



Equality Impact Assessment (EqIA)

Introduction

This EqIA is for:	Targeted Reviews (Managed and Direct Payment Packages)	
Details are set out:	C07 Option for Change	
Officers undertaking the assessment:	Ellie Davies, Project Manager, Programmes and Project Team Jane Cashmore, Commissioning Manager, Joint Commissioning (Older Adults) Margaret Radford / Karen Moss, Equality Officers	
Assessment approved by:	Paul McKay, Service Director, Access and Public Protection	Date: Sept. 2015

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The proposal is to re-focus the activity of the department's Central Review Team so that it is more pro-actively targeted. An analysis of the best practice amongst other local authorities will be undertaken, which will inform the exact nature of future targeting of the Team. However, it is currently proposed that the Team focusses on the following:

- 1) Targeted service users, e.g.:
 - Homecare packages 2 weeks post hospital discharge (excluding those who have been through Short Term Assessment and Reablement Team (START));
 - Bringing forward reviews for people whose needs will reduce after 12-16 weeks, for example people who have had a hip or knee replacement.
 - Service users that have not received a reablement service through START.
- 2) Time-limited support plans with short-medium term and reablement goals, where it can be ensured that this will help someone back into living independently. Subsequent follow-up scheduled reviews will be undertaken at a pre-specified point in time, depending on the needs of the service user. Support plans for Direct Payment (DP) recipients will clearly set out what outcomes are to be achieved and what support is to be purchased with the DP to meet those outcomes.
- 3) Identifying service users who currently receive support from the Council who could effectively be

supported by more cost effective alternatives for support, including community-based provision. Such individuals would be provided with personal plans for social inclusion.

- 4) The above applies to both managed and DP support packages. In addition, specific to DP packages, it is proposed that targeted reviews are undertaken on service users receiving DPs who purchase support from agencies, with the aim of ensuring that the service is being delivered in the cost effective way.

The potential impacts of each of these elements is as follows:

ON SERVICE USERS AND COMMUNITIES

Currently we review people at 6-12 weeks. As a result of this proposal, some service users will be reviewed at an earlier point in time (e.g. two weeks post hospital discharge) to ensure support is still appropriate for their needs and adjusted accordingly, i.e. for some it will increase and for others it will be reduced or ceased.

Similarly, time-limited support plans with short-medium term goals will mean support is only provided for as long as it is required, i.e. for some it will be extended for longer and/or more support provided, and for others it will reduce or cease.

Both more timely reviews and time-limited support plans with short-medium term goals will help people back into living as independently as possible.

The Council will expect to share responsibility with individuals, families and communities to maintain their health and independence. The Council will only be responsible for meeting eligible needs for long as it is required and in the most cost-effective way. The responsibility for meeting non-eligible needs and providing support beyond when it needs to be delivered by the Council will become the responsibility for the individual or their carers.

Some service users may receive support in a different way e.g. community based support, Assistive Technology (AT) or equipment. Community resources may not be equally spread across the county which may mean that individuals will need to purchase this from the independent sector.

DP recipients will be clearer on how their DP allocation can be used to meet their defined outcomes, and how their packages will be kept under review and monitored. Support will be provided to identify and use cost effective alternatives to traditional services.

As a last resort, some support may need to be re-commissioned unless the service user wishes to pay the difference where they choose care and support which is more expensive than care that can be procured by the Council.

ON OTHER ORGANISATIONS/PARTNERS

There will be a reliance on community/voluntary organisations to provide resources which may increase the demand on some community/voluntary sector services and/or highlight gaps in provision.

Providers may have a reduction in income if the number of people needing ongoing long-term support is reduced. However, this should release capacity to meet the needs of people who have longer-term eligible needs. This release of capacity will have a positive impact on Health colleagues. Where packages of support are jointly funded with Health, they will also benefit from any savings realised.

Where support does need to be re-commissioned (as above, unless the service user wishes to pay the difference where they choose care and support which is more expensive than care that can be procured by the Council), some providers will lose income but others will gain.

These potential impacts have been identified through critical assessment by the officers named. They have not yet been consulted on with external stakeholders. However, this will be undertaken as part of the wider consultation process across all of the Department's budget saving proposals.

2 Protected Characteristics: Is there a potential positive or negative impact based on:

Age	<input checked="" type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Disability	<input checked="" type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Gender reassignment	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Pregnancy & maternity	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Race <small>including origin, colour or nationality</small>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Religion	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Gender	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Sexual orientation <small>including gay, lesbian or bisexual</small>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i>	How might negative impact be mitigated or explain why it is not possible	How will we consult
<p>The service users impacted by this proposal will be:</p> <ul style="list-style-type: none"> • Older Adults (aged 65+), including those with dementia. • Younger Adults (aged 18-64), including those with learning disabilities, physical disabilities, Asperger's and those with mental health needs. <p>All service users will be living at home.</p> <p>No significant disproportionate impact on age or disability group is anticipated, as the assessment and review process remains the same and is the same across all age ranges and all disability client groups.</p> <p>However, as outlined in Section 1 above, for some service users the type and level of support will stay the same, for some it will increase, and for others it will reduce or cease. Specific examples of some of the potential negative impacts on service users/carers may be:</p> <ul style="list-style-type: none"> • Some may have the type of 	<p>The Council's assessment and review process, and subsequent support planning process, will ensure that any changes to care packages are informed by service users' current needs, and that the real cost of needs are met. Services will only be removed or reduced if individuals have been assessed as no longer requiring them.</p> <p>As part of the review process, carers will be asked if they are willing/able to provide care, and their response to this will be factored into the support planning process.</p> <p>Over the longer-term, any impact on service users as a result of any reduction in the type or level of supported provided will be managed through the care management and reviewing process. Therefore, if outcomes are different to predicted, this will be picked up when care packages are reviewed at their next scheduled review.</p> <p>The Council's Adult Social Care</p>	<p>Consultation on this proposal is planned with:</p> <ul style="list-style-type: none"> • Service users. • Carers / families / circles of support. • Relevant Health colleagues, including Clinical Commissioning Groups. • Representatives of service users and carers. • External care providers, including community sector providers. <p>This will be undertaken as part of the wider consultation process across all of the Department's budget saving proposals.</p>

<p>support provided changed (e.g. from 1-1 care during home-visits to the use of Assistive Technology); and/or</p> <ul style="list-style-type: none"> • Some may have the level of support provided reduced (e.g. from two to one carers, less visits, reduced time for visits) or ceased. • Responsibility for providing/ paying for non-eligible needs and providing support beyond when it is needed will become the responsibility for the individual or their carers. • Some may have their provider changed, if the package has to be re-commissioned. • Where community resources are deemed an appropriate form of alternative support, as these may not be equally spread across the county, some individuals will need to purchase this from the independent sector. 	<p>Strategy provides a framework within which officers can make decisions. The Department's complaint procedure describes escalation procedures, as required.</p> <p>The local adult multi-agency safeguarding procedures should provide a system for alerts to be raised where people may be at risk of significant harm. Safeguarding procedures do not rely on people being in receipt of services if they are in need of protection from significant harm. This should prevent people 'falling through the net' of support if it is needed.</p> <p>Work will be undertaken with voluntary and community organisations as part of the independent sector to stimulate and develop the market, to ensure capacity can meet demand.</p>	
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Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

Completed EqlAs should be sent to equalities@nottsc.gov.uk and will be published on the Council's website.