

Equality & Poverty Impact Assessment 00843 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services None	Lead Officer Name:	Lesley MacArthur
		Team:	Policy, Planning & Communications
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Proposal:	Budget Recovery Action - Release of one off reserves held - one off use of portion of Dementia Innovation Fund	Reference No:	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	Yes	No	No	No

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	No	No	No	No

Other, please specify: Indirect impact as there is currently no service provided via this resource.

Identify the main aims and projected outcome of this proposal (please add date of each update):

31/03/2025	Budget Recovery Action - Release of one off reserves held - one off use of portion of Dementia Innovation Fund

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	100,000	£100,000 recurring budget plus £400,000 non recurring reserve
Reduction to this service budget (£'0000s)	Per Annum:	50,000	One off reduction to current reserve
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:	27/09/2024	
	End Date (if any):	31/03/2025	

SECTION THREE: EVIDENCE

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

In Falkirk in 2021/22, general practice data suggested that 1,198 people registered had dementia (0.8% of the population), however, it is important to note that this figure is likely an underestimate as it will only include those who have been registered with a diagnosis of dementia. The estimated number of people with dementia in Falkirk is likely to increase by around 40% in the next 25 years as the population ages.

The proposed £50k reduction to the reserve does not currently fund any activity and therefore there is no direct impact on service users or carers. There is however some impact on the Partnership's ability to target resource to areas of improvement of need over the next 3 years. The budget for activity will reduce by £50k.

An recurring budget of £100k is currently in place to support initiatives supporting people affected by dementia (Dementia Innovation Fund). In addition to the recurring budget there is a £400k reserve, which has accrued over a number of years due to under commitment of the recurring resource. This funding is in addition to mainstream health and social care budgets and ringfenced Scottish Govt funds that are used to fund current service provision.

A challenge fund was developed as a means of allocating the DIF. Priorities were established based on national priorities and local needs. These are:

- Respite and emotional support for carers
- Weekend and overnight support
- Community based support
- Developing community resilience
- Workforce development
- Training and awareness raising
- Early intervention/prevention including brain health
- Service improvement via use of Technology Enabled Care (TEC)
- Post Diagnostic Support (PDS)

The DIF has not been fully allocated as the Dementia Strategy Group have taken time to undertake a full review of the Dementia pathway in order to establish local priorities and areas of service improvement. The national strategy was also delayed and to ensure contribution to national priorities, we delayed fully launching the challenge fund.

Falkirk Dementia Strategy Group work within the context of the National Dementia Strategy and Falkirk HSCP Strategic Plan:

[Dementia in Scotland: Everyone's Story](#) is Scotland's Dementia Strategy. In conjunction with the national strategy, the Scottish Government will produce two-year delivery plans to support the delivery of the vision and priorities of the national strategy. The first [delivery plan](#) forms a programme of work for 2024-2026.

The strategy sets out a positive, shared vision for dementia over the next 10 years. It recognises the need to improve our understanding of dementia and brain health, and its impact on everyone, regardless of gender, ethnicity, additional disability or age.

Scotland's Vision:

"Our vision is of a Scotland where people living with dementia have their strengths recognised, their rights upheld, and where they, their families and care partners/unpaid carers are supported to live an independent life, free from stigma and with person-centred treatment and care, when and where they need it."

The difference Scotland's Dementia Strategy intends to make is:

1. Dementia is recognised in public health and in practice as disease of the brain that affects a person's whole life and those close to them. Diagnosis can bring significant mental health and wellbeing challenges that need to be acknowledged and addressed to ensure a person's rights are upheld.
2. Policy makers, support and service providers, communities and society understand dementia, including the importance of prevention and early detection, and are inclusive of people living with dementia, able to engage and respond confidently and appropriately, creating environments that enable people to live well with dementia.
3. People living with dementia and their care partners/unpaid carers have equity of access to high quality, information and advice, evidence-based treatment, care and support when and where they need it, including dementia specific palliative care, and have access to practitioners with appropriate dementia care knowledge and skills.
4. The human rights of people living with dementia and their care partners are upheld throughout their dementia journey.
5. People are supported by a skilled and knowledgeable workforce that accesses the highest quality dementia specialist education and training, and implements evidence-based, including trauma-informed, practice.

Falkirk HSCP Strategic Plan (2023-2026) sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area and outlines how we will deliver adult health and social carer services in Falkirk over three years.

Falkirk HSCP Vision:

"To enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities."

Falkirk HSCP Priorities:

1. Support and strengthen community-based services.
2. Ensure people can access the right carer at the right time, in the right place.
3. Focus on prevention, early intervention, and minimising harm.
4. Ensure carers are supported in their caring role.

These priorities will be driven by three workstreams – Workforce, Technology, and Communication and Engagement.

Proposed Falkirk Vision:

“People affected by dementia, including those that support them, have knowledge and equal access to the right service at the right time by the right person to ensure the best possible quality of life.”

Our proposed Priorities:

- Respite and emotional support for carers
- Weekend and overnight support
- Community based support
- Developing community resilience
- Workforce development
- Training and awareness raising
- Early intervention/prevention including brain health
- Service improvement via use of Technology Enabled Care (TEC)
- Post Diagnostic Support (PDS)

Our proposed Outcomes:

1. Increased awareness of dementia and reduced stigma.

2. Information and support are accessible for people affected by dementia and their families.
3. People with dementia are able to stay at home and live within their communities for as long as possible.
4. Skilled workforce.
5. People's rights are respected and a 24/7 approach to dementia care a

Best Judgement:

Has best judgement been used in place of data/research/evidence?	No
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	As this fund is not allocated, there is no monitoring information etc to highlight impact.
Is further research necessary?	No
If NO, please state why.	No further research is required as the funding proposed as a reduction is not currently allocated and there will be a remaining budget of approx £350k to support local need.

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	No	
If YES, please state who was engagement with.		
If NO engagement has been conducted, please state why.	The Strategy Group has undertaken extensive consultation and engagement with staff, service users and carers in order to develop local priorities and outcomes, however as the fund is not allocated there has been no consultation relating to the budget reduction.	
How was the engagement carried out?	What were the results from the engagement? Please list...	
Focus Group	No	
Survey	No	
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify		
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	No	
Have the results of the engagement been fed back to the consultees?	No	
Is further engagement recommended?	No	

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age	✓			Unallocated resource - no service in place
Disability	✓			Unallocated resource - no service in place
Sex	✓			Unallocated resource - no service in place
Ethnicity	✓			Unallocated resource - no service in place
Religion / Belief / non-Belief	✓			Unallocated resource - no service in place
Sexual Orientation	✓			Unallocated resource - no service in place
Transgender	✓			Unallocated resource - no service in place
Pregnancy / Maternity	✓			Unallocated resource - no service in place
Marriage / Civil Partnership	✓			Unallocated resource - no service in place
Poverty	✓			Unallocated resource - no service in place
Care Experienced	✓			Unallocated resource - no service in place
Other, health, community justice, carers etc.	✓			Unallocated resource - no service in place
Risk (Identify other risks associated with this change)	Unallocated resource - no service in place			

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	Dementia Steering Group have sufficient access to resource to maintain the current level of service and following this reduction will continue to have £350k non-recurring reserve to support change and improvement as a result of review work and collaborating together.
Advance Equality of Opportunity:	Dementia Steering Group have sufficient access to resource to maintain the current level of service and following this reduction will continue to have £350k non-recurring reserve to support change and improvement as a result of review work and collaborating together
Foster Good Relations (promoting understanding and reducing prejudice):	Dementia Steering Group have sufficient access to resource to maintain the current level of service and following this reduction will continue to have £350k non-recurring reserve to support change and improvement as a result of review work and collaborating together

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	No	
Councils	Yes	The reduction of the Dementia Innovation Fund will result in a reduction of funds available to progress innovation and change within dementia services. Services and partners may be unable to develop or progress with new aspects of work/provision without having to identify resource via service redesign or alternative sources. However, it should be noted that given the overall financial context, there is a general requirement to focus on strengthening and improving core provision to suit local need rather than developing new provision/service.
Education Sector	Yes	The reduction of the Dementia Innovation Fund will result in a reduction of funds available to progress innovation and change within dementia services. Services and partners may be unable to develop or progress with new aspects of work/provision without having to identify resource via service redesign or alternative sources. However, it should be noted that given the overall financial context, there is a general requirement to focus on strengthening and improving core provision to suit local need rather than developing new provision/service.
Fire	No	
NHS	Yes	The reduction of the Dementia Innovation Fund will result in a reduction of funds available to progress innovation and change within dementia services. Services and partners may be unable to develop or progress with new aspects of work/provision without having to identify resource via service redesign or alternative sources. However, it should be noted that given the overall financial context, there is a general requirement to focus on strengthening and improving core provision to suit local need rather than developing new provision/service.
Integration Joint Board	Yes	The reduction of the Dementia Innovation Fund will result in a reduction of funds available to progress innovation and change within dementia services. Services and partners may be unable to develop or progress with new aspects of work/provision without having to identify resource via service redesign or alternative sources. However, it should be noted that given the overall financial context, there is a general requirement to focus on strengthening and improving core provision to suit local need rather than developing new provision/service.
Police	No	

Third Sector	Yes	The reduction of the Dementia Innovation Fund will result in a reduction of funds available to progress innovation and change within dementia services. Services and partners may be unable to develop or progress with new aspects of work/provision without having to identify resource via service redesign or alternative sources. However, it should be noted that given the overall financial context, there is a general requirement to focus on strengthening and improving core provision to suit local need rather than developing new provision/service.
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

There is no direct impact on people as the resource is unallocated. The impact is opportunity for services/partners.

Are actions being reported to Members?

No

If yes when and how ?

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	No direct impact for services users, carers or community
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:

Signature:	<i>Lesley MacArthur</i>	Date:	18/09/2024
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SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA: Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes / No
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ASSESSMENT FINDINGS		
If YES, use this box to highlight evidence in support of the assessment of the EPIA		
If NO, use this box to highlight actions needed to improve the EPIA		

Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?	Yes / No	If YES, please describe:
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LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA

LEVEL	Yes / No	COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	<i>Marie Keirs</i>	Date:	19/09/2024