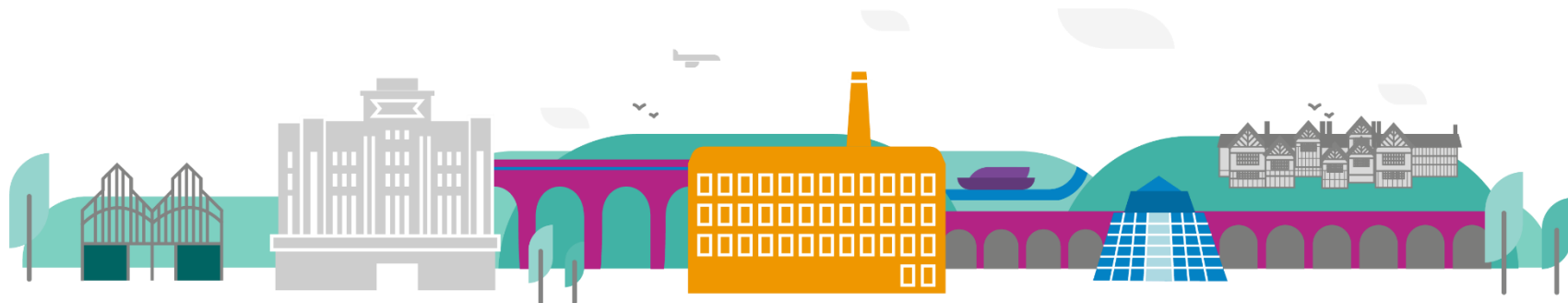




**Equality Impact Assessment
Medium Term Financial Plan – Value for Money and Commissioning
January 2022**



Equality Impact Assessment

| | | | |
|--|---|-------------|--------------|
| Title of report or proposal | Mid Term Financial Plan – Value for Money and Commissioning | | |
| Lead officer(s) | Business Relationship / Transformation Managers | Date | January 2022 |
| Aims and desired outcomes of the proposal Are you trying to solve an existing problem? | | | |
| <p>The council’s assessments of the financial impact of the coronavirus pandemic on the Council, outlined within the latest review of our medium-term financial plan (MTFP), identifies a budget gap of £34.185m to 2023/24. The council has committed to a transformation led strategy which aims to manage service demand, deliver services more efficiently ensuring value for money is achieved, and focus on the outcomes for Stockport residents and businesses. We have identified a contribution in 2022/23 of over £10m in savings from transformation and robust corporate governance from across the organisation. This will be delivered through four programmes of work:</p> <ul style="list-style-type: none"> • Demand management • Value for money and commissioning • Robust corporate governance • Radically digital <p>To understand the impact of our proposals on our community we will undertake Equality Impact Assessments (EqIAs) for each of these programmes of work.</p> <p>This EqIA aims to assess the impacts of the Value for Money and Commissioning programme of work, and should be considered alongside EqIAs for the remaining three programmes of work as well as a cumulative review for the whole of the MTFP programme. This programme will include a thorough review and renegotiation of all contracts and will ensure value for money and delivery of key outcomes:</p> <ul style="list-style-type: none"> • Organisationally reviewing all contracts and how we commission with partners, STAR, and other authorities • Ensuring value for money, renegotiating all existing contracts, and reviewing opportunities for contract amalgamation • Reviewing service level agreements (SLAs) • A review of Adult Social Care and Public Health contracts, Life Leisure and Totally Local Company (TLC) | | | |
| Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives | | | |
| Areas of focus for this workstream include: <ul style="list-style-type: none"> • Life Leisure – general efficiencies and potential alignment with council services. • TLC public realm – working with Totally Local Company to identify savings from the way services are delivered. • Cemeteries and crematoriums – review of options when the current contract for provision ends. Contract ends 2023 with savings modelled from 2023/24. | | | |

- Shared / traded services (Stockport Family) – shared services with another local authority e.g., out of hours, programme management, education services. Development of a quality and improvement hub with potential of traded services e.g., Quality Assurance.
- Spend review – strategic review of spend focusing initially on: confidential waste, corporate travel, information, and communications technology (ICT) equipment, furniture and furnishings, personal protective equipment (PPE) and workwear, stationery, white goods, external room hire, printing and consumables, professional subscriptions, consultancy services and fees, books, magazines, and media, and catering supplies.
- Contract management saving (STAR) – review of high value contractual spend by STAR across the 4 STAR Authorities targeting the top 20 contracts.

The following proposals within the Value for Money & Commissioning business case do not have a direct impact on service provision or staff and therefore an EqIA is not required:

- Life Leisure. Proposals for 22/23 do not have any impact on service delivery. Any further proposals brought forward in future years may be subject to equalities analysis.
- TLC. Proposals for 22/23 do not have any impact on service delivery. Any further proposals brought forward in future years may be subject to equalities analysis.
- Cemeteries and Crematoriums. Savings for 2023/24 and therefore not part of this EqIA. Once the review has been undertaken, any equality impacts will be analysed.
- Spend review – no impact on delivery of frontline services; these are back-office efficiencies. Once the category management/ VfM spend review and analysis (savings for 23/24 and 24/25) has been undertaken, any equality impacts will be analysed.
- Contract management saving (STAR) – equality impacts will be considered throughout the life of the project.
- Contractual reviews (Adult Social Care and Public Health)
- A reduction in the funding aligned to commission intermediate care, specifically in relation to beds. We will continue to work across the health and social care economy to embed a ‘home first’ ethos and to support more people to be supported in their own homes.

Although none of the proposed changes require equality analysis, this document will be updated as and when we acquire new information that suggests a potential impact on residents and service users.

What are the possible solutions you have been / will be exploring?

You should refer to any business cases, issues papers or options appraisals

The business case for this programme of work was approved by Cabinet in September 2021. This can be found here, in item 6(ii): [Agenda for Cabinet on Tuesday, 21st September, 2021, 6.00 pm - Stockport Council](#)

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

- Members
- Service users
- Residents
- Senior Managers of services in scope
- Colleagues from Tameside Metropolitan Borough Council (Shared Services)

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.

Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

This equality impact assessment is a live document and will include evidence gathered from engagement and consultation as the project progresses.

Baseline data

The data used in Step 1 are from widely available datasets such as.

- Census 2011 data for Stockport (the most recent Census data available)
- Joint Strategic Needs Assessments (JSNA) data for Stockport

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

To be determined post-consultation

Step 1: Establishing and developing the baseline

| Characteristic | Demographic of residents / service users | What works well How does the current provision or service meet the needs of people in different protected characteristics? | Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups |
|--|---|---|--|
| Age | <ul style="list-style-type: none"> • Stockport has more older people and fewer younger adults than the national average. The median age of Stockport is 41 compared to the national average of 39. • 2018 data estimated that 18.4% of Stockport residents are aged 0-14; 9.7% are aged 15-24; 51.9% are aged 25-64; and 19.9% are aged 65 and over. • Of those aged 65 and over, 9.4% are 75+; 2.8% are 85+; and 1.0% are 90+. • It is likely that the older population of Stockport will increase – projections show that 2 in 9 residents will be aged 65 or over by 2030. • Older populations are more common in more affluent areas. • Older residents are less likely to have the means (whether connection, devices or skills) to access services and information digitally. | | |
| Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues | <ul style="list-style-type: none"> • 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. • 34% of Stockport households have at least one member with a disability. • The proportion of children with SEND is twice as high in more deprived areas of Stockport. | | |

| Characteristic | Demographic of residents / service users | What works well How does the current provision or service meet the needs of people in different protected characteristics? | Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups |
|---|--|--|---|
| | <ul style="list-style-type: none"> An estimated 6,430 of young people (age 5-19) have a mental health disorder. | | |
| Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth. | <ul style="list-style-type: none"> It is not known how many transgender people live in Stockport, but UK-wide estimates believe this to be around 1% of the population. | | |
| Maternity and pregnancy | <ul style="list-style-type: none"> Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births. | | |
| Marriage and Civil Partnership | <ul style="list-style-type: none"> According to 2011 data, in Stockport 47.5% of people are married, 10.8% cohabit with a partner of the opposite sex, 0.7% cohabit with a partner of the same sex, 24.2% are single and have never married or been in a registered same sex partnership, 8.9% are separated or divorced. | | |
| Race Not all ethnic groups will have the same experiences so if possible specify whether the | <ul style="list-style-type: none"> 2011 data shows that Stockport is less ethnically diverse than the national average. 92% of Stockport residents are White and 8% are from a Black, Asian or Ethnic Minority background. This data is from 2011 and it is expected that | | |

| Characteristic | Demographic of residents / service users | What works well How does the current provision or service meet the needs of people in different protected characteristics? | Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups |
|--|--|--|---|
| <p>impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations</p> | <p>these groups have changed since then as the diversity of the borough is increasing over time.</p> <ul style="list-style-type: none"> • Diverse communities having a younger age profile than the rest of the borough. • People who identify as Asian Pakistani are the biggest non-White British / Irish population. • The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Cheadle and Gatley, and Heatons South being particularly diverse where the BAME population reached 20% in the 2011 Census. | | |
| Religion or Belief | <ul style="list-style-type: none"> • The largest religious group in Stockport is Christianity with 63% of the population identifying as Christian, although this is decreasing over time. Those with no religion are the second-most common (25%), which has been increasing alongside the Muslim population (3.3%). • These populations are also not even across Stockport. 50% of Muslims in the borough live in Heald Green, Cheadle and Gatley, and Heatons South. Gatley has a large Jewish community. | | |
| Sex | <ul style="list-style-type: none"> • 50.5% of the population of Stockport is female and 49.5% is male, in line with the national average. | | |
| Sexual orientation | <ul style="list-style-type: none"> • It is not known how many lesbian, gay or bisexual people live in Stockport, but | | |

| Characteristic | Demographic of residents / service users | What works well How does the current provision or service meet the needs of people in different protected characteristics? | Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups |
|--|---|--|---|
| People who are lesbian, gay or bisexual | UK-wide estimates believe this to be around 5-7% of the population. | | |
| Socioeconomic status | <ul style="list-style-type: none"> • 2016 data shows that 38% of the population of Stockport live in areas of higher than average deprivation. • 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, Universal Credit claimants doubled from 4,725 to 10,685. • 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic has increased this. • Residents living in poverty or from disadvantaged backgrounds are less likely to have the means (whether connection, devices or skills) to access services and information digitally. | | |
| Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known | | | |
| You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups. | | | |
| Carers | | | |

| Characteristic | Demographic of residents / service users | What works well How does the current provision or service meet the needs of people in different protected characteristics? | Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups |
|--|---|--|---|
| Those experiencing homelessness | | | |
| Veterans | | | |
| Asylum seekers and refugees | | | |

Step 2: Identifying impacts the proposal will have compared with the baseline

| Impact no. | Characteristic | Positive or negative impact | Impact source | Impact details and rationale | Additional information |
|-----------------------------------|---------------------------|--|---|--|---|
| <i>Add more rows where needed</i> | | <i>Is the impact positive or negative?</i> | <i>How have you become aware of an impact or inequality? Is it from research, have you been advised by another party, has a member of the public or a stakeholder made you aware, did someone from this or another characteristic make the claim?</i> | <i>What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?</i> | <i>Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?</i> |
| | Age – older people | | | No impacts specific to this group identified | |

| Impact no. | Characteristic | Positive or negative impact | Impact source | Impact details and rationale | Additional information |
|------------|--------------------------------|-----------------------------|---------------|---|------------------------|
| | Age – younger people | | | No impacts specific to this group identified | |
| | Disability | | | No impacts specific to this group identified | |
| | Gender reassignment | | | No impacts specific to this group identified | |
| | Maternity and pregnancy | | | No impacts specific to this group identified | |
| | Marriage and Civil Partnership | | | No impacts specific to this group identified | |
| | Race | | | No impacts specific to this group identified | |
| | Religion or Belief | | | No impacts specific to this group identified | |
| 1 | Sex | Negative | Business case | <u>Shared Services – School Improvement</u> The majority of council staff are women, therefore any impacts of this proposal on staff such as staffing changes are likely to disproportionately affect women. | |
| | Sexual orientation | | | No impacts specific to this group identified | |
| | Socioeconomic status | | | No impacts specific to this group identified | |

You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.

| | | | | | |
|--|---------------------------------|--|--|--|--|
| | Carers | | | No impacts specific to this group identified | |
| | Those experiencing homelessness | | | No impacts specific to this group identified | |
| | Veterans | | | No impacts specific to this group identified | |

| Impact no. | Characteristic | Positive or negative impact | Impact source | Impact details and rationale | Additional information |
|------------|-----------------------------|-----------------------------|---------------|--|------------------------|
| | Asylum seekers and refugees | | | No impacts specific to this group identified | |

Step 3: Identifying mitigating factors to minimise negative impacts

| Impact no. | Impact summary | Suggested mitigation and rationale | Source of suggestion | Evidence for solution | Feasibility |
|------------|---|---|---|---|--|
| | <i>Give a brief summary of the issue/inequality /impact</i> | <i>What is being suggested to mitigate for this. What is the rationale behind the suggestion?</i> | <i>Where does this suggestion come from? Have you consulted the characteristic(s) affected for solutions?</i> | <i>What evidence is there that the suggestion would solve the problem? How have you learned this? Has this been done elsewhere?</i> | <i>Within the financial envelope, how feasible is this solution? What are the cost implications? Could it indirectly affect anyone else? Can any other body help with the solution? If yes, how?</i> |
| 1 | Changes to council staff will disproportionately affect women | Any changes to staffing is to be confirmed and will be monitored for any disproportionate outcomes. | | | N/A |

Please state if there are any additional comments or suggestions that could promote equalities in the future.

N/A

Step 4: Conclusions and outcome

If you have not undertaken any community engagement for this EqlA, please indicate this and explain why.

This document will include evidence gathered from engagement and consultation as the proposals progress.

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

Due to the nature of the MTFP process there are likely to be many and immediate negative impacts upon residents of Stockport and council staff. The council faces many financial pressures and risks and balancing the pandemic response, alongside core service delivery requirements, whilst delivering longer term change is acutely challenging. Delivering a resilient budget can only be achieved through difficult decisions, robust prioritisation and ambitious changes in the way we work if we are to continue to meet the needs of local people today and in the future.

The longstanding lack of clarity regarding medium term local government financing remains a significant challenge in providing resilient public services. We will be continuing to work closely with leaders across Local Government to continue to lobby for a fair and sustainable funding regime for local public services.

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

N/A

Are there any other proposals or policies that you are aware of that could create a cumulative impact?

This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

Any cumulative impacts of the MTFP proposals will be addressed in an upcoming officer report for cabinet in January 2022.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

| Please indicate the outcome of the EqIA and provide justification and / or changes planned as required. | | |
|--|--|-------------------------------------|
| A. | No major barriers identified, and there are no major changes required – proceed. | <input checked="" type="checkbox"/> |
| B. | Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed. | <input type="checkbox"/> |
| C. | Positive impact for one or more of the groups justified on the grounds of equality – proceed. | <input type="checkbox"/> |
| D. | Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required. | <input checked="" type="checkbox"/> |
| E. | This policy identifies actual or potential unlawful discrimination – stop and rethink. | <input type="checkbox"/> |

Please describe briefly how this EqIA will be monitored.

When will this be reviewed? What mitigating actions need to be implemented and when?

Many of the proposals contained within this document are in their early stages. Therefore this will be a live document which is updated as each programme progresses in line with the milestones referenced within the business cases.