

Equality Impact Assessment (EqIA)

Introduction

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|--------------------------------------|---|---------------------------------------|
| This EqIA is for: | Improving collection of Continuing Healthcare Funding (CHC) | |
| Details are set out: | Option for Change – A1609 | |
| Officers undertaking the assessment: | Kate Rush (Commissioning Officer) | |
| Assessment approved by: | Sue Batty, Service Director - Mid Nottinghamshire | Date: 07/10/2015 Updated: 10/02/16 |

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?*

Proposal:

To ensure that continuing healthcare (CHC) is accessible to all service users who may be eligible through robust application of the national guidance and where funding is agreed that processes between Health and the Council are systematic and efficient, including exploring joint initiatives aiming to deliver efficiencies through more strategic, cost effective commissioning and / or joint demand management which may include pooled budgets if this is assessed as beneficial.

This will be achieved through:

1. Improved processes and systems with Health partners
2. Ensuring equitable access in line with legislation
3. Ceasing case management of fully funded cases
4. Consideration of joint arrangements with health (medium/long-term approach)

Impacts:

1. Better processes and more efficient collection of income will have a positive impact on the organisations concerned, but a **neutral** effect on people with existing arrangements in receipt of fully funded CHC or who are jointly funded by NHS and Local Authority for their care.
2. In line with national CHC legislation and policy, ensuring prompt access to CHC funding for eligible people will potentially have a **positive** impact. Service users who are eligible for NHS CHC are not charged for the service and would therefore benefit financially.

3. Effect of withdrawing Local Authority case-management for CHC cases: may have a potential **negative** impact upon a small number of service users, particularly in fluctuating cases. Discussion would be held with the CCGs regarding the best way to manage this change and avoid this.
4. Joint funding arrangements / pooled budgets – eligibility assessments will still be required, however, speed of decision-making should be improved which would have a **positive** impact for some service users.

Overall impact is assessed as neutral, with some small numbers of people potentially benefitting financially due to not being charged for services and faster decision-making.

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

| | | | |
|---|-----------------------------------|-----------------------------------|--|
| Age | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Neutral Impact |
| Disability | <input type="checkbox"/> Positive | <input 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 |
|--|---|---|
| People with fluctuating conditions where eligibility will shift from CHC to jointly funded may experience disjointed case management arrangements. It is not known how many of the 59 recorded fully health funded cases are currently case-managed by NCC workers & thus who would be impacted by a change in case-management arrangements. | Once investigation into number of cases affected has been carried out, arrangements for withdrawal of case-management function should be planned to avoid gaps. New case-management arrangements should be discussed with Health partners. Any changes to be clearly communicated to service users and where appropriate, their families. | Small numbers are likely to be affected and each case will have different case-management requirements, therefore tailored arrangements for consultation are likely to be most appropriate. |

Part B: Feedback and further mitigation

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

Feedback from health partners reflected a general agreement that health and social care need to work together on CHC to improve systems and efficiency. However there was concern noted from some CCGs that this might result in cost shunting. The proposal is actually focusing on improving processes between health and social care, particularly in relation to the transfer of funding to social

care for joint funded cases which have already been agreed. The proposal will reflect this and clarification will be given to the CCGs.

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