



Equality Impact Assessment (EQIA)

Section 1: About the proposal

Title of Proposal
Budget savings proposals 2021/22: combined Equality and Socio Economic Impact Assessment

Intended outcome of proposal
To inform IJB's decisions on the HSCP budget for 2021/22

Description of proposal
<p>The overall budget proposal contains a series of savings which have been developed by the HSCP's Senior Leadership Team in order to deliver a balanced budget for 2021/22. Individual EQIAs have been prepared for each of the "Policy" related savings proposals. These are the proposals which have been assessed as impacting service users and / or service deliverers in some way. Following completion of the individual EQIAs, this combined impact assessment brings together their conclusions so that the cumulative impact of the budget savings proposals can be assessed before decisions are made by the IJB.</p> <p>In total, these proposals would impact on up to 35.4 FTE next year. Wherever possible, savings will be taken through turnover in order to avoid redundancy and / or redeployment being required.</p>

HSCP Strategic Priorities to which the proposal contributes

Lead officer details: The lead officer of each savings proposal is the third tier manager or Head of Service for the relevant business area. The lead officer for the overall EQIA is the Head of Finance & Transformation.	
Name of lead officer	Judy Orr
Job title	Head of Finance & Transformation
Appropriate officer details	
Name of appropriate officer	Caroline Cherry, Head of Adult Services Julie Lusk, Head of Adult Services Brian Reid Interim Head of Children & Families Patricia Renfrew, Interim Head of Children & Families Donald Macfarlane, Asst Clinical Dental Director

Sign-off of EIA	Judy Orr, Head of Finance & Transformation
Date of sign-off	18 February 2021

Who will deliver the proposal?
The proposals will be delivered by the HSCP's Senior Leadership Team (SLT)

Section 2: Evidence used in the course of carrying out EIA

Consultation / engagement

The Heads of Service have consulted with staff groups affected. They have also identified information from the wider budget consultation, and other engagement with stakeholder groups pertaining to their proposals.

This impact assessment should be read in conjunction with the findings of the budget consultation which is the subject of a full report to the IJB as part of the agenda for 31 March 2021. The interim findings were presented to the IJB development session on 24 February to ensure findings could influence the EQIAs.

Data

Data has been gathered by the SLT members from a range of sources as set out in the individual EQIAs.

The net number of posts identified as being at risk of redundancy or otherwise affected as a result of the budget savings proposals is 2 FTE. The details for each saving where staff are potentially affected are set out in the table below:

Savings ref	Description	FTE affected
2122-18	Reduce Senior Dental Officer post by 0.4 WTE following retirement	1.0
2122-26	Remove advanced nurse vulnerable groups post	1.0

Where there is no entry in the table above, this confirms that the savings proposal does not affect any staff currently in post. Where savings relate to vacant posts, these posts are also not included above.

The employees in post are a mix of male and female staff with more female staff being affected, and predominantly affected in the location of the in house run care homes. This is a reflection of the workforce employed in these roles and is not an indication of females being targeted over males.

Other information

N/A

Gaps in evidence

The profile of employees affected will be monitored as the redundancy process progresses.

Section 3: Impact of proposal

Impact on service users:

See table 2 attached

If you have identified any negative impacts on service users, give more detail here:

Proposal 2122-9 on capping 24 hour care package at £30k, allowing the service user to fund the additional hours of care if they chose to remain at home has identified some negative impacts on service users on low income or low wealth, and impacts on area deprivation and socio-economic background. This is because low income service users would have less choice.

Proposal 2122-18 Reduce senior dental officer by 0.4 WTE has identified negative impacts

based on a reduced capacity of the service to provide clinical support to dental officers.

Proposal 2122-26 Remove advanced nurse vulnerable groups has identified negative impacts potentially affecting socio-economic factors based on a reduced capacity of the service.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

Proposal 2122-11: remove funding for lunch clubs – the “don't knows” will be clarified as detailed proposals are drawn up for lunch clubs to become self funding.

Proposal 2122-12: Reduce payments to voluntary organisations for non-contracted services– the “don't knows” will be clarified as detailed proposals are drawn up for these to become self funding.

Proposal 2122-14: End Service Level Agreement for commissioned advocacy service and replace with signposting to other services – the “don't knows” will be clarified as detailed proposals are drawn up for alternative sign posting.

Proposal 2122-12: End grants paid to link clubs - the “don't knows” will be clarified as detailed proposals are drawn up for these to become self funding.

How has 'due regard' been given to any negative impacts that have been identified?

Yes. Resources will be utilised in a way that ensures that highest needs are always met. Impacts will be subject to close monitoring.

**Impact on service deliverers:
See table 3 attached**

If you have identified any negative impacts on service deliverers, give more detail here:

Proposal 2122-26 Remove advanced nurse vulnerable groups has identified negative impacts potentially affecting socio-economic factors based on a reduced capacity of the service. It should be noted that only 1 post is affected and this is likely to be subject to a redeployment.

If any 'don't knows' have been identified, when will impacts on these groups be clear?

If proposals are approved by the IJB, work will be carried out during their planning and implementation phases to understand the impacts on groups where impacts are currently unknown. Mitigation to these impacts will be implemented as required.

How has 'due regard' been given to any negative impacts that have been identified?

Negative impacts as described above are mitigated through minimising the impact on staff, and on front line service delivery affecting service users, treating all staff equally, noting that technology enables jobs to be done remotely, and staff will be provided with advice and support throughout the process.

Section 4: Interdependencies

<p>Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?</p>	<p>The need for development of a reablement approach to care is required to ensure people develop as much independence as possible. The impact of this will require the hospital discharge process and assessment process to change, with reablement becoming an integral part of preparation for discharge. Work is already underway to develop processes that ensure this approach is developed. Care at Home staff have been working towards this type of service delivery for a number of years, with more success in some areas than others. The learning from this is being shared across the service. The Resource Allocation process will begin to scrutinise all service costs, but it will also provide a forum for different disciplines to contribute to the care packages at appropriate points and also to ensure that all community resources are identified and known to all staff disciplines.</p> <p>Intend to maintain a focus on prevention and early intervention through scoping this short life working group.</p>
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Details of knock-on effects identified

2122-8/9: Contractual arrangements with private sector care homes, and any cap on funding for 24 hour care at home packages will be linked with a longer term review of care at home and the aspiration that we support people at home for as long as possible. These changes need to be linked to housing models within Argyll and Bute. They will also be linked to place based reviews and day service redesign.

2122-14: There are current interdependencies between Advocacy Contract, Carers Group contracts and this contract. Any changes may have an impact of referrals levels for Advocacy and Carers Groups across Argyll and Bute. Forums and mental health third sector/service user/carers groups may be impacted due to no oversight and coordination or support.

Section 5: Monitoring and review

Monitoring and review

Progress with the implementation of the individual proposals will be monitored by the relevant Heads of Service. This will include the implementation and monitoring of any identified mitigating measures.

HR and Organisational Development will monitor redundancies and other changes in staffing.