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### Outcome of Preliminary Equality Impact Assessments

#### Introduction

The IJB are committed to making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of the people of Glasgow, in line with the public sector equality and Fairer Scotland duties. To support meeting these duties, proposals have been subject to an Equality Impact Assessment (eqia) to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible.

Identification of a potentially negative impact does not mean that the option cannot go forward. However, where this has been identified, action will be considered that minimise that impact should the option be approved.

#### Assessment

Proposals have been subject to a preliminary Equality Impact Assessment to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible. The outcome of the assessments for each of the proposals is included at Appendix 1.

Where proposals are not sufficiently developed or where the engagement activity with stakeholders to inform the proposal has not yet been undertaken then further engagement will be undertaken and reported back to the May IJB.

#### Overview

Below is an overview of the proposals where a potential impact was identified and which characteristics are most likely to be impacted.

	Age	Disability	Gender Reassignment	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Marriage & Civil Partnership	Socio Economic
Prescribing	x	x								x
Increase Charges to Service Users by 5% 24/25 and 12.8% for Hot Meals	x	x					x			x
Self-Directed Support: Wait List	x	x					x			x
A Review of Access to Social Care Support	x	x					x			x
Homelessness Recovery Plan		x			x		x			x
A Review of the Children's Change Fund Programme	x	x								x
Removal of Thriving Places Funding to Support Community Connectors										x

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### Equality Impacts

We recognise that there is potential for cumulative impact, due to the nature of the services we deliver and the people we deliver them to. From the above it can be identified that there is potential for cumulative impact for the protected characteristics of Disability, Age (Older People in particular) and Sex (Women in particular).

### Socioeconomic Impacts

As part of the assessment process, consideration was given to the potential impact on those living in poverty. Given the vulnerability of our service users and the levels of deprivation in Glasgow, we were mindful of any disproportionate impact. Overall, the expenditure on services within this budget supports the delivery of a Fairer Scotland, however some of the equality impact assessments have identified that there is potential for a disproportionate impact on those living in poverty, which may be cumulative, for those accessing multiple services. Mitigations are being planned wherever possible.

### **Staff Impacts**

Proposals also include a reduction of 62.2 FTE.

Potential equality impacts would relate to the workforce profile.

- Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years.
- Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% are aged 30 – 49 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Next Steps**

The following options were identified as having potential to have a significant negative impact on equality groups. Further work is required to fully assess the impact of reducing capacity in these areas. Work is ongoing to engage with service users and to fully assess the impact and any further opportunities for mitigating action. The review and associated equality impact assessments will be presented to the Board in May, prior to agreeing implementation.

- Review of Access to Social Care Support
- Self-Directed Support, Wait List
- A Review of the Children's Change Fund Programme

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There remains a gap in the savings plan for community health savings. More time is required to fully develop these plans before they can be presented to the IJB for approval. This includes understanding the board wide implications of our proposals and those presented by other IJBs. These savings will require a reduction in services and therefore a reduction in the staff which currently deliver services. Equality considerations will be undertaken as part of the development of the plans and will be presented to the IJB with the final set of savings in May. The cumulative impacts of the final set, will also be reconsidered at this time.

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### Appendix 1: Outcome of Equality Impact Assessments

#### **Efficiency and Income Maximisation**

##### **Prescribing**

The removal of medicines identified as having low clinical value, may have an impact on those living in poverty. No specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. eg Disabled People and Older People. Those who choose to purchase items would incur a charge for items no longer available on prescription, or it may result in withdrawing from those medicines, due to incurring costs. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.

This programme will include consideration of supporting patients to switch prescriptions to a more cost effective brand, in discussion with the patient and healthcare professional, if appropriate. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients may require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.

An equality impact assessment has been undertaken and can be found [here](#).

##### **Pharmacy: Cost Reduction Associated with Paliperidone**

It is not anticipated that this option will have an impact on equality groups. Proposal is a like for like change and saving is as a result of cost reduction from switching brands of the drug. This proposal is in line with a national contract and there are no changes to dosage or method of administration.

##### **Carers Service: Removal of Surplus Funds**

No direct impact on equality groups have been identified.

The Short Breaks bureau was intended to increase the range and variety of short breaks for unpaid carers, however as the development of the bureau was progressed it quickly became apparent that this would be a duplication of another service provided by Carers Centres.

The service was at developmental stage and was not yet operational, therefore no anticipated impact or support with transition is required.

##### **Reduction in Non-Staffing Budgets**

It is not anticipated that this option will have a significant impact on equality groups. This proposal includes savings from payments for buildings no longer in use and an under spend in transport hire for day care. There is potential for impact if there is a considerable and sustained increase in transport demand. There will be continual monitoring of demand and usage, in line with standard procedures.

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The proposal also includes saving on dressings and other medical sundries available to Primary Care Clinicians. This budget is currently underspent and the proposed reduction is in line with this. There is potential for impact if there is a considerable and sustained increase in demand. There will be continual monitoring of demand and usage, in line with increased costs.

### **2% Uplift on Service Level Agreements**

No direct impact on equality groups have been identified as charges are not applied to service users. Uplift would be applied to external agencies in line with Scottish Government uplift.

### **Office 365 Licenses - 10% Reduction**

No direct impact on equality groups have been identified at this reduction is not related to service delivery. Individual staff needs will be taken into consideration as part of the review.

### **Increase Charges to Service Users by 5% 24/25 and 12.8% for Hot Meals**

The proposal includes a 5% uprating to charges and a 12.8% uprating to hot meals (£1.72 to £1.94). There is potential for this increase to have a socio economic impact for those experiencing poverty. This may result in service users self-excluding from services, due to the cost. Due to the nature of the services provided, this increase is most likely to have an impact on older and disabled people

Steps will be taken to mitigate the impact of the increase through the financial assessment. The financial assessment aims to ensure income maximisation has taken place by ensuring that service users are in receipt of all social security benefits to which they are entitled and reflects on the service users ability to pay. It also, acknowledges that there may be circumstances where it is appropriate to consider the waiving or abatement of charges in cases of hardship, exceptional need or other exceptional circumstance. An equality impact assessment has been undertaken on the charging policy and can be found [here](#). The assessment includes fuller details on the mitigating actions.

### **Review of Managed Care Services**

It is not anticipated that this option will have a significant impact on equality groups. It is recognised that a cancer diagnosis is considered a disability under the Equality Act 2010 and a person-centred approach for transition will be required, as although there will be continued care provision, it is recognised that end of life care is a sensitive time both for patients and their families.

The service will be absorbed into existing HSCP arrangements and continued by HSCP staff, with an additional 5.98 FTE staff recruited to provide dedicated end of life care 365 days of the year. It is anticipated that this arrangement will support more flexible and person-centred care provision and will link directly with and be coordinated by the Out of Hours District Nursing Service, who already provide palliative care.

Families have been contacted about the process and will be supported through the transition on a case-by-case basis. Monitoring will be ongoing in line with business as usual.

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### **Performance and Planning - Removal of Post**

The proposal includes a reduction of 1 FTE. This post had lead responsibility for suicide prevention work across Glasgow. The role is currently vacant so no redeployment is required. Other members of staff have been willing to take on the priority/statutory tasks that were previously the responsibility of this post. Activity towards suicide prevention will be monitored through the action plan and the City Suicide Prevention Group to ensure there is no impact on service delivery.

### **Increase to Equipu Management Fee**

No direct impact on equality groups have been identified as charges are not applied to service users. Uplift would be applied to Equipu Partners. It is noted that there has not been an uplift since the management arrangements moved to the HSCP.

### **Service Reform and Innovation**

#### **Maximising Independence Programme**

Efficiencies have been identified through the implementation of the Maximising Independence Programme. This programme aims to deliver transformational change to better support and facilitate more independent living and minimise the need for escalation to higher levels of formal care. Due to the scale of the saving an equality impact assessment was undertaken and can be found [here](#).

This option includes a reduction of 20 FTE. As a result of work to minimise the need for escalation to higher levels of formal care, there is scope for a reduction in staff in line with demand.

Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% are aged 30 – 49 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment, although ER/VR may be required in some instances to support the level of change. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

Self-Directed Support, Maximising Independence and the Review of Access to Social Care Support are interconnected. If all proposals are approved, this may result in cumulative impact for those accessing multiple services. Mitigations and monitoring of impacts are outlined within each of the proposals.

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### Children and Families: Transforming the Balance of Care - Care

Efficiencies have been identified through the implementation of the Children's Services Transformation Programme, in line with the National approach of GIRFEC and [the Promise](#). Efficiencies are mitigated through the Child Poverty Pathfinder and the Whole Family Wellbeing Fund. The eqia for this programme can be accessed [here](#). There is a commitment to review the eqia's, in line with the 2022 to 2025 timeframe, to ensure that they reflect the current situation and to maximise benefit for children and young people.

The reduction of children and young people being accommodated in out of authority placements is in recognition of the need to enhance family support to help families to stay together and is in line with the National approach of GIRFEC and [the Promise](#). In cases where children have to be accommodated away from the families, efforts are being made to maintain children's links with their family, peers, schools and communities. This is in recognition of the need for stability and continuity (in line with [the Promise](#) recommendations), and the pattern in respect of young people returning to their families after their period of accommodation ends. The approach forms part of the Family Support Strategy, the eqia for this strategy is available [here](#).

Savings from the transformation programme have been reinvested to further resource early intervention and support services and ongoing monitoring is in place.

The 16+ Accommodation Review aims to modernise the accommodation and support services for young people leaving care, with the new Housing First programme now in place. This service will target the most vulnerable young people who currently struggle to manage within current services and are the furthest away from settled accommodation. It is expected that this will be a positive option for young people, and it is anticipated that young people may choose to transition from Children's Houses and Out of Authority placements at an earlier stage. This Review and associated eqia, is underway and will inform commissioning work for this service.

This option includes a reduction of 8.2 FTE Social Work posts.

As a result of the increasing investment in prevention and early intervention, less families are likely to require the same level of Social Work support over time. The reduction in staff will be gradual, in line with demand, reflecting the impact of the investment in Early Intervention services (Family Support and Whole Family Wellbeing Fund) and the reduced flow of families into targeted supports, in line with the full implementation of GIRFEC and the principles of the Promise to achieve early and effective intervention.

The situation will be monitored to ensure an appropriate balance between early intervention and statutory/ crisis support to respond to families' needs appropriately. There is a commitment to review the eqia's, in line with the 2022 to 2025 timeframe, to ensure that they reflect the current situation and to maximise benefit for children and young people.

### Review of Support Services

It is not anticipated that this option will have an impact on service users. This proposal includes a reduction of 5 FTE. A review will be undertaken across a number of support services with an aim of reforming services to deliver integrated support services which meet the business needs and are proportionate to the size of the organisation. This will require services to work with Support Services to reduce the service requirement to match the resources available.

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Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 64 years and 38% are aged 30 – 49 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment, although ER/VR may be required in some instances to support the level of change. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

### **Service Prioritisation and Reduction**

#### **Self-Directed Support: Non-Funding Demographics: Wait List for Services**

This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at people who have been assessed as having a critical need for support and is a statutory obligation. Service users are; 56% male, 43% female over a range of ages. Service users include children and families, people with a learning disability, people with a long-term mental health condition and people who have a physical disability. Introducing a reduced provision and a waiting list for those with substantial need would directly impact on vulnerable service users and their ability to live well at home. There is also potential for socio economic impact for those who are unable to meet the change in service provision.

The delivery of this proposal requires to be closely linked to the review of access to social care support which will be reported to the IJB in May. Further work is required to fully assess the impact of reducing the capacity in this area, including engagement with service users and this will be undertaken as part of the review of access to social care support.

We will engage with carers and supported persons organisations to understand the wider impacts of reductions in service capacity will have on services users and their families. Individuals will also have the opportunity as part of the assessment process to work through what these changes may mean for them and to raise concerns about how they will impact on their own individual circumstances and needs. Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction. A detailed implementation plan is under development, including an associated equality impact assessment and communications plan.

Self-Directed Support, Maximising Independence and the Review of Access to Social Care Support are interconnected. If all proposals are approved, this may result in cumulative impact for those accessing multiple services. Mitigations and monitoring of impacts are outlined within each of the proposals.

#### **A Review of Access to Social Care Support**

A review of access to social care support is under way to develop a policy in relation to its resource allocation for adult and older people's social care, inclusive of self-directed support, home care and residential care services.

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This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at people who have been assessed as having a critical need for support and is a statutory obligation. Introducing a reduced provision and a waiting list for those with substantial need would directly impact on vulnerable service users and their ability to live well at home. There is also potential for socio economic impact for those who are unable to meet the change in service provision.

Further work is required to fully assess the impact of reducing the capacity in this area, including engagement with service users. We will engage with carers and supported persons organisations to understand the wider impacts of reductions in service capacity will have on services users and their families. Individuals will also have the opportunity as part of the assessment process to work through what these changes may mean for them and to raise concerns about how they will impact on their own individual circumstances and needs. Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction.

A detailed implementation plan is under development, including an associated equality impact assessment and communications plan.

This proposal includes a reduction of 28 FTE.

Self-Directed Support, Maximising Independence and the Review of Access to Social Care Support are interconnected. If all proposals are approved, this may result in cumulative impact for those accessing multiple services. Mitigations and monitoring of impacts are outlined within each of the proposals.

### **Homelessness Recovery Plan**

This proposal is driven by the need to deliver cost reductions in the provision of homelessness services. This will be delivered through a variety of options including improved efficiency in reduction of void property timescales and redesign of current purchased services to deliver a saving.

The redesign of current purchased services to deliver a saving will be in line with business as usual contract management arrangements. If any significant service re-provisioning is identified, this will be subject to Committee reporting. This will be subject to further ongoing discussions with provider organisations. Due to the vulnerability of service users, an equality impact assessment was undertaken and can be found [here](#). This eqia will be utilised to inform discussions with providers.

### **Removal of Integrated Care Fund**

This option includes the removal of funding for an Intervention Service. This service was targeted at Older People (60+) and provided an intervention to individuals during a moment of crisis to prevent further deterioration of situation, with an aim of preventing hospital admission, delayed and failed discharges, to divert and reduce incidences of older people accessing formal care provision, to build resilience and maximise the user's independence.

The funding for this service was provided on a transitional basis to assist with the development of new models of support to maintain older people in need to stay at home for as long as possible. The review highlighted that the service was operating at limited capacity and it was not able to

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substantively demonstrate whether it has had a positive impact. Service users will continue to be supported through alternative social work options.

It is not anticipated that there will be an impact from this option as there are no current service users and the service is no longer active by mutual agreement between the HSCP and third sector service provider.

As part of future care planning, support was available, on a temporary basis, with Power of Attorney applications. This service is not a statutory obligation and there is no longer capacity to provide support. Individuals will continue to be informed of Power of Attorney, through their future care planning conversations, but support will no longer be provided for the application process. This has the potential to have a socio economic impact for those opting to progress through a Lawyer.

Those currently using the service are predominantly Disabled People, in particular those with a Dementia diagnosis and Older People. There is potential for an impact on discharges, if there is not an established legal guardian in place to make decisions on behalf of a patient.

### **A Review of the Children's Change Fund Programme**

This proposal relates to a review of the Children's Service Change Fund, which was undertaken to consider where the fund has been mainstreamed. The Children's Service Change Fund is over ten years old, and the funding is no longer demarcated. The review identified that a number of the legacy arrangements were unsuitable and investment in other areas had mainstreamed the activity. For these areas it is not anticipated that there will be a significant impact due to changes in profile of children and young people's needs, alternative funding sources and developments in ways of working.

The proposal will result in a removal of funding which is currently provided across a range of areas out with GCHSCP. Given the sensitivity of the budget setting process and the stage of this programme of work, further work is required to engage with partner organisations and identify how the reduction will be met.

Due to the nature of the services provided, there is potential for any change or reduction in service to impact on children, young people and their families and carers, including on children with disabilities, children and young people with mental health needs and those living in poverty. Further work is required to fully assess the impact, mitigations, and opportunities for further service developments to meet current profiles of need.

### **Removal of Thriving Places Funding to Support Community Connectors**

The Thriving Places fund enables joint working with partner agencies to collectively impact on the 10 included communities which have significant deprivation with a focus on delivering social wellbeing. The original Thriving Places programme comes to an end in March 2024. [A review of the thriving places approach](#) has been undertaken by Community Planning Partners. The review included outlining a transition process to a refreshed place-based programme in a selection of neighbourhoods, in line with the Community Plan. An eqia for the Community Plan, including place-based approach, is currently in progress by Glasgow City Council.

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Although the committed funding is scheduled to end, there may be an impact on people living in poverty, by discontinuing funding in some of Glasgow's most deprived areas and impacting on the positive trends highlighted in the review from this funding.

To mitigate impact, notice has been given to host organisations, in line with the programme coming to an end and transition arrangements for the new approach are under development by partners.

### **Alcohol Drug Partnership: 10% Reduction Applied**

It is not anticipated that this option will have an impact on service users. It is anticipated that this saving will be drawn from unutilised reserves for Alcohol and Drug Partnership programmes. As this money has not been allocated to a programme, it is not anticipated that it will have an impact on service delivery.

It is recognised that the service is targeted at vulnerable groups including; children, young people, families and adults affected by alcohol and/or drug use and any reduction in service is likely to impact on these groups. Activity will be monitored by the Alcohol and Drug Partnership.

### **External Contracts: CDRS and Mental Health Employability - 5% Reduction**

It is not anticipated that this option will have an impact on equality groups. The Compassionate Distress Response Service will be tendered in line with no change to service provision or ability to provide service. The Mental Health Employability services have a waiver to tender for 2024/25, with no change to service provision or ability to provide service.

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