

# Equality & Poverty Impact Assessment 00506 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services Community Care	<b>Lead Officer Name:</b>	Lana Ray
		<b>Team:</b>	Care and Support at Home
		<b>Tel:</b>	07710066453
		<b>Email:</b>	lana.ray@falkirk.gov.uk
<b>Proposal:</b>	Review/Update of current Medication Policy and relating documents	<b>Reference No:</b>	

<b>What is the Proposal?</b>	<b>Budget &amp; Other Financial Decision</b>	<b>Policy (New or Change)</b>	<b>HR Policy &amp; Practice</b>	<b>Change to Service Delivery / Service Design</b>
	No	Yes	No	Yes
<b>Who does the Proposal affect?</b>	<b>Service Users</b>	<b>Members of the Public</b>	<b>Employees</b>	<b>Job Applicants</b>
	Yes	No	Yes	No
<b>Other, please specify:</b>				

<b>Identify the main aims and projected outcome of this proposal (please add date of each update):</b>	
09/08/2024	Finalised Medication Policy to be presented at Senior Leadership Team meeting prior to submission to IJB for approval.
28/10/2024	Training delivery to all staff October 24 - February 2025.
01/03/2025	Policy to be implemented to replace previous policy.
13/10/2025	Meeting of Short Life Working Group to monitor feedback on training/policy.
30/09/2027	Review Policy

## SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:		Benchmark, e.g. Scottish Average	
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	Per Annum:		
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:		
	End Date (if any):		

**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.

Three localities within the service, East, West and Central with inhouse service offering support with medications level 2 (prompt/assist) and level 3 (administration of medication with Pharmacy issued Medication Administration Record - MAR Chart).

Central Locality - currently 38 service users level 2 and 20 level 3.

East Locality - currently 35 level 2 and 17 level 3.

West Locality - currently 38 level 2 and 1 level 3.

Varying characteristics in these numbers including Elderly, physical disability, visual impairment, cognitive impairment. Service users on level 3 under Adults with Incapacity holding a section 47 certificate for medical needs to be met.

**B - Qualitative Evidence** This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

**Social - case studies; personal / group feedback / other**

In line with the requirements for registration with the care inspectorate, the internal care at home service provided medication support in line with an agreed medication policy which was implemented in November 2019. In 2023 union representation raised a number of concerns regarding the clarity of the medication policy for care staff and quality of training received. Following discussion it was agreed that a coproduction approach would be arranged to review. Following completion of the medication policy the final draft had a 30-day consultation period with all Trade Union colleagues and members of the working group. There are a number of updates to the policy, which aim to clarify roles and responsibilities, streamline the process and will strengthen the delivery of medication support for both personal carers and clients. Feedback at the working group, throughout the consultation process and including the quantitative evidence above provided the evidence of a positive impact received.

**Best Judgement:**

<b>Has best judgement been used in place of data/research/evidence?</b>	No
<b>Who provided the best judgement and what was this based on?</b>	
<b>What gaps in data / information were identified?</b>	

<b>Is further research necessary?</b>	No
<b>If NO, please state why.</b>	Policy and training programme has been finalised through working group

**SECTION FOUR: ENGAGEMENT**

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

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	No	
<b>If YES, please state who was engagement with.</b>		
<b>If NO engagement has been conducted, please state why.</b>	Professionals engagement group did not include service user input however characteristics of those people in the service were considered throughout.	
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
<b>Focus Group</b>	Yes	9 working group meetings were held throughout the process with 7 being for the review/amending/updating of the current policy and 2 being for the Training programme update/review. A Short Life Working Group (SLWG) was formed with representatives from all care at home services, union representatives and other relevant colleagues. At each meeting, the updated sections were discussed and agreed then the next section would be considered.
<b>Survey</b>	No	
<b>Display / Exhibitions</b>	No	
<b>User Panels</b>	No	
<b>Public Event</b>	No	
<b>Other: please specify</b>		
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	Yes	
<b>Have the results of the engagement been fed back to the consultees?</b>	Yes	
<b>Is further engagement recommended?</b>	Yes	

## 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.
<b>Age</b>		✓		The service now offers medication administration for those elderly service users wishing to remain at home whilst being supported to administer their medications.
<b>Disability</b>		✓		Medication administration and Prompt/assist of medications being offered by the service allows any disability to be supported at home with these tasks. For example, blind service users may need a verbal prompt/direction to take medications or those with a physical disability limiting hand movement may require a physical assist to take their medications whilst maintaining their independence in the management of those medications which can be offered from the service.
<b>Sex</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Ethnicity</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Religion / Belief / non-Belief</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Sexual Orientation</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Transgender</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Pregnancy / Maternity</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Marriage / Civil Partnership</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Poverty</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.
<b>Care Experienced</b>	✓			there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral.

**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:**

				tasks for those service users wishing to remain at home with supports.
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<b>Risk (Identify other risks associated with this change)</b>	
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	<b>Evidence of Due Regard</b>
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>	The review and update of this policy and training evidences that any users of our service requiring support for medication administration can remain with their care services already in place. Prior to the implementation of the policy service users requiring administration of medication would need to be supported by specifically trained or medically trained staff which has, previously, resulted in a "nursing task" being identified which may have required transfer to longterm care (nursing home) in order to be supported. By providing this support within our service allows for service users have the opportunity/choice to remain at home with the care required.
<b>Advance Equality of Opportunity:</b>	The review and update of this policy and training evidences that any users of our service requiring support for medication administration can remain with their care services already in place. Prior to the implementation of the policy service users requiring administration of medication would need to be supported by specifically trained or medically trained staff which has, previously, resulted in a "nursing task" being identified which may have required transfer to longterm care (nursing home) in order to be supported. By providing this support within our service allows for service users have the opportunity/choice to remain at home with the care required.
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>	The review and update of this policy and training evidences that any users of our service requiring support for medication administration can remain with their care services already in place. Prior to the implementation of the policy service users requiring administration of medication would need to be supported by specifically trained or medically trained staff which has, previously, resulted in a "nursing task" being identified which may have required transfer to longterm care (nursing home) in order to be supported. By providing this support within our service allows for service users have the opportunity/choice to remain at home with the care required.

## 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.
<b>Business</b>	Yes	Private sector - external commissioned providers work in line with Falkirk Councils Medication Policy and in order to support this we are offering a collaborative approach to training, training someone to train within each of these provider companies.
<b>Councils</b>	Yes	Falkirk Council leading the way for administration of medication within community care and with collaborative working with other councils can support to introduce this within other local authority areas.
<b>Education Sector</b>	No	
<b>Fire</b>	No	
<b>NHS</b>	Yes	Reduction on discharge delays from hospital as In-house services and external providers will support with medication administration tasks where as this may previously have resulted in a wait for longterm care allocations creating a bottleneck within the hospitals for discharge.
<b>Integration Joint Board</b>	Yes	The updated policy supports the effective delivery of community-based services.
<b>Police</b>	No	
<b>Third Sector</b>	No	
<b>Other(s): please list and describe the nature of the relationship / impact.</b>		



## 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
Positive impact on Age, Disability and Informal Carer characteristics	Service Users, informal carers and family members	all staff to be trained under new policy and training between October 2024 - February 2025	Lana Ray	28/02/2025	The review and update of this policy and training evidences that any users of our service requiring support for medication administration can remain with their care services already in place. Prior to the implementation of the policy service users requiring administration of medication would need to be supported by specifically trained or medically trained staff which has, previously, resulted in a "nursing task" being identified which may have required transfer to longterm care (nursing home) in order to be supported. By providing this support within our service allows for service users have the opportunity/choice to remain at home with the care required.

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.**

<b>Are actions being reported to Members?</b>	No
<b>If yes when and how ?</b>	

**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	In line with the requirements for registration with the care inspectorate, the internal care at home service provided medication support in line with an agreed medication policy which was implemented in November 2019. In 2023 union representatives and members raised a number of concerns about the medication policy and quality of training. Following discussion, it was agreed that a co-production approach would be adopted to review both the medication policy and training. The current medication policy (2019) will continue to be used pending implementation of the updated policy.
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>Lana Ray</i>	Date:	24/09/2024
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b> 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?	No
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<b>ASSESSMENT FINDINGS</b>  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	A lack of data was available.	
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<b>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>?</b>	No	If YES, please describe: No adverse impacts were identified.
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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		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes	Positive impacts have been identified for Age and Disability. Proportionately, this will have a medium impact.
LOW	Yes / No	

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

<b>Director / Head of Service:</b>		
<b>Signature:</b>		<b>Date:</b>