

Equality & Poverty Impact Assessment 00817 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

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|--------------------------------|--|---------------------------|-----------------------------------|
| Service & Division: | Social Work Adult Services Community Care | Lead Officer Name: | Kirsty Nightingale |
| | | Team: | Central Locality - Care Homes |
| | | Tel: | 07483960618 |
| | | Email: | Kirsty.Nightingale@falkirk.gov.uk |
| Proposal: | We are reviewing and enhancing our staffing structures to align with the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA). This involves considering a temporary budget increase for a spend-to-save model, which aims to decrease agency costs while ensuring the delivery of a safe and effective service. | 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 |
|-------------------------------|---------------|-----------------------|-----------|----------------|
| | Yes | No | No | No |

Other, please specify:

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

| | |
|------------|--|
| 11/09/2024 | The main aim of this proposal is to decrease agency costs in line with the financial Strategy plan |
| 11/09/2024 | With the correct staffing model there will be increased delivery of a safe and effective service and more support to be able to provide a person centred approach. |
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| | |

SECTION TWO: FINANCIAL INFORMATION

| For budget changes ONLY please include information below: | | | Benchmark, e.g. Scottish Average |
|---|-------------------------------|------------|--|
| Current spend on this service (£'0000s) | Total: | £4,609,351 | Care home general, Burnbrae, Cunningham, Grahamston, Summerford and Thornton garden YTD spend is £4,609,351 as of 30th Sept 24 |
| Reduction to this service budget (£'0000s) | Per Annum: | | |
| Increase to this service budget (£'0000s) | Per Annum: | 283,860 | In total across the internal bedded services there is a need for an additional 4 FTE Social Care workers for Summerford and 2 FTE Social Care workers for Grahamston and 1 FTE domestic assistant (nights) for Thornton Gardens. |
| 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.

Information on the protected characteristics of the Equality Act is often not routinely collected and due to the impact of the COVID-19 pandemic Scotland's Census was moved from 2021 to 2022 and information was published from 2023 onwards.

Age:

Falkirk has a broadly similar distribution between the age bands as Scotland, with only slightly higher proportions of 0 to 15 year olds, 50 to 64 year olds and a slightly lower proportion of 16 to 49 year olds. There are slightly more males aged zero to 15, but from 65 upwards there are markedly more females in Falkirk. The revised 25-year projection in 2018 predicted an 80.3% increase in those aged 75 and over.

There are an estimated 90,000 people with dementia in Scotland. Around two thirds are living at home with the remainder in acute or residential care. In the next 25 years it is predicted that the older adult population will rise. As a result it is likely that the number of people with dementia will also rise. Data on dementia prevalence shows that there are more women than men (most likely because women live longer), dementia risk increases with age and dementia rates are higher amongst people with a learning disability and onset is often younger.

According to the 2019 Learning Disability Scotland publication there were 691 adults with learning disabilities known to local authorities in Falkirk. This rate of 5.2 per 1,000 population is the same as the Scotland rate. It 2019 report showed that in Falkirk:

- There were more males than females - 63% were male.
- While the majority were younger adults (45% were under 35 years of age) there was a quarter that were aged 55 and over.
- A quarter (26%) were on the Autism Spectrum.
- 40% lived with a family carer.
- 3% were in employment, 6% were in education, 20% attended a day centre.

Across all 5 services there is the capacity for 114 people to reside in the resources.

Grahamston House is Long Term Care Residential resource that has 32 beds for adults over the age of 65 diagnosed with any form of Dementia

Burnbrae is also a Long term Care Residential resource for adults over the age of 65 and has 28 beds

Summerford House is a Reablement service with 28 beds and supports people for a period rehabilitation for up to 12 weeks. Summerford also has 1 bed is currently for a LTC resident who is 101 years of age. When the service transitioned from Long term care to Reablement this resident remained.

Cunningham House is in a transition period from Long Term Care to Reablement. It currently has 20 beds but we have submitted a variation request to increase to 21 beds. At time of writing Cunningham house still has 6 Long term Residents all with diagnosis of Dementia.

Thornton Gardens is a Short Break and Respite for Adults with a diagnosed Learning Disability and/or ASD. it currently has 6 beds available for use.

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

With the introduction of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) and on review of the financial position and increased use of agency workers it became apparent that the staffing models (establishments) for the resources have not been reviewed in several years and the current model is no longer fit for purpose.

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?

Is further research necessary?

Yes / No

If NO, please state why.

The change has been identified by using the Indicator of Relative Needs (IoRN) tool which evidences the change in complexities of the services as well as the use of agency and costs associated. There was also a recommendation to increase staffing in Grahamston by the Care Inspectorate.

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 proposal is based on the use of agency figures to ensure services are able to deliver the service and the Indicator of Relative Needs (IoRN) tool which evidences the change in complexities of the services | |
| 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 | | ✓ | | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. Older people are the highest users of health and social care services. Overall, the the Plan will have a positive impact on older people as they promote greater independence, which contributes to improved health outcomes. |
| Disability | | ✓ | | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. The focus on developing person centred care and will result in greater choice and control for people with a disability. Supporting mental health is also a key part of the priority 'Focus on prevention, early intervention and harm reduction' |
| Sex | ✓ | | | there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral. |
| Ethnicity | ✓ | | | there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral. |
| Religion / Belief / non-Belief | | ✓ | | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. Plan includes a commitment to 'Provide people who require assessment, treatment, care and support (and those involved in their care) with access to local services free from barriers, behaviours and discrimination'. This will be delivered by taking a person-centred approach to the development of services and will help to address discrimination on the grounds of religion or belief. |
| Sexual Orientation | ✓ | | | there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral. |
| Transgender | ✓ | | | 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:

| | | | | |
|--|---|---|--|---|
| Marriage / Civil Partnership | ✓ | | | there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral. |
| Poverty | ✓ | | | there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral. |
| Care Experienced | | ✓ | | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. Overall, the the Plan will have a positive impact on all people as they promote greater independence, which contributes to improved health outcomes. |
| Other, health, community justice, carers etc. | ✓ | | | there is insufficient information to measure the impact on this protected characteristic, therefore the impact is assessed as neutral. |
| Risk (Identify other risks associated with this change) | | | | |

| | Evidence of Due Regard |
|--|--|
| Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct): | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. |
| Advance Equality of Opportunity: | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. |
| Foster Good Relations (promoting understanding and reducing prejudice): | Increasing staff will lead to better outcomes for all people we support as they will be able to carry out more activities and have improved interactions from staff. |

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 | Falkirk Council will have an interest as there is financial/budget implications. However the increase in staffing pending a full review will see a reduction in the agency spend. |
| Education Sector | No | |
| Fire | No | |
| NHS | No | |
| Integration Joint Board | Yes | IJB will have an interest as there is financial/budget implications. However the increase in staffing pending a full review will see a reduction in the agency spend. |
| Police | No | |
| Third Sector | No | |
| 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 |
|-------------------|--------|-----------|--------------|----------------------------|---|
| | | | | | |
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| | | | | | |

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 action required as this increase will only have a positive impact on people we support. It will create a better environment with better outcomes for the people in our care.

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 | The introduction of increased staffing on a temporary basis pending a full review will enhance the experience for all the people we support as well as ensure that staff wellbeing is protected as it will reduce burnout of staff. |
| 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>Kirsty Nightingale</i> | Date: | 02/10/2024 |
|------------|---------------------------|-------|------------|

SECTION TEN: EPIA TASK GROUP ONLY

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|------------------------------------|---|----|
| 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? | No |
|------------------------------------|---|----|

| | | |
|---|---|--|
| ASSESSMENT FINDINGS | Lack of data available and proposal was not required to be subject to engagement. | |
| 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>? | No | If YES, please describe: No adverse impact identified. |
|---|----|---|

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 / No | |
| LOW | Yes | |

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

| | | |
|------------------------------------|----------------------|-------------------------|
| Director / Head of Service: | | |
| Signature: | <i>Gail Woodcock</i> | Date: 07/02/2025 |