# STIRLING COUNCIL: EQUALITY IMPACT ASSESSMENT FORM SUMMARY DETAILS



1. Title of policy, strategy, service, function or proposal:

#### SERVICE

| SOC002 - Improving Service – Commissioning | 9 | Social Services |
|--|---|-----------------|
|  |   |                 |

2. Lead Officer (Head of Service / Service Manager) responsible for undertaking assessment and Contact Officer details:

| Lead Officer : Title and Name                    | Contact Officer : Title and Name                 |
|--|--|
| Jane Menzies – Assistant Head of Social Services | Jane Menzies – Assistant Head of Social Services |

3. Which other Council Services or partner agencies are / will be involved in the delivery of this policy, strategy, service, function or proposal?

Clackmannanshire Council / NHS Forth Valley/SVE/Service Users/3rd Sector and Independent Sector Partners

4. Have they been involved in the Equality Impact Assessment process and if so how?

#### Involved in development to date

5. What is the nature of the change being proposed? (*Tick all that apply*)

| Review of existing policy/strategy  |   | Introduction of a new policy/strategy | $\checkmark$ | Removal of existing service |   | Increased budget  |  |
|-------------------------------------|---|---------------------------------------|--------------|-----------------------------|---|---|--|
| Review of existing service/function | ✓ | Introduction of new service/function  |              | Decreased budget            | ✓ | Other (please specify) e.g. technical, progress, or procedural report |  |

6. For changes with implications for budgets, please also complete the following information:

| Current expenditure on this service/ function (£'000s) | In Council area                             | £28,100,000 |
|--|---|-------------|
|  | In/for specific community/ies (where known) |             |
| Total Anticipated Savings/ proposed increased spend    | In/for Council area                         | £465,000    |
| (£'000s)   | In specific community/ies (where known )    |             |
| Timescale for implementation                           | Start date for savings/increased spend      | 01/04/2014  |
| Timescale for implementation                           | End Date for savings/increased spend        | 31/03/2019  |

| To be aligned | Phasing e.g. Year 1- £'000's,Year 2 - £'000's | Year 1 – Cost £50,000<br>Year 1 – Saving £100,000<br>Year 1 – Potential Saving<br>£50,000<br>Year 2 – Cost £50,00<br>Year 2 – Saving £200,000<br>Year 2 – Potential Saving<br>£150,000<br>Year 3 – Saving of £332,000<br>Year 4 – Ongoing saving of |
|---------------|---|---|
|               |   | £465,000  |

## OUTCOMES, AIMS AND OBJECTIVES

7. What outcomes are the policy, strategy, service, function, revised policy or proposal expected to achieve? Consider the Single Outcome Agreement, Serving Stirling (and Equality Outcomes from post May 2013).

| Outcome  | Source                            |
|--|-----------------------------------|
| Improved support for disadvantaged and vulnerable families and individuals | Single Outcome Agreement Number 2 |
| Communities are well served, better connected and safe                     | Single Outcome Agreement Number 3 |
| Reduced risk factors that lead to health and other inequalities            | Single Outcome Agreement Number 5 |
| Improved opportunities for learning, training and work                     | Single Outcome Agreement Number 6 |
|  |                                   |

8. What are the main aims of the policy, strategy, service, function or proposal?

| To support SDS legislation  |
|---|
| To increase current choice  |
| To create an evidence based and flexible social market                              |
| To work co-productively with partners   |
| To improve access to Social Care support, directed by the individual where possible |
| To offer support at an early stage, preventing worsening of situations              |
| To decrease reliance on services by offering alternatives nearer a person's home    |
| To promote independence through appropriate individual and community support.       |

9. What are the main changes proposed to this?

To create a strategic approach to commissioning

To establish this in conjunction with providers

To support partners whilst ensuring appropriate choice for service users in the advent of individual budgets

To meet and support SDS legislation

A shift in Social Care provision and community resources

To offer direct access to services where appropriate i.e. minor equipment

To ensure all support is evidencing both awareness & improved outcomes for the individual

10. Who are the intended beneficiaries of the change/s proposed? (Geographical communities / particular service users / "protected characteristic groups" - quantify numbers affected by the policy/ proposal and the changes proposed if possible).

Adults currently accessing social care provided and commissioned services

The localities within Clacks & Stirling local authority areas

Current numbers as represented in social care activity

3rd and Independent Sector providers

### MEETING THE GENERAL DUTY - GATHERING EVIDENCE AND ASSESSING IMPACT

## **GATHERING EVIDENCE**

11. What evidence have you used to identify any potential positive or negative impacts of this proposal on meeting the needs of the General Equality Duty (Q12), people within protected characteristic groups (Q13), and communities or individuals vulnerable to poverty (Q14)? Please amend/add to the examples of evidence sources listed as required.

| Evidence Source  | Details  |
|--|--|
|  | National strategy – Reshaping Older People's Care (RSOPC), Mental Health Strategy for Scotland, Same As You. |
| Research (national/local)  | Current commissioning activity, demand and spend   |
|  | Numerous Consultations (see below) Dementia Strategy   |
|  | Client Numbers   |
|  | Client Perception, Annual Survey, Financial data (from social work and providers)                            |
|  | NHS Client Data, Long Term Care figures, Intermediate Care Actions, Referrals Data                           |
|  | As Above   |
| Service delivery data/information including who receives the service | Client Actions   |
|  | Financial Information  |
|  | Perception Data  |
|  | Contracts monitoring information   |
| Consultation/engagement  | RSOPC – OP Consultation  |
|  | Learning Disability (LD) Redesign (IMPOWER) Consultation   |
|  | Right time, right place 2009 consultation  |
|  | Further comprehensive consultation will be required as will an inclusive and project managed approach        |

|                  | Annual Survey  |
|------------------|--|
| Service received | Themes with surveys included:<br>Current provision<br>Choice<br>Home Support<br>Individual care, less institutional care<br>Dying at home<br>Independence, less reliance on services<br>Personal choice<br>Access<br>Local based service |

#### ASSESSING IMPACT

- 12. What has the evidence obtained told you about the potential impact of this proposal on the key needs of the General Equality Duty listed below?
  - Eliminating unlawful treatment (discrimination, harassment and victimisation and other conduct prohibited under the Equality Act 2010)
  - Advancing equality of opportunity (between people who share a relevant protected characteristic and those who do not)
  - Fostering good relations including the need to tackle prejudice and promote understanding (between people who share a relevant protected characteristic and those who do not)

Please select the appropriate impact for each of the key needs listed:

| General Equality Duty "needs"  | Positive(+)<br>impact | Neutral(0)<br>impact | Negative(-)<br>impact | Summary of reasons for response                               |
|--------------------------------|-----------------------|----------------------|-----------------------|---|
| Eliminating unlawful treatment | impact                | impact               | inipact               | Establish a uniform & equitable approach to service provision |
|                                |                       |                      |                       | Specialised pathways of specific resource when indicated      |
|                                | +                     |                      |                       | Early intervention reduces risk of escalation or inequality   |
|                                |                       |                      |                       | Adherence to new legislation (SDS)                            |

| Advancing equality of opportunity |   | Equitable and uniform approach  |
|-----------------------------------|---|---|
|                                   |   | Improving access & local service to those less able to travel   |
|                                   | + | Greater focus on independence. Care & community supplier  |
|                                   |   | Increasing choice   |
|                                   |   | Increasing use of individual budgets where appropriate  |
| Fostering good relations          |   | Work in partnership with service which has unique knowledge   |
|                                   |   | Evidence response is more aligned to client feedback  |
|                                   | + | Fairness in approach  |
|                                   |   | Focus on community engagement   |
|                                   |   | Transparent relations with 3rd Sector/Independent Sector to ensure local need is understood and strategic commissioning clearly aligned |

13. What has the evidence obtained told you about the potential impact of this proposal on people in protected characteristic groups? Will this policy, strategy, service, function or proposal have a positive (+), neutral (0), or negative (-), impact on those belonging to a Protected Characteristic Group? The impact of this proposal should be considered in terms of its potential for <u>eliminating unlawful treatment</u>, <u>advancing</u> equality of opportunity and fostering good relations already considered in more general terms in question 12 above. Please insert + / 0 /-.

Definitions of the protected characteristic groups are provided at the end of this document.

| Protected<br>Characteristic<br>Group | Eliminating<br>unlawful<br>treatment<br>(+/0/-) | Advancing<br>equality of<br>opportunity<br>(+/0/-) | Fostering<br>good<br>Relations<br>(+/0/-) | Comment   |
|--------------------------------------|---|--|---|---|
| Age                                  | 0   | +  | 0   | Further work to be completed re transitions when passing 65 years |
| Disability                           | 0   | +  | 0   | Proposal align to client needs and related national strategy      |
| Gender<br>Reassignment               | 0   | 0  | 0   | Equality Strategy Maintained                                      |
| Marriage and<br>Civil Partnership    | 0   | 0  | 0   | Equality Strategy Maintained                                      |
| Pregnancy and<br>Maternity           | 0   | 0  | 0   | Equality Strategy Maintained                                      |
| Race                                 | 0   | 0  | 0   | Equality Strategy Maintained                                      |
| Religion and Belief                  | 0   | 0  | 0   | Equality Strategy Maintained                                      |
| Sex                                  | 0   | 0  | 0   | Equality Strategy Maintained                                      |
| Sexual Orientation                   | 0   | 0  | 0   | Equality Strategy Maintained                                      |

### IMPACT ON COMMUNITIES, GROUPS OR INDIVIDUALS VULNERABLE TO POVERTY

14. Will this policy, strategy, service, function or proposal have a positive (+) or negative (-) impact on any other geographical communities, groups or individuals - particularly those with a higher risk of experiencing poverty. Please insert + / 0 / - , detail the impact and describe the groups affected.

| Those affected  | Positive(+) | Neutral(0) | Negative(-) | Comment   |
|---|-------------|------------|-------------|---|
| Geographical<br>Community /ies<br>(Please specify)        | impact<br>+ | impact     | impact      | Commitment to locality based need assessment and engagement will develop services sympathetic to local need Deprived areas, rural settings or specific client groups Investment will be aligned to local need |
| Individuals or<br>household<br>groups<br>(Please specify) | +           |            |             | Individualised care supports improved management of budgets and greater choice in accessing personal independent choice. Improved empowerment and services.   |

# **OVERALL IMPACT**

15. Based on the response to questions 12, 13 and 14 please summarise the overall impact/s of this proposal – positive, neutral or negative; highlighting any particular groups affected.

The proposal will have some positive benefits for vulnerable groups with the distinct advantages of :

- Individual care and support
- Improved accessibility
- Equitable and united approach and care and resource allocation
- Negative effects cannot be identified but a quality assurance framework will be put in place
- Alignment and response to expressed user views and consultation feedback
- Greater choice
- Clarity of choice available.

#### MITIGATING POTENTIAL NEGATIVE IMPACT

16. If you have identified any potential negative impacts use the matrix below to help identify the level of this, the number of people potentially affected and confirm this in the box provided below.

|             | Your function or policy is likely to be discriminatory.  | Your function or policy is likely to be <b>directly</b><br><b>discriminatory.</b>  |
|-------------|--|--|
| <u>HIGH</u> | Refer to the EqIA Toolkit<br>on how to modify your function or policy.<br>(Page 11)  | You must reject or substantially modify your function or policy.   |
| <u>LOW</u>  | Consider ways in which you can minimise or<br>remove any low level negative impact that affects<br>a small number of people. | Your function or policy is likely to be discriminatory.<br><b>Refer to the EqIA Toolkit on how to modify your</b><br>function or policy. (Page 11) |
|             | LOW  | <u>HIGH</u>  |

| Level of impact | Number of people potentially affected           |  |  |
|-----------------|---|--|--|
| LOW             | Potential for all service users to be affected. |  |  |

# 17. Do you consider the policy / service function / proposal is a) directly or b) potentially discriminatory in its current form?

| a) | No |
|----|----|
| b) | No |

If answering yes to question 17a) the policy must be rejected or substantially modified - See Section 16 of this form and Page 11 of the EqIA Toolkit

If answering yes to question 17b) consideration should be given to modifying the policy – See Section 16 of this form and Page 11 of the EqIA Toolkit

# The resulting modified policy requires to be re – assessed to identify any potential positive or negative impacts as per questions 12, 13 and 14.

18. Describe in detail the actions taken to remove any identified negative impact

The proposal will have some positive benefits for vulnerable groups with the distinct advantages of :

- Individual care and support
- Improved accessibility
- Equitable and united approach and care and resource allocation
- Negative effects cannot be identified but a quality assurance framework will be put in place
- Alignment and response to expressed user views and consultation feedback
- Greater choice
- Clarity of choice available.
- 19. For the **final** policy being proposed, where negative impacts cannot be removed or minimised, clearly state your justifications for continuing the policy or function in its existing format.

N/A

## MONITORING AND REVIEW

- 20. a) How will the implementation of this function or policy be monitored, how frequently and by whom ?
  - b) How will the results of the monitoring be used to develop the function or policy?
  - c) What is the timescale for reviewing the policy?

a) Adult Social Management Team will monitor the implementation of this policy and is likely to be on a monthly basis

b) The results will be used to inform any further changes / adapt to the function or service area.

c) To be determined following implementation

21. Please summarise the results of the EqIA. In doing so it should be noted that the Council is committed to fulfilling its statutory duty to publish the results of any assessment where the policy change/ proposal is to be implemented. This statement requires to be authorised and signed by the Lead Officer responsible for the assessment.

The proposal will have some positive benefits for vulnerable groups with the distinct advantages of :

- Individual care and support
- Improved accessibility
- Equitable and united approach and care and resource allocation
- Negative effects cannot be identified but a quality assurance framework will be put in place
- Alignment and response to expressed user views and consultation feedback
- Greater choice

Clarity of choice available

This policy is not considered to have a negative impact in terms of equality

The proposals will ensure that the services that we commission will match agreed priorities and make sure that they are good quality.

# Authorisation by Lead Officer (Head of Service / Service Manager)

| Name / Title                                     | Signature | Date            |
|--|-----------|-----------------|
| JANE MENZIES – Assistant Head of Social Services |           | 22/January/2014 |