

Equality & Poverty Impact Assessment 00657 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care		
		Tel:	07825823576
Proposal:	SLT are asked to uplift funding for Marie Curie Service to maintain current service provision	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	Yes	No	No
	Children and young people	Significant impact?		
	Outcome of this proposal (please add date of each update):			
Other, please specify:	to ensure Marie Curie overnight care is available to support people who wish to have their end of life care at home and their families/loved ones at the same level as we have had over recent years.			

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	£95,000	
Reduction to this service budget (£'0000s)	Per Annum:	Nil	
Increase to this service budget (£'000s)	Per Annum:	Requesting increase of £40,925 from Falkirk HSCP for 2025/2026	
If this is a change to a charge or concession please complete.	Current Annual Income Total:	Additional Funding required to meet current service level	
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:	01/04/2025	
	End Date (if any):	31/03/2026	

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.)
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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.
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<p>1.1. Looking at a budget of £95,000, it would be extremely challenging for the system in Forth Valley, as this would purchase in the region of 2681 hours and current usage of Marie Curie is forecast at 4844 hours per annum. This could mean a reduction of 44% which equates to 2163 hours equating to 240 overnight visits. This in real terms is 10 overnight visits each month for each of our two Partnerships. The cost to meet direct staff and travel costs only for 2025/26 for both Partnerships at 2024/25 levels is £170,400.</p>

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

<p>The feedback from people who use this service is always very positive. This enables family/loved ones to get some sleep when their family member is at end of life and at home. Feedback to District Nurses about Marie Curie support is " a great service that gives me confidence to keep my loved one at home" "thank you for getting Marie Curie support, I got a sleep which helped me cope better next day" "the Marie Curie staff help me to get rest knowing they will wake me if he deteriorates".</p>
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Best Judgement:	
Has best judgement been used in place of data/research/evidence?	Yes
Who provided the best judgement and what was this based on?	Best judgement has assisted evidence base here. Clinical Nurse Managers, Nurse Consultant for Palliative Care and Marie Curie leaders use their expertise and local knowledge to assist. This knowledge and expertise alongside data provided by Marie Curie for SLA monitoring gives us local information and knowledge around service user age, diagnosis, decile of deprivation covered, ethnicity and service requested which can be trained nurse or carer.
What gaps in data / information were identified?	We do not understand our unmet need. We have no data on sex of service users, which service users have been care experienced, involvement with criminal justice services. BAME individuals and families may not be fully aware of services available. Professionals would benefit from training to understand cultural differences and provide sensitive, person-centred care.

Is further research necessary?	Yes
If NO, please state why.	

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?	Yes	
If YES, please state who was engagement with.	District Nurse Managers, Nurse Consultant Palliative Care, Finance Manager, Learning Disabilities and Complex Care Lead and Marie Curie Senior Leaders. DNs and Service users not involved in discussions as we did not wish to raise concerns or panic locally.	
If NO engagement has been conducted, please state why.		
How was the engagement carried out?	What were the results from the engagement? Please list...	
Focus Group	Yes	Group detailed above undertook lengthy discussions looking at data collected, local need, current service provision and agreed that no increase in the budget would have significant impact on whole system therefore plan to escalate with paper to SLT. Any reduction in finance would be extremely challenging for the system in Forth Valley, as this would purchase in the region of 2681 hours and current usage of Marie Curie is forecast at 4844 hours per annum. This could mean a reduction of 44%, which equates to 2163 hours equating to 240 overnight visits. This in real terms is 10 overnight visits each month for each of our two Partnerships. This undoubtedly would result in increased hospital admissions at end of life and people not being able to die in their preferred place of death.
Survey	No	
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify	Discussion also had with Head of Specialist Services and Chief Nurse for Falkirk HSCP. Both agreed with outcome of above Focus group meetings and supported paper going to SLT for increased funding for financial year 2025/26.	
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	Yes	
Have the results of the engagement been fed back to the consultees?	No	

Is further engagement recommended?	Yes
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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		✓		Service supports people at end of life wishing to die at home no matter what age. In 12 months prior to April 2025 there were no service users under the age of 40. The highest service user group in age was 80-89 years with 41% usage. There was 17% over age 90 and 22% aged between 70 and 79 years (Marie Curie, April 2025).
Disability		✓		Service supports people with a disability at end of life wishing to die. 3.4% of service users had a neurological condition such as MND and 5.1% of service users had a Dementia diagnosis. We do not collate data on individuals with a diagnosed Learning Disability at this time, this may be a result of failure to recognise the person is unwell. Further research in this area is required. 22% of service users have a cancer diagnosis, other service user groups have chronic long term conditions evidenced in Marie Curie report documents (April 2025).
Sex		✓		Service supports people from of differing sex at end of life wishing to die at home. At this time we do not collate data on sex of people using this service. This is something we can change going forward.
Ethnicity		✓		Service supports people from different ethnic minority groups at end of life wishing to die at home. White British people access 94.9% of this service usage, the other 5.1% will be from BAME or European ethnic minority groups. BAME families often have strong family support systems and may prefer to provide the care at home rather than utilising formal services (Marie Curie, 2016). Professionals would benefit from training to understand cultural differences, how to raise awareness of services locally and provide sensitive, person-centred care within this community group.
Religion / Belief / non-Belief		✓		Service supports people with different religious beliefs at end of life wishing to die at home respecting religious beliefs. We do not collect any data about religion at this time.

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:

				this time.
Transgender		✓		Service supports transgender people at end of life wishing to die at home respecting their choices with kindness and care. We do not collect data on transgender usage of the service at this time although Marie Curie found that people from Scotland from LGBTQ and Transgender communities had best access to support (Marie Curie, 2015).
Pregnancy / Maternity	✓			Never had a pregnant person at end of life
Marriage / Civil Partnership		✓		Service supports people who are married or in a civil partnership at end of life wishing to die at home without judgement. This is an area we do not collect data for leaving open to question if this is relevant in today's society.
Poverty		✓		Service supports people from deprived areas experiencing poverty at end of life wishing to die at home without judgement. Current service provision covers all IMD deciles. 30% of service users are within deciles 1 and 2 our most deprived areas and 9% within deciles 9 and 10 our most affluent areas. 61% of service users live within deciles 3-8. It is reassuring to see the spread of access to the service across our communities.
Care Experienced		✓		Service supports people who have been care experienced at end of life wishing to die at home with support and kindness. We do not collect data on people who have been care experienced.
Other, health, community justice, carers etc.		✓		Service supports people who have had challenges with health, been through community justice services at end of life wishing to die at home without judgement or prejudice. We do not collect data on people who have been involved with criminal justice services at this time although if any risks of potential harm to staff are noted on DN documentation system this would be shared with Marie Curie staff for their protection. Carers are given support when visiting and all carers are signposted to the Carers Centre for support.
Risk (Identify other risks associated with this change)	If this funding is not obtained it would be extremely challenging for the system in Forth Valley, as the current funding would purchase in the region of 2681 hours and current usage of Marie Curie is forecast at 4844 hours per annum. This could mean a reduction of 44%, which equates to 2163 hours equating to 240 overnight visits. This in real terms is 10 overnight visits each month for each of our two Partnerships. This would undoubtedly increase hospital admissions for end of life care due to family exhaustion and prevent people have their choice of place of death.			

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	As this service is offered to people and families receiving end of life care at home, it does not discriminate. This service is not offered within 24 hour care settings such as hospitals, care homes hospices as they already have staff who can give families an opportunity to sleep.
Advance Equality of Opportunity:	More evidence is required around local BAME community and the local Learning Disability community and how they access palliative and end of life care services and support.
Foster Good Relations (promoting understanding and reducing prejudice):	Professionals would benefit from training to understand cultural differences, how to raise awareness of services locally and provide sensitive, person-centred care within this community group.

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	Local Councils will have an interest in ensuring people who wish to die at home are supported to do so.
Education Sector	No	
Fire	No	
NHS	Yes	NHS wish to ensure people who wish to die at home are supported to do so. This service enable and supports this to happen.
Integration Joint Board	Yes	IJBs also wish to ensure people who wish to die at home are supported to do so. This service enable and supports this to happen.
Police	No	
Third Sector	Yes	Marie Curie are a third sector organisation who wish to ensure people who wish to die at home are supported to do so. This service enable and supports this to happen. They are the only organisation within our area who are available and offer to provide overnight support.
Other(s): please list and describe the nature of the relationship / impact.	If this request is not supported there may be an increase in complaints to local council, IJB and NHS partners. Marie Curie may have to make staff redundant if funding not achieved.	

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	People of all ages wishing to die at home with their families/loved ones	Provide end of life care for people of all ages supported by Marie Curie	Marlyn Gardner	28/07/2025	Strategic Plan
Positive impact	People of different sex wishing to die at home with their families/loved ones	Provide end of life care for people of different sex supported by Marie Curie	Marlyn Gardner	28/07/2025	Strategic Plan
Positive impact	People with disabilities wishing to die at home with their families/loved ones	Provide end of life care for people with disabilities supported by Marie Curie	Marlyn Gardner	28/07/2025	Strategic Plan
Positive impact	People of different religious backgrounds wishing to die at home with their families/loved ones	Provide end of life care to people with different religious backgrounds supported by Marie Curie	Marlyn Gardner	28/07/2025	Strategic Plan
Positive impact	People who live in deprived areas subject to poverty wishing to die at home with their families/loved ones	Provide end of life care to people from deprived areas subject to poverty are supported by Marie Curie	Marlyn Gardner	28/07/2025	Strategic Plan

No Mitigating Actions

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

Are actions being reported to Members?	Yes / 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	As this service is offered at end of life to people wishing to die at home with their loved ones it is offered to appropriate people.
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: 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?	No
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	There are some data gaps.	
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 impacts 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	The impact is assessed as medium.
LOW	Yes	

SECTION TEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Marie Keirs	Date:	22/07/2025