

ANGUS COUNCIL

POLICY AND RESOURCES COMMITTEE – 01 FEBRUARY 2022

**INTERNAL CARE HOMES – FUTURE DELIVERY ARRANGEMENTS
CONSULTATION WITH ANGUS COUNCIL**

REPORT BY GAIL SMITH, CHIEF INTEGRATION OFFICER

ABSTRACT

At a special meeting of the Angus Integration Joint Board (IJB) on 12 November 2021, the IJB agreed to proceed with a programme of consultation on the options put forward to decommission up to 20 internal care home beds. This report seeks feedback from the Policy and Resources Committee, on behalf of the Council, as part of the consultation process.

1. RECOMMENDATION(S)

It is recommended that the Committee:

- (i) Considers the information provided as part of the consultation process, including the options put forward for consultation as detailed in Appendix 1 and Appendix 2 to this report; and
- (ii) Provides feedback on behalf of the Council to the Integration Joint Board as part of the consultation process, including giving the Council's views on the options put forward for consultation.

2. ALIGNMENT TO THE ANGUS LOCAL OUTCOMES IMPROVEMENT PLAN/CORPORATE PLAN

This report contributes to the following local outcome(s) contained within the Angus Local Outcomes Improvement Plan and Locality Plans:

PEOPLE

- (i) Work collaboratively for and with our citizens to keep them safe in resilient communities.
- (ii) Reduce social isolation and loneliness.

PLACE

- (i) Engage with citizens and communities to deliver the right services in the right place at the right time.

OUR COUNCIL

- (i) Listen to the needs of our customers and by working for and with them deliver better public value.

3. BACKGROUND

There has been a very significant movement in demand away from care homes towards care at home in the last eighteen months. Although consistent with the objectives set out in the IJB's Strategic Commissioning Plan 2019/2022, of keeping more people at home for longer, where it is safe to do so, the speed with which this has come about has changed the picture of care in Angus.

Care at home increased from 10,350 hours per week, at the start of the COVID-19 pandemic in March 2020, peaked at 13,400 hours in September 2021, then reduced to 12,400 hours per week in December 2021 as capacity stalled. As of 10 January 2022, there are 80 people who have been assessed and who are waiting for a package of care who have unmet, or partially

met need, totalling circa 1600 hours. This increase in demand over the duration of the pandemic has put huge pressure on the care at home services, whilst, conversely, vacancies have remained high in the care home sector (80 to 100) reflecting a major reduction in demand. It is unlikely that this demand for care at home will reduce, and only capacity and recruitment issues are currently stopping allocated care at home hours from increasing again. Whilst there is undoubtedly a COVID-19 factor in the situation described, it is probable that the demographic changes predicted by late 2023, which anticipated very significant rises in the numbers of older people in the community who would wish to remain at home, have presented earlier than expected.

4. CURRENT POSITION

In April 2021 (report no IJB 4/21), the IJB considered the changes in the provision of care at home and care home activity over the preceding year and agreed to reduce its commissioning of care home beds for older people by c40 placements.

In June 2021 (report no IJB 16/21), the IJB considered feedback from the IJB's Strategic Planning Group (SPG) and the SPG's recommendation to decommission up to 20 internal care home beds, as part of the original 40 beds. (There are currently 80 internal care home beds for older people). This proposal was approved in June 2021, reflecting the relatively high cost of delivering these services and the availability of alternative provision in the local market. The reasons for considering in-house provision were: -

- a) fairness; the changes should not be borne only by the independent and third sector
- b) the funding released by de-commissioning in-house beds is much greater than that released by de-commissioning independent sector beds, thereby permitting greater investment in care at home, other services which are under pressure and the prevention agenda, and
- c) the availability of alternative provision in the local market.

Following the June IJB, officers carried out an options appraisal. The results of this were presented to the IJB at a special meeting on 12 November 2021 (report no IJB 60/21) and members agreed to proceed with a programme of consultation. A legal duty to assess the impact of applying a proposed new or revised policy requires that officers consult with all involved stakeholders on the options for decommissioning up to 20 internal care home beds. The initial consultation process commenced on 22 November 2021 and remained open until 7 January 2022. Consultation with individual Elected Members was extended to 21 January 2022.

There is also a need to formally obtain the view of Angus Council. The response of the Council to the consultation exercise can only be obtained by submitting a report to a meeting of the Council or one of its Committees which will allow the Council to formally consider the matter and determine a response to the consultation as a Council. The views of each Councillor are not the collected view of the Council itself as they represent the views of each Councillor individually and not the Council as a corporate body.

The terms of the consultation are detailed below:

- A stakeholder analysis was undertaken to identify all key stakeholders. This included residents, family members and staff of the 3 care homes that could potentially be affected and included guardians, Power of Attorneys and advocates. Other stakeholders included IJB board members, Angus Council, Elected Members, MP's and MSP's, GP's, Allied Health Professionals, Care Managers, nurses, Locality Improvement Groups, NHS Tayside, Carers Strategic Planning Group, Advocacy Service, Chief Social Work Officer, Staff Partnership Forum and Trade Unions.
- A programme of consultation was developed, and methods of consultation were identified to meet the varying needs of different stakeholders. The model used was the community engagement framework. Stakeholder analysis was undertaken, and thereafter the national engagement standards were followed (and will continue to be followed). The approach detailed in Health Improvement Scotland engagement standards and the AHSCP engagement strategy was also followed.
- A suite of consultation materials was developed to support the consultation programme. These include a briefing paper providing background information and the rationale for the consultation (Appendix 1), and an options paper detailing all the options and the factors to be considered in identifying the impact of the options, which included a feedback form (Appendix 2). A letter for staff was also developed in line with Service Review procedures.

The options appraisal considered a number of variables and noted that all options would be deemed to be uniformly safe as alternative provision will be via the National Care Home contract, largely using existing providers; and that the impact on market facilitation would be largely uniform. On that basis these themes were not set out in the option appraisal. It was also noted that the highest weighting should be placed on the financial assessment; due to this being the clearest driver for the planned change i.e., the IJB's overall strategic plan to move resource from care homes to care at home to support growth in demand there and to support the prevention agenda. Any option which does not achieve this objective is unlikely to be a preferred option, although for completeness these options were considered as part of the consultation. The details of the options appraisal can be viewed in the consultation options paper and feedback form in Appendices 1 and 2. The IJB have agreed to conduct a programme of consultation with the public and stakeholders, to obtain feedback on the options and to comply with legal obligations.

5. PROPOSALS

The Council's Order of Reference to Committees delegates the following functions to this Committee:-

“(v) Social Work and Health

(1) The functions of the Council relating to:-

- Public health*
- Public protection*
- Mental Health and Wellbeing*
- Health improvement*

(2) To receive reports from the Chief Social Work Officer and the Chief Officer for Integration.

(3) To ensure that Angus Council's responsibilities are addressed appropriately by the Integrated Health and Social Care Partnership.”

The Policy and Resources Committee is an appropriate forum to consider a report in respect of this matter and to determine the view of the Council in respect of the consultation. It is therefore requested that this Committee considers the information provided as part of the consultation process (See Appendices 1 and 2), including the options put forward for consultation; and provides feedback on behalf of the Council to the IJB as part of the consultation process, including giving the Council's views on the options put forward for consultation.

At a special meeting on 02 February 2022, the IJB will consider and have regard to feedback from the consultation process, including the feedback from Angus Council, and consider the best way to decommission 20 internal care home beds, informed by the results of the consultation.

6. FINANCIAL IMPLICATIONS

Although the Integration Joint Board has responsibility for the management of its own budget resources, the Council as a provider of funds to the IJB (along with NHS Tayside) has a significant interest in the IJB's budget performance and activity. Decisions by the IJB in relation to the review of internal care homes therefore matter financially to the Council as well as the IJB. The Council also has best value obligations to comply with and that includes ensuring the resources provided to the IJB are used efficiently and effectively.

In April, the IJB requested that the IJB's Strategic Planning Group consider options for identifying funding to support the IJB's overall financial plan. This includes investment to support "The Impact of Demographic Change, Older People's Services" (report 3/21). The request to the SPG, importantly, noted the need to more clearly identify resources to support the IJB's prevention agenda. In particular, the SPG were asked to consider areas of relatively high-cost service delivery and subsequently recommended the de-commissioning of internal care home beds.

The Strategic Planning Group is currently working on approaches to meeting the intentions set out in the Strategic Plan to address the priority of improving health, wellbeing and independence. This prevention-agenda work includes identifying additional support for people with long term conditions, enabling earlier intervention in their care journey. Whilst this work is

not fully developed, any reinvestments will be subject to a further report to the IJB looking at particular areas of work. Specifically, this is likely to include support for chronic pain, physical activity programmes to support mental wellbeing, and a suite of condition specific evidence-based exercise programmes. It is hoped to be able to deliver these in partnership with Angus Alive. Increasing partnership working with Public Health is also a focus of development which may support preventative work further upstream and in conjunction with third sector organisations working in communities. It is anticipated that resources released from the internal care home change proposals will be reflected as investments in the prevention agenda in the next draft of the IJB's Strategic Financial Plan due for submission to the IJB in February 2022.

This work with the SPG reflects the scale of the financial challenges facing the IJB over the next 2-3 years. The IJB's Strategic Financial Plan for 2023/24, which did not set aside resources for the prevention agenda at the time, already projected an in-year shortfall of c£4.5m; although this will reduce due to recent Scottish Government funding announcements, it remains an over-riding challenge. It is also important to reflect that the IJB has made difficult decisions over the last five years, including around the development of the Help to Live at Home programme and the de-commissioning of hospital services. These, along with improvements in prescribing, have assisted the IJB in sustaining and developing other services over the last five years, in line with the strategic plan.

Recent Scottish Government funding has been made available to support Expanding Care at Home. This has allowed the IJB to more fully support increased levels of activity during 2021/22 and into 2022/23. Changes from this proposal will further support that effort and as noted above, support the prevention agenda.

In summary, it is necessary to move resource from care homes to support the IJB's overall financial plan, to support increasing demand in care at home, and to allow the IJB to develop its prevention agenda. As noted in report 16/21, internal care homes operate at a higher cost than alternative provision. Funds released from these proposals will support both ongoing demographic pressures with care at home and support the prevention agenda.

Options 1 and 2 suggest savings of over £500k per annum (as set out in the attached appendices). The current working assumption is that approximately 50% of any resources released will support the IJB's prevention agenda with the balance supporting care at home. Dependent on the outcome of the IJB meeting of 02 February 2022, this will be ratified in the IJB's impending updated Strategic Financial Plan.

The "projected resource release" shown for the various options in Appendix 1 is the estimated net saving in direct care costs. Options 1 and 2 propose the de-commissioning of all beds in the respective care homes and if either of these options were ultimately chosen consideration would need to be given to the future use of those buildings. Depending on that future use, it is possible there may be different costs that may be incurred and these would be addressed as part of that further consideration.

7. OTHER IMPLICATIONS

There are risks to the IJB in carrying out the proposed actions. There are also risks if no action is taken.

Risks in proceeding:

- a) A sudden increase in demand for care home places. Having examined the trends carefully, this is judged to be very unlikely; all the increased demand is emerging in care at home with high levels of vacancies remaining in the care home sector.
- b) Further significant injections of Scottish Government funding to support pay costs within the independent sector narrows the cost gap between the independent sector and the local authority sector. While the Scottish Government has recently increased funding to support hourly pay rates in Adult Social Care (and therefore Care Homes), this has been allowed for and had only a marginal impact on the overall options appraisal, and any further adjustments will be incremental over time.
- c) The options have different implications in relation to the use of existing buildings so there will need to be future consideration as to how these would be used going forward and whether exit strategies require to be developed.

Risks in not proceeding:

- a) Too many overall long-term vacancies will remain in the care home sector, with resultant inefficiencies, underused capacity, and an increased risk of instability amongst local providers in this sector.
- b) Inability to move resource, including staffing, from care homes to care at home to support current and future increased demand there, with resulting lack of provision in the community and for hospital discharges.
- c) Inability to apply resulting resources to other high-pressure growth areas and the prevention agenda.
- d) The drive to support care at home and develop the prevention agenda is a fundamental part of the Strategic Plan. If the changes are not introduced, the Strategic Plan will not be based on sound strategic financial planning with significant projected recurring overspends by 2023/24 not being addressed.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment has been carried out and is attached (Appendix 3).

NOTE: The background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) which were relied on to any material extent in preparing the above report are:

- IJB Strategic Commissioning Plan 2019/2022

REPORT AUTHOR: **George Bowie, Head of Community Health and Care Services**
 Alexander Berry, Chief Finance Officer

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 Consultation Options Paper and Feedback Form
Appendix 2 Consultation Briefing Paper
Appendix 3 Equalities Impact Assessment

Residential Care Home Review Options Paper and Feedback Form

Please only complete this form once you have read the accompanying briefing paper. The briefing paper explains why we need to decommission up to 20 internal care home beds in order to reallocate our resources to further increase the number of personal care hours required to support people to stay at home. This options paper sets out 10 options identified in the options appraisal undertaken by the management team to help inform this decision.

Any option that is agreed must release enough money from one service area (care homes) where demand has significantly reduced to another service area (care at home) where demand has dramatically increased and continues to do so. Table 1 details the 10 options and the amount of money that each option would release. The 10 options are listed in table 1 below in no particular order.

Decommissioning Options	Projected Resource Release
Full bed reduction on one site	
Option 1 – Decommission all permanent and all respite beds at Beech Hill House, Forfar(16 beds)	£550k up to £680k
Option 2 – Decommission all permanent and all respite beds at Kinloch Care Home, Carnoustie (16 beds)	£430k up to £520k
Option 3 – Decommission 18 beds at Seaton Grove Care Home, Arbroath from the 48 beds currently available. The current 48 beds consist of 30 permanent beds, 8 respite beds and a unit of 10 beds currently vacant. (18 beds)	Nil.
Partial reduction on one site	
Option 4 – Decommission only some of the permanent and respite beds at Beech Hill House Care Home, Forfar (8 beds)	£150k up to £170k
Option 5 – Decommission only some of the permanent and respite beds at Kinloch Care Home, Carnoustie (8 beds)	£30k up to £40k
Option 6 – Decommission only some of the permanent and respite beds at Seaton Grove Care Home, Arbroath (10 beds)	Nil.
Combined reduction across 2 sites	
Option 7 – Decommission some of the permanent and respite beds at both Beech Hill House Care Home, Forfar (8 beds) and Kinloch Care Home in Carnoustie(8 beds)	£180k up to £210k
Option 8 – Decommission some of the permanent and respite beds at Beech Hill House, Forfar (8 beds) and Seaton Grove Care Home in Arbroath (10 beds)	£110k up to £120k

Option 9 – Decommission some of the permanent and respite beds at Kinloch Care Home, Carnoustie (8 beds) and Seaton Grove Care Home in Arbroath (10 beds)	Nil
Combined reduction across 3 sites	
Option 10 – Decommission some of the permanent and respite beds at Beech Hill House Care Home, Forfar, Seaton Grove Care Home, Arbroath and Kinloch Care Home, Carnoustie. (18 beds. For example, 6 beds and 6 beds and 6 beds or various combinations).	Nil

The reason that some options release no, or very little resource is due to a combination of current costs and the inefficiencies that result from running smaller units in future (e.g., a small care home resulting from a partial de-commissioning).

There are other things we need to think about as well as the amount of money that would be released to support demand for care at home services. For example, the number of people (residents and staff) who would be directly affected and the impact on them, the suitability of the premises and the ability of the local community to meet current and future needs. Table 2 provides you with some of that information to help you when considering the options.

Care Home	People Affected	Premise Condition	Premise Location	Workforce
Beech Hill Care Home, Forfar	7 Residents 34 Staff 8 Respite places 4 regular users of the 8 respite beds Total = 45	Very good condition.	Considers the opportunities for alternative care home placements in Forfar for residents to move to. As of October 2021, there were 24 care home places vacant in other Forfar Care Homes.	Considers our ability to redeploy staff quickly within local services. Our ability would be high in this area.
Kinloch Care	8 Residents 39 Staff	Very good condition.	Considers the opportunities for alternative care home placements in Carnoustie for residents to move to. As of October 2021, there	Considers our ability to redeploy staff quickly within local services. Our ability would be limited in this area.

Home, Carnoustie	6 regular users of the 8 respite beds Total = 53		were 13 care home places vacant in other Carnoustie Care Homes.	
Seaton Grove Care Home, Arbroath * this option relates to 18 of the 38 beds	30 Residents 77 Staff 8 Respite places 11 regular uses of the 8 respite beds. Approx. total in decommissioning 18 of the 38 beds in use = 52 from a total of 118	Building requires updating.	Considers the opportunities for alternative care home placements in Arbroath for residents to move to. As of October 2021, there were 19 care home places vacant in other Arbroath Care Homes.	Considers our ability to redeploy staff quickly within local services. Our ability would be limited in this area.

For options 4 – 10 it is not possible to identify exact numbers of staff affected at this stage as this would be dependent on the residents who would remain in the care home and the staffing ratios required in order to meet individual need.

Other Factors to Consider

All options would be safe options as alternative provision would be sourced from existing, approved providers.

The highest weighting will be placed on the financial assessment; this is because this is the clearest driver for the planned change e.g., to reallocate our resources to further increase the number of personal care hours required to support people to stay at home.

Decommissioning only some beds from each of these sites would mean a reduction in the number of residents and staff affected. It would also mean the future sustainability of all three of the care homes may be at risk, due to the smaller remaining bed numbers making them less financially viable in the future.

To help inform any decision, we would appreciate your views on the available options. Please complete the attached feedback form and tell us what you think.

Residential Care Home Review Feedback Form

It is important that you tell us what you think about the options outlined in the options paper attached as your feedback will be used to inform any future decision that will be made. Once we have received your feedback, we will use this to inform the IJB of your views to help the decision making process.

Please tick any box below that applies:

Please tick any box below that applies:

I am a resident

I am a user of respite services

I am an unpaid carer/family member

I am a member of staff

I am a GP/health professional

I am a Trade Union Representative

I am a case holder/MHO

I am an advocate

I am another stakeholder

1. In the options paper we have described the important factors to help us consider the impact of this decision such as the number of people affected, the environment and the finances for example. Please tell us if you think we have missed any other factors that we should consider.

2. Please tell us which option you think should be progressed.

3. Any other comments.

Please return your feedback form, no later than 7 January 2022 to:

Jillian Richmond, Service Leader

Email: RichmondJD@angus.gov.uk

Post: Jillian Richmond, Service Leader, Accommodation and Home Care, Angus Health and Social Care Partnership, Ravenswood, Forfar DD8 2ZW.

Residential Care Home Review Briefing

Background

For the past few years, there has been a reduction in demand for care home placements in favour of care at home services. This trend has been accelerated by the COVID-19 pandemic as more older people choose to remain at home. As a result of this, the Angus Integration Joint Board (IJB) which oversees the Angus Health and Social Care Partnership (AHSCP) noted the high level of care home vacancies across Angus and the sharp rise in demand for care at home provision. It therefore agreed to reduce its commissioning of care home beds for older people by 40 placements and move this resource to the care at home service and to early intervention work.

Further, it was decided that up to 20 of these 40 beds should be decommissioned from our internal care homes as they are the most expensive to provide, and also because it would have been unfair to expect our alternative partner providers to absorb this reduction in total.

Who will be affected?

Decommissioning up to 20 beds from our internal care homes will directly impact on residents, families and staff. The welfare of the residents is paramount, and we wish to minimise any potential impact and to support residents, families and staff as much as possible by approaching this in a planned way. We will be carefully considering their needs and will be engaging fully and communicating clearly with all these groups on a regular basis. The internal care homes that could potentially be affected are Kinloch Care Home in Carnoustie, Beech Hill Care Home in Forfar and Seaton Grove Care Home in Arbroath.

Options

In order to support the increase in demand for care at home services, we need to reallocate our resources away from care homes towards increasing the number of personal care hours at home that we can offer. To help make the best decisions on how to achieve this shift the management team has undertaken an options appraisal.

This has identified 10 options for decommissioning up to 20 beds from our internal care homes, considering many factors which are impacted by this decision. For example, we need to think about the number of people (residents and staff) who will be affected and the impact that these changes will have on them. We also need to be certain that retained premises are suitable and can meet current and future needs. Equally, the option chosen must release enough money from the decommissioned care home beds to meet the increase in demand in care at home services.

Consultation

Having identified 10 options, we now wish to consult with everybody involved. This is good practice and is our legal duty. The consultation is seeking views on which is the best outcome, to meet our needs and to limit the disruption to staff, residents and their families. A programme of consultation has been developed and methods of consultation have been identified to meet the varying needs of different stakeholders. The consultation will commence the week of 22 November 2021 with a closing date of 7 January 2022.

Next Steps

1. Consultation feedback will be collated and presented to the IJB at a future meeting to inform the decision to be made.
2. Following the IJB meeting, you will be informed of whatever decision is made.
3. Work would then commence to progress the decommissioning of up to 20 internal care home beds.
4. A further period of engagement will be planned with any care home and relevant stakeholders affected by the findings.

If you require any further information about the consultation you can contact Jillian Richmond, Service Leader, Accommodation and Home Care.

Email: RichmondJ@angus.gov.uk



Equality Impact/Fairer Scotland Duty Assessment Form

(To be completed with reference to Guidance Notes)

Step 1

Name of Proposal (includes e. g. budget savings, committee reports, strategies, policies, procedures, service reviews, functions):

Internal Care Homes; Future Delivery Arrangements: This assessment relates to report no XX/22, Policy and Resources Committee, 01 February 2022. Following a special meeting of the Angus Integration Joint Board on 12 November 2021, the Board agreed to proceed with a programme of consultation on the options put forward to decommission up to 20 internal care home beds. Report XX/22 recommends that Policy and Resources Committee provides feedback on behalf of the Council to the Integration Joint Board as part of the consultation process, including giving the Council's views on the options put forward to decommission up to 20 internal care home beds.

Step 2

Is this only a **screening** Equality Impact Assessment

Yes

(A) If Yes, please choose from the following options **all** reasons why a full EIA/FSD is not required:

- | | |
|--|-----|
| (i) It does not impact on people | Yes |
| (ii) It is a percentage increase in fees which has no differential impact on protected characteristics | No |
| (iii) It is for information only | No |
| (iv) It is reflective e.g. of budget spend over a financial year | No |
| (v) It is technical | No |

* Please note the reason this is a screening EQIA is because it concerns the requirement to consult with Angus Council, requesting feedback as part of the consultation process, and which relates only to P & R report no XX/22 of 01 February 2022. A full EQIA has been undertaken in relation to the report going to IJB on 02 February, which presents the findings of the consultation exercise to inform discussions on next steps.

If you have answered yes to any of points above, please go to **Step 16**, and sign off the Assessment.

(B) If you have answered No to the above, please indicate the following:

Is this a full Equality Impact Assessment	Yes/No
Is this a Fairer Scotland Duty Assessment	Yes/No

If you have answered Yes to either or both of the above, continue with Step 3.

If your proposal is a **strategy** please ensure you complete Step 13 which is the Fairer Scotland Duty Assessment.

Step 3

(i)Lead Directorate/Service:

(ii)Are there any **relevant** statutory requirements affecting this proposal? If so, please describe.

(iii)What is the aim of the proposal? Please give full details.

(iv)Is it a new proposal? Yes/No Please indicate OR

Is it a review of e.g. an existing budget saving, report, strategy, policy, service review, procedure or function? Yes/No Please indicate

Step 4: Which people does your proposal involve or have consequences for?

Please indicate all which apply:

Employees Yes/No

Job Applicants Yes/No

Service users Yes/No

Members of the public Yes/No

Step 5: List the evidence/data/research that has been used in this assessment (links to data sources, information etc which you may find useful are in the Guidance). This could include:

Internal data (e.g. customer satisfaction surveys; equality monitoring data; customer complaints).

Internal consultation (e.g. with staff, trade unions and any other services affected).

External data (e.g. Census, equality reports, equality evidence finder, performance reports, research, available statistics)

External consultation (e.g. partner organisations, national organisations, community groups, other councils.

Other (general information as appropriate).

Step 6: Evidence Gaps.

Are there any gaps in the equality information you currently hold? Yes/No

If yes, please state what they are, and what measures you will take to obtain the evidence you need.

Step 7: Are there potential differential impacts on protected characteristic groups? Please complete for each group, including details of the potential impact on those affected. Please remember to take into account any particular impact resulting from **Covid-19**.

Please state if there is a potentially positive, negative, neutral or unknown impact for each group. Please state the reason(s) why.

Age

Impact

Disability

Impact

Gender reassignment

Impact

Marriage and Civil Partnership

Impact

Pregnancy/Maternity

Impact

Race - (includes Gypsy Travellers)

Impact

Religion or Belief

Impact

Sex

Impact

Sexual orientation

Impact

Step 8: Consultation with any of the groups potentially affected

If you have consulted with any group potentially affected, please give details of how this was done and what the results were.

If you have not consulted with any group potentially affected, how have you ensured that you can make an informed decision about mitigating action of any negative impact (Step 9)?

Step 9: What mitigating steps will be taken to remove or reduce potentially negative impacts?

Step 10: If a potentially negative impact has been identified, please state below the justification.

Step 11: In what way does this proposal contribute to any or all of the public sector equality duty to: eliminate unlawful discrimination; advance equality of opportunity; and foster good relations between people of different protected characteristics?

Step 12: Is there any action which could be taken to advance equalities in relation to this proposal?

Step 13: FAIRER SCOTLAND DUTY

This step is only applicable to **strategies** which are key, high level decisions. If your proposal is **not** a strategy, please leave this Step blank, and go to Step 14.

Links to data sources, information etc which you may find useful are in the Guidance.

Step 13(A) What evidence do you have about any socio-economic disadvantage/inequalities of outcome in relation to this strategic issue?

Step 13(B) Please state if there are any gaps in socio-economic evidence for this strategy and how you will take measures to gather the evidence you need.

Step 13(C) Are there any potential impacts this strategy may have specifically on the undernoted groupings? Please remember to take into account any particular impact resulting from **Covid-19**.

Please state if there is a potentially positive, negative, neutral or unknown impact for each grouping.

Low and/or No Wealth (e.g. those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.

Impact

Material Deprivation (i.e. those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, leisure and hobbies).

Impact

Area Deprivation (i.e. where people live (e.g. rural areas), or where they work (e.g. accessibility of transport)).

Impact

Socio-economic Background i.e. social class including parents' education, people's employment and income.

Impact

Other – please indicate

Step 13(D) Please state below if there are measures which could be taken to reduce socio-economic disadvantage/inequalities of outcome.

Step 14: What arrangements will be put in place to monitor and review the Equality Impact/Fairer Scotland Duty Assessment?

Step 15: Where will this Equality Impact/Fairer Scotland Duty Assessment be published?

Step 16: Sign off and Authorisation. Please state name, post, and date for each:

Prepared by: Fiona Rennie, Principal Planning Officer, AHSCP.

Reviewed by: Doreen Phillips, Equalities Officer, Angus Council

Approved by: George Bowie, Head of Community Health and Care Services, AHSCP

NB. There are several worked examples of separate EIA and FSD Assessments in the Guidance which may be of use to you.
