for therapy services with contracts swelling over time • Confusion of roles and responsibilities • A medical, rather than social model of delivery requiring input from highly qualified therapists, rather than a more delegated model training and deploying school staff and families to deliver interventions • Inconsistent outcomes for children • Some schools in the authority lack therapy input that would really benefit them 			
The proposal			
<ul style="list-style-type: none"> • Introduce a whole-borough OT and SLT contract under the Balanced System model, broadening the scope to include mainstream schools, resourced bases and special schools • Existing resource will be reallocated based on calculated needs • One provider to be commissioned to deliver all the therapy, to ensure consistency of approach, better monitoring of outcomes, and flexing of staffing between schools, as necessary, from time to time. 			
<p>The whole premise of the Balanced System approach is based on a social, rather than medical model, which means that more work is being done with families and the wider workforce. This will lead to services, identification and interventions being more accessible to all.</p>			
<p>Services will be targeted towards 3 levels of need: universal, targeted and specialist, meaning that resources will be focussed where they are most needed.</p>			

Where any barriers to access are identified, the system works in a way to eliminate these by using a variety of tools and interventions.

Scope of the proposal

Include the teams or service areas from the Council and outward-facing services or initiatives

This proposal relates mainly to Education Services, and more specifically to the EHCP Team, where the SMBC budget sits

What are the possible solutions you have been / will be exploring?

You should refer to any business cases, issues papers or options appraisals

Option	Comments
<p>1) Do nothing. i.e. allow all the current contracts to expire and commit to no additional investment in therapy services, leaving the only input from the NHS core services. Schools would have to commission any additional support they felt necessary.</p>	<p>In this scenario it is highly unlikely that all the therapy needs of children, identified in their EHCPs, would be met and we would therefore not fulfil our statutory obligations.</p> <p>We have engaged Better Communication to review our services with the intention that we will deliver a new service under the principles of the Balanced System®. If we abandon that and opt for the do-nothing option, then we will have wasted our investment.</p> <p>Option not considered viable</p>
<p>2) Apportion funding to the schools according to the Balanced System approach and passport to their budgets for them to commission therapy to meet their own school's need.</p>	<p>This would take responsibility away from the local authority and would permit smaller organisations to bid for work since the individual contract values would be less. Schools would have more choice about who they work with.</p> <p>However, this approach would not permit a flexing of the deployment of the whole workforce across the borough to respond to changes in demand. It also makes it far more difficult for the authority to have an oversight of the service, or produce summary statistics. There will be increased difficulties with quality assurance and ensuring that all providers are working to the same Balanced System approach.</p> <p>Option not considered appropriate</p>
<p>3) Use the same organisations to deliver a new model, without going out to tender.</p>	<p>This option has the advantage that existing relationships that have been established over a number of years will continue with little disruption. This arrangement would look something like a co-operation agreement. The legal team has recently advised that this is probably not possible, however, since the providers are not all in the public sector. It is also believed that we are not getting good value for money from all the current providers, so would want to avoid tying ourselves into a further contract with them all.</p>

	<p>This option also fails to address the issue of different providers using their own data systems and NHS having no access to records, which makes a co-operation agreement impossible to manage.</p> <p>Not a viable option.</p>
<p>4) Go out to tender for the ‘enhanced’ therapy services, leaving Stockport NHS FT to continue to deliver the core service.</p>	<p>This option is easier to progress, because lacks the complexity of bringing the NHS element into the contract.</p> <p>Compared to option 2, there is more likelihood of service disruption, should other organisations tender and win the contract, but we may achieve better value for money. It is also possible that we could reduce the number of organisations involved.</p> <p>This is a compliant route, preferred by STAR procurement and has the lowest risk of challenge.</p> <p>However, it still does not solve the data sharing issue, because NHS and private sector providers will be working in the same schools.</p> <p>This may be a viable option, but would not resolve data sharing issues and the whole point of the Balanced System is to reduce duplication and simplify processes.</p>
<p>5) Go out to tender for the whole contract, including the element currently delivered by Stockport NHS FT, with the intention that the contract would be delivered by a single organisation, or a lead organisation working in partnership with others.</p>	<p>When a review of the therapy services was first suggested, this was the intended way forward – and it remains so. The current contractual situation, split between NHS FT and the other private providers, has been complex and difficult to manage since 2016. There are inevitably more therapy staff in the schools than necessary and some instances where children are seen by more than one therapist, or by none at all, due to difficulties in determining who should deliver what.</p> <p>It would be ideal if there was one provider organisation delivering the whole contract, or at least leading it on behalf of a consortium.</p> <p>A whole-borough contract would certainly eliminate smaller providers who do not have the capacity to deliver the whole contract. TUPE would apply.</p> <p>This is considered the most viable option, but Stockport NHS will not consider a consortium bid with a lead organisation. It would be simpler if the contract were won</p>

by Stockport NHS FT rather than a different provider or providers, because it would not suffer from the issues of data sharing.

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

All current providers: Stockport NHS Foundation Trust, Together Trust, Speechwise, Manchester OT service, Dragon OT

Consultant lead: Better Communication CIC

Stockport legal team

Schools currently receiving the therapy services

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.

Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

- SEND JSNA
- Children's needs as identified in their Education, Health and Care Plans
- Parents and carers had presentations delivered as part of the review. Also an online survey and some online information about the Balanced System.
- There was a workshop at PACTS information day, and PACTs have been represented at all the implementation meetings held to date.
- Providers have also fed into the feedback they've received to shape the services towards a Balanced System model

A significant amount of analysis has been undertaken to identify need and demand, and resources are now allocated based on those calculations, rather than an equal split across all schools/areas. This proportionate approach means that resources are targeted where they are most needed and more resource is being allocated in a preventative way.

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

No.

Step 1: Establishing and developing the baseline

To assess the impacts of your proposal, you first need to understand how things are now. This will vary depending on your proposal, but consider who will be affected by the proposed changes: for example, who currently accesses a service or lives in an area? What works well for them? Are you aware of any issues? Are there any groups that are underrepresented?

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Age	N/A		
Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	This service is concerned with children and young people in Stockport with additional needs requiring therapeutic input from either or both of Speech and Language Therapy and Occupational Therapy. The changes proposed in this project impact on them.	Many children and young people have their therapeutic needs met and to a high quality.	Practice varies from school to school. It can be needlessly confusing for some individuals who are seen by two or more different therapists. The current service is limited in scope to special schools and resourced bases, so some children in mainstream schools miss out on therapy they would benefit from.
Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	N/A		
Maternity and pregnancy	N/A		
Marriage and Civil Partnership	N/A		

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	N/A		
Religion or Belief	N/A		
Sex	N/A		
Sexual orientation People who are lesbian, gay or bisexual	N/A		
Socioeconomic status	N/A		
Other Please add in here any additional relevant comments or feedback where the protected	N/A		

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
characteristic is not known			
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.			
Care leavers	N/A		
Carers	N/A		
Those experiencing homelessness	N/A		
Veterans	N/A		
Asylum seekers and refugees	N/A		

Step 2: Identifying impacts the proposal will have compared with the baseline

To explore the impacts of your proposal, you should use your baseline as a comparison with how things would be after your proposal. Think about how this would differ from the baseline for people with each protected characteristic. Include any sources of data you have used (including desktop research and engagement activity).

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
<i>Add more rows where needed</i>		<i>Is the impact positive or negative?</i>	<i>How have you become aware of an impact or inequality? Is it from research, have you been advised by</i>	<i>What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?</i>	<i>Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from</i>

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
			<i>another party, has a member of the public or a stakeholder made you aware, did someone from this or another characteristic make the claim?</i>		<i>the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?</i>
	Age – older people				
	Age – younger people				
1	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Positive	The inequality has been identified for some years in monitoring the existing therapy services and as part of the reviews undertaken by Better Communication on behalf of the council.	As mentioned above: <ul style="list-style-type: none"> • Practice varies from school to school. • It can be needlessly confusing for some individuals who are seen by two or more different therapists. • The current service is limited in scope to special schools and resourced bases, so some children in mainstream schools miss out on therapy they would benefit from. While the service remains in its current form, the is ongoing inequity for some children and young people who fall outside the scope of the contract.	The claim is true. It has been recognised that an equitable response is needed for the borough and that children who need therapy get it, regardless of what school they are at.
	Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.				

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Maternity and pregnancy				
	Marriage and Civil Partnership				
	Race Not all ethnic groups will have the same experiences so if possible specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations				
	Religion or Belief				
	Sex				
	Sexual orientation Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual				

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
	Socioeconomic status				
<p>You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.</p>					
	Carers				
	Care leavers				
	Those experiencing homelessness				
	Veterans				
	Asylum seekers and refugees				

Step 3: Identifying mitigating factors to minimise negative impacts

Step 2 identified potential impacts your proposal may have on people with different protected characteristics. If there are negative impacts, then you must consider how you could mitigate against (lessen) these negative impacts.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
	<i>Give a brief summary of the issue/inequality /impact</i>	<i>What is being suggested to mitigate for this. What is the rationale behind the suggestion?</i>	<i>Where does this suggestion come from? Have you consulted the characteristic(s) affected for solutions?</i>	<i>What evidence is there that the suggestion would solve the problem? How have you learned this? Has this been done elsewhere?</i>	<i>Within the financial envelope, how feasible is this solution? What are the cost implications? Could it indirectly affect anyone else? Can any other body help with the solution? If yes, how?</i>
	<ul style="list-style-type: none"> Practice varies from school to school. Confusing for some individuals who are seen by two or more different therapists. Current service is limited in scope to special schools and resourced bases, so some children in mainstream schools miss out on therap.. 	The proposed introduction of the Balanced System approach across Stockport will mitigate this inequality and also improve outcomes for those currently in scope for the service.	Better Communications' prior research and work with other local authorities and the review of therapy services carried out by them.	<p>The Balanced System approach has been tried successfully in other local authority areas and proven to improve service quality and efficiency.</p> <p>A Balanced System approach has already been introduced in Stockport for Speech and Language Therapy, since September 2024 under the terms of the current contracts.</p>	The proposal now to consolidate the current contracts into a single-provider model is feasible.

Please state if there are any additional comments or suggestions that could promote equalities in the future.

Step 4: Conclusions and outcome

It is strongly recommended to engage with people with protected characteristics to sense-check your conclusions before you indicate an outcome in this EqIA. Including feedback from this engagement activity will ensure your baseline assessment and your impacts are accurate, and that your mitigating actions are helpful and the best use of resources. It ensures that the proposal has been designed so that it is fair as possible to everybody.

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.

N/A

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

No. No negative impacts have been identified in pursuing this proposal.

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

<p>Are there any other proposals or policies that you are aware of that could create a cumulative impact? This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.</p>
<p>No.</p>

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.		
A.	No major barriers identified, and there are no major changes required – proceed.	<input checked="" type="checkbox"/>
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input type="checkbox"/>
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input type="checkbox"/>

D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input type="checkbox"/>
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>

Please describe briefly how this EqIA will be monitored.

When will this be reviewed? What mitigating actions need to be implemented and when?

The impact on schools, parents, carers and families will continue to be monitored through an interactive monitoring App called “prove it”, which Stockport is piloting (at no cost), from Summer 2025.