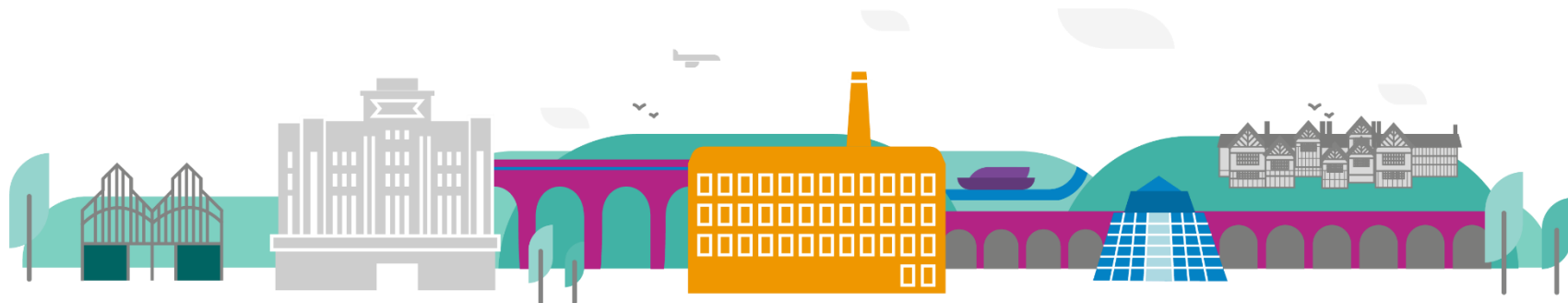




**Adult Social Care & Health
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment
December 2023**



Equality Impact Assessment

Title of report or proposal	Adult Social Care & Health Scrutiny Committee – Medium Term Financial Plan (MTFP) Proposals		
Lead officer(s)	Sarah Dillon	Date	December 2023
Aims and desired outcomes of the proposal Are you trying to solve an existing problem?			
<p>The report analysed in this EqlA outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered by the Cabinet aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>To understand the impact of our proposals on our residents and communities we will undertake Equality Impact Assessments (EqlAs) for each of these programmes of work. This EqlA aims to assess the impacts of the proposals brought to the Adult Social Care & Health Scrutiny Committee, and should be considered alongside EqlAs for the remaining programmes of work as well as a cumulative assessment for the whole of the MTFP programme.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>All proposals are within scope of the Adult Social Care & Health portfolio and include:</p> <p>Demand Management</p> <ul style="list-style-type: none"> • Maximising Prevention and Independence • Care Act Application • Demand Management – Home first, keeping people independent <p>Value for Money</p> <ul style="list-style-type: none"> • Managing External Care Markets <p>Robust Corporate Governance</p> <ul style="list-style-type: none"> • Better Care Fund Uplift • Service Delivery Model: Provider Services • Grant maximisation • Contract reduction • Health promise review 			

Details of all proposals can be found in the corresponding reports.

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

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

All proposals being explored are listed in the corresponding reports.

The Business Cases for this programme of work have been shared with the ASC&H Scrutiny in October and November 2023.

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

- Adult Social Care senior management team
- Public Health senior management team
- Colleagues from NHS providers
- Corporate Support Services Strategy and Design team
- Public Health Management Team

Co-production will take place with wider stakeholders.

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 be updated as proposals progress

Population information gathered from: Census 2021 data; service user data, JSNA data

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?

It is important to note that details for some of the proposals are not known at time of writing. It is recommended that EqlAs are completed at the project level whilst these projects are being shaped.

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users
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 42 compared to the national average of 40. • 2021 data shows 20% of Stockport’s population are over 65. 61% are aged 15-64, and 20% are under 15 years old. • 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. • 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"> • 2021 data suggests that less than 0.5% of the Stockport population is transgender.
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 2021 data, in Stockport 46.4% of people are married or in a civil partnership. • 45.1% are same-sex couples living together, and 0.4% are opposite-sex couples living together. 0.9% of residents are married or in a civil partnership but are not living together.

Characteristic	Demographic of residents / service users
<p>Race Not all ethnic groups will have the same experiences so if possible specify whether the 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>	<ul style="list-style-type: none"> • 2021 data shows that Stockport is as ethnically diverse as the national average for England. 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. • Ethnically diverse communities tend have a younger age profile than the rest of the borough. • People who are 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, Gatley, and the Heatons being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
<p>Religion or Belief</p>	<ul style="list-style-type: none"> • According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%). • These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian and Muslims make up around 20-25% of the population in areas of Heald Green and Gatley. Gatley also has a large Jewish community.
<p>Sex</p>	<ul style="list-style-type: none"> • 51% of Stockport residents are female and 49% are male, in line with the national average.
<p>Sexual orientation People who are lesbian, gay or bisexual</p>	<ul style="list-style-type: none"> • 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. • 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
<p>Socioeconomic status</p>	<ul style="list-style-type: none"> • 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. • Areas of deprivation were more common in the central and northern parts of the borough. • 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 and the cost of living crisis has increased this.
<p>Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known</p>	<ul style="list-style-type: none"> • According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. • 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
<p>Carers</p>	
<p>Care leavers</p>	
<p>Those experiencing homelessness</p>	
<p>Veterans</p>	<ul style="list-style-type: none"> • 2.5% of people in Stockport have previously served in the armed forces.

Characteristic	Demographic of residents / service users
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
1	Age – older people	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Older people are more likely to receive care and support from Adult Social Care, any changes to these services will disproportionately affect older people.	
2	Age – younger people	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Adult Social Care supports working age adults with Care and Support Needs. Any changes to services may affect this cohort of people. Any changes that are required to the Healthy Child Programme will have greater impact on younger people.	
3	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Individuals with a disability are more likely to receive care and support from Adult Social Care (ASC), any changes to these services will disproportionately affect these individuals. Individuals with this protected characteristic are more likely to access ASC services and so changes may disproportionately affect these individuals.	
4	Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	-	Proposals, ASC user groups, Care users survey, MTFP consultation	There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
5	Maternity and pregnancy	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>The public health grant funds an antenatal appointment, and disproportionate impacts on pregnant women are possible if changes need to be made.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.</p>	
6	Marriage and Civil Partnership	-	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.</p>	
7	Race Not all ethnic groups will have the same experiences so if possible specify whether the 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	-	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>Access to and use of public health services varies between different ethnic groups, and detailed service design work is needed to avoid disproportionate impacts. At this time, it is expected that this work will be sufficient to mitigate this risk.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.</p>	
8	Religion or Belief	-	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>Access to and use of public health services varies between followers of different religions, and detailed service design work is needed to avoid disproportionate impacts. At this time, it is expected that this work will be sufficient to mitigate this risk.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.</p>	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
9	Sex	-	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>Certain public health services are targeted specifically at men or women, but it is not expected that these proposals will disproportionately affect people of any specific sex.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.</p>	
10	Sexual orientation Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual	-	Proposals, ASC user groups, Care users survey, MTFP consultation	<p>Some public health services are particularly important to men who have sex with men, and other relevant combinations of gender and sexual orientation. It is not anticipated that these proposals will have a disproportionate impact on these groups.</p> <p>There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.</p>	
11	Socioeconomic status	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Some public health and adult social care service users are on low incomes or live in deprived areas, and so any changes to services will disproportionately impact this group.	
<p>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.</p>					
12	Carers		Proposals, ASC user groups, Care users survey, MTFP consultation	Technology-enabled care has a positive impact on carers, providing them with peace of mind, independence, and confidence. It also has the potential to transform the way people engage in and control their healthcare, empowering them to manage it in a way that is right for them.	
13	Care leavers	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Care leavers would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for care leavers it is possible that any changes to services may disproportionately affect this group.	

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Additional information
14	Those experiencing homelessness	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	People experiencing homelessness would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for people affected by homelessness it is possible that any changes to services may disproportionately affect this group.	
15	Veterans	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Veterans would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for veterans it is possible that any changes to services may disproportionately affect this group.	
16	Asylum seekers and refugees	Negative	Proposals, ASC user groups, Care users survey, MTFP consultation	Asylum seekers and refugees would be expected to have greater need for and use of some public health and adult social care services. While none of the changes proposed specifically affect services for asylum seekers and refugees it is possible that any changes to services may disproportionately affect this group.	

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, 2, 3, 11, 12	Increase the use of Technology Enabled Care for individuals who access our services. This will enable more individuals to leave hospital and be supported in their own homes in the community.	TEC being one of a range of measures available to individuals to meet their care and support needs. Social work assessments will determine the appropriateness of TEC on an individual basis. Support from the Neighbourhood Inclusion team to educate residents in the use of TEC through their community events.	ASC Leadership Team. Stockport Digital Board	Learning from other LA's that are already using TEC. Investment in TSA to maximise national learning and intelligence. Establishment of a Carers Board and Making it real Board will enable service user feedback.	Feasibility is high, TEC is a well-established ASC service that is nationally promoted as best practice.
1, 2, 3, 11, 12	Continue with our annual review programme. We will focus upon enabling people to live as independently as possible.	Annual reviews are a statutory Care Act duty and provide the opportunity to ensure that an individual's care and support needs are being met in the most appropriate way. Working with ICB colleagues to ensure we have the most appropriate funding packages. Reducing reliance on residential placements. Stockport has a higher than average number of people supported in residential care.	ASC Leadership Team. Direct Payment User Group.	Care Act 2014 duty. ASC Service user data. National data sets	Medium. Due to service demand.
1, 2, 3, 11, 12	Home First and keeping people independent	Reducing reliance on residential placements. Stockport has a higher than average number of people supported in residential care.	National Research Age UK TSA	Care Act 2014 duties ASC Service user data	Medium. Due to service demand.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
		<p>National research shows that most people want to be supported at home and to be able to maintain their independence.</p> <p>The increase in using TEC provides constant base level reassurance that people are safe at home.</p> <p>TEC reliance can increase social isolation. ASC will look to the voluntary and community sector to ensure we are providing services to address social isolation.</p> <p>Our Equality Diversity and Inclusion (EDI) programme will ensure that we have a diverse offer available to meet the care and support needs of individuals.</p> <p>We have provided additional investment to a Carers organisation to help us to develop our Carers Strategy, launch a Carers Board and review our assessment process.</p>		<p>Investment in TSA to maximise national learning and intelligence.</p> <p>National datasets</p>	
2,5,7-16	Grant maximisation	We will work with commissioned service providers to minimise the impact of constrained budgets on service delivery and outcomes	Public Health leadership team		Medium
2,5,7-16	Contract reduction	Work will be undertaken to identify the best way to achieve savings within these contracts while minimising impact on outcomes, including for specified groups	Public Health leadership team		Medium
2,5,7-16	Health promise review	No impacts identified	Public Health leadership team		High

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

Step 4: Conclusions and outcome

If you have <u>not</u> undertaken any community engagement for this EqIA, please indicate this and explain why.
We have sought views on all our change proposals through our overall budget public consultation
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?
The council faces many financial pressures and risks and meeting 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.
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.
Please see MTFP cumulative equality analysis.

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 checked="" 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 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?		
This EqIA will be returned to at various stages of proposal development.		
It is recommended that EqIAs should be implemented at the project level.		