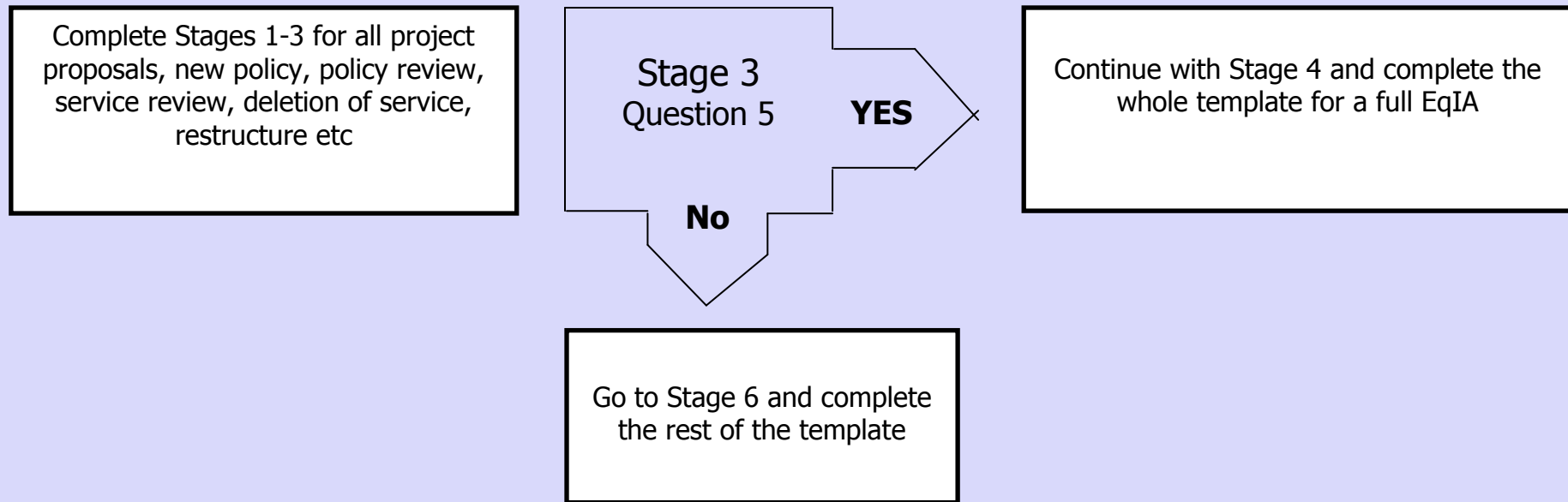


Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process (EqIA). There is now just one Template. Lead Officers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



- In order to complete this assessment, it is important that you have read the Corporate Guidelines on EqIAs and preferably completed the EqIA E-learning Module.
- You are also encouraged to refer to the EqIA Template with Guidance Notes to assist you in completing this template.
- **SIGN OFF:** All EqIAs need to be signed off by your Directorate Equality Task Groups. EqIAs relating to Cabinet Reports need to be submitted to the EqIA Quality Assurance Group at least one month before your Cabinet Report date. This group meets on the first Monday of each month.
- Legal will NOT accept any reports without a fully completed, Quality Assured and signed off EqIA.

The EqIA Guidance, Template and sign off process is available on the Hub under Equality and Diversity

Equality Impact Assessment (EqIA) Template

Type of Decision: Tick ✓	<input type="checkbox"/> Cabinet	<input checked="" type="checkbox"/> Portfolio Holder	<input type="checkbox"/> Other (explain)
Date decision to be taken:	2016/2017		
Value of savings to be made (if applicable):	£1.0 million		
Title of Project:	Demographic Growth savings		
Reference:	PA_20		
Directorate / Service responsible:	Adult Social Care		
Name and job title of Lead Officer:	Visva Sathasivam		
Name & contact details of the other persons involved in the assessment:	Visva Sathasivam, Shaun Riley, Seth Mills, Anne Mosley and Barbara Huggan		
Date of assessment (including review dates):	10/08/2015		

Stage 1: Overview

<p>1. What are you trying to do?</p> <p>(Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>This proposal is one of the projects falling within the minimising adults work stream under 'Project Infinity' and as such should not be viewed in isolation but as one part of a package of savings proposals to be delivered.</p> <p>The combination of extending life expectancy and the ageing of those born in the baby boom, just after the Second World War, means that the population aged over 65 is growing at a much faster rate than those under 65. Over the next 20 years the population aged 65-84 will rise by 39 per cent and those over 85 by 106 per cent (Office of National Statistics). As well as the increase in older people, the population is becoming more diverse and advances in medicine are meaning that more children with severe disabilities and long term conditions are transitioning into Adulthood with a substantially increased life expectancy.</p> <p>The current MTFS assumed demographic growth until 2016/17, thereafter requiring the directorate to contain growth within existing resources. The growth funds new vulnerable service users coming into the Adult Social Care service, including children transitioning to adult services, increasing needs of older people and people with physical and learning disabilities and those with mental health problems, as well as funding increased costs arising from increasing complexity of need. The growth also enables any new unfunded legislative requirements that may be required i.e.; Deprivation of Liberty Standards (DoLs) – grant funding £104k but forecast cost in 2015/16 in the region of £375k.</p> <p>Savings Proposal:</p> <p>This proposal is to put forward the allocated growth in 2016/17 of £2.5m as a saving.</p>
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	<p>Of the controllable Adults budget of £54.5m, the Adult Social Care purchasing budget represents approximately £35.5m for 2015-16. Historically growth in the region of £2 to £3m has been awarded annually in recent years and is based on the Projection Older People Population Information [POPPI] and Projecting Adult Needs & Service Information [PANSI].</p> <p>The purchasing budget funds the support for those in need of long term (residential/nursing/supported accommodation) care (£23.4m) and those receiving support in the community (largely through cash personal budgets) £14.2m and other costs (respite, day care, inflation etc.) of £4.6m. Client Contributions currently £6.7m.</p> <p>This proposal would require the directorate to contain all increases – both cost (where service user needs have deteriorated and require more support) and volume (where there is a net increase in the number of service users being supported). This is extremely likely to prove challenging given the statutory responsibility to meet assessed need.</p> <p>The majority of Adults budgets are demand led and the Council has a statutory duty to meet vulnerable adults’ needs. It is therefore challenging to strike a balance between safeguarding adults against harm and abuse and simultaneously balancing the budgets.</p> <p>All service users go through a vigorous social care assessment and RAS assessment process to determine their eligible need. A financial assessment is also carried out, in the main before services are set up. All care package requests are scrutinised through a two tier management authorisation process (Service Manager and Director Panel). This is to ensure the strict application of eligibility, cost effectiveness and safeguarding issues are implemented. These arrangements are regarded as the most robust gate-keeping in London.</p>					
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	Residents / Service Users	✓	Partners		Stakeholders	
	Staff		Age	✓	Disability	✓
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	
	Race	✓	Religion or Belief	✓	Sex	✓
	Sexual Orientation		Other			
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> Who are the partners? Who has the overall responsibility? 	No					

- How have they been involved in the assessment?

Stage 2: Evidence & Data Analysis

4. What evidence is available to assess the potential impact of your proposals? This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated for any Protected Characteristic), you may need to include this as an action to address in your Improvement Action Plan at Stage 6)

Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	POPPI & PANSI Data 2014-2018 Care Act 2014 Business Intelligence	<p>Total number of the population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little will rise from 8,949 (2014) to 9,736 (2018)</p> <p>Total number of the population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot will rise from 8,675 (2014) to 9,503 (2018)</p> <p>Care Act 2014 identifies that the local authority must promote well being, thus employing the well being principle which applies both to the service user as well as the carer's support needs. It has been well documented by ADASS and SCIE that there has been and will be an increase in demand for services and provisions under this principle.</p> <p>Harrow Business Intelligence has documented the increase in service users over the period of 2014 to 2018, hence demonstrating an increase in demand of service provision</p>
Disability (including carers of disabled people)	POPPI & PANSI Data 2014-2018	Total population aged 18-64 predicted to have a learning

	<p>Care Act 2014</p> <p>Business Intelligence</p>	<p>disability will rise from 3,782 (2014) to 3,910 (2018)</p> <p>Total population aged 18-64 predicted to have a moderate physical disability will rise from 11,582 (2014) to 12,124 (2018)</p> <p>Total population aged 18-64 predicted to have a serious physical disability will rise from 3,326 (2014) to 3517 (2018)</p> <p>Care Act 2014 identifies that the local authority must promote well being, thus employing the well being principle which applies both to the service user as well as the carer's support needs. It has been well documented by ADASS and SCIE that there has been and will be an increase in demand for services and provisions under this principle.</p> <p>Harrow Business Intelligence has documented the increase in service users over the period of 2014 to 2018, hence demonstrating an increase in demand of service provision</p>
Gender Reassignment	Specific information not widely published	Marginal impact to this service user group
Marriage / Civil Partnership	Specific information not widely published	Marginal impact to this service user group
Pregnancy and Maternity	Specific information not widely published	Marginal impact to this service user group
Race	<p>Business Intelligence</p> <p>Census 2011</p>	<p>The London Borough of Harrow has a diverse population. There are approximately 70 different languages spoken in the borough and 41% of the population come from black and ethnic minority groups.</p> <p>Numerically residents of Indian origin account for the</p>

		<p>highest number and proportion of all residents of working age in Harrow, at 29 per cent (46,670). The White British group follows closely behind, with 28.1 per cent (44,189)</p> <p>Residents aged 65 and over- 14.1 per cent of Harrow's residents are aged 65 and over of that group 43% are from BME this needs to be acknowledged within the proposal.</p> <p>Thus without demography growth service provision will need to be reduced due to the effect of the lack of appropriate support and exclusion of many BME groups.</p>
Religion and Belief	<p>Business Intelligence</p> <p>Census 2011</p>	<p>Christianity is Harrow's most common religion with 37.3 per cent (89,181).</p> <p>Harrow is ranked first nationally for people with Other Religions. Ninety nine per cent of people who follow other religions in Harrow are Asian/Asian British.</p> <p>95 per cent of Harrow's Jewish community come from the White ethnic groups</p> <p>Thus without demography growth service provision will need to be reduced due to the effect of the lack of suitable support and exclusion relating to culturally in appropriate service provision.</p>
Sex / Gender	<p>POPPI & PANSI Data 2014-2018</p> <p>Care Act 2014</p> <p>Business Intelligence</p>	<p>Total population aged 18-64 predicted to have a learning disability will rise from 3,782 (2014) to 3,910 (2018)</p> <p>Total population aged 18-64 predicted to have a moderate physical disability will rise from 11,582 (2014) to 12,124 (2018)</p> <p>Total population aged 18-64 predicted to have a serious physical disability will rise from 3,326 (2014) to 3517 (2018)</p>

		<p>Total number of the population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little will rise from 8,949 (2014) to 9,736 (2018)</p> <p>Total number of the population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot will rise from 8,675 (2014) to 9,503 (2018)</p> <p>Thus without demography growth service provision will need to be reduced with more emphasis on the carers, which statistically shown to be a women, to taken on the further burden of support.</p> <p>Care Act 2014 identifies that the local authority must promote well being, thus employing the well being principle which applies both to the service user as well as the carer's support needs. It has been well documented by ADASS and SCIE that there has been and will be an increase in demand for services and provisions under this principle.</p> <p>Harrow Business Intelligence has documented the increase in service users over the period of 2014 to 2018, hence demonstrating an increase in demand of service provision</p>
Sexual Orientation	Specific information not widely published	Marginal impact to this service user group

Stage 3: Assessing Potential Disproportionate Impact

5. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes	x	x				x		x	
No			x	x	x		x		x

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.
- **NO** - If you have ticked 'No' to all of the above, then go to **Stage 6**
- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 6

Stage 4: Further Consultation / Additional Evidence

6. What further consultation have you undertaken on your proposals as a result of your analysis at **Stage 3**?

Who was consulted? What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? E.g. revising your proposals
If these proposals are accepted the need for Consultation will be assessed at the point of acceptance and mobilisation.	Consultation will aim to ensure the impact on different groups/ Protected Characteristics	

Stage 5: Assessing Impact

7. What does your evidence tell you about the impact on the different Protected Characteristics? Consider whether the evidence shows potential for differential impact, if so state whether this is a positive or an adverse impact? If adverse, is it a minor or major impact?

Protected Characteristic	Positive Impact	Adverse Impact	Explain what this impact is, how likely it is to happen and the extent of impact if it was to	What measures can you take to mitigate the impact or advance equality of opportunity?

	✓	Minor ✓	Major ✓	occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7	E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 6)
Age (including carers of young/older people)			✓	The existing service provides support to clients of all ages but predominantly older people (over 65 population) and as such a reduction in service is likely to have some impact on people with this protected characteristic. In addition, there is likely to be an impact on staff with these protected characteristics.	To explore whether the third sector can step in to support where there are gaps within service provision in line with other proposals to work with the voluntary sector.
Disability (including carers of disabled people)			✓	The existing service provides support to clients with a disability and as such a reduction in service is likely to have some impact on people with this protected characteristic. In addition, there is likely to be an impact on staff with these protected characteristics.	To explore whether the third sector can step in to support where there are gaps within service provision
Gender Reassignment				With limited published information about gender reassignment it is difficult to assess the impact on this protected characteristic. The services offered to Service users in Harrow would be offered to people who had undergone gender reassignment, but the impact is no greater on this protected characteristic.	To monitor potential impact, and work with voluntary sector and national organisations to try and mitigate impacts.
Marriage and Civil Partnership				With limited published information about marriage statistics in Harrow, it is difficult to assess the impact on this protected characteristic. The services offered to Service users in Harrow would be offered to people who were married, in a civil partnership, widowed and single irrespectively, but the impact is no greater on this protected characteristic.	To monitor potential impact, and work with voluntary sector and national organisations to try and mitigate impacts.
Pregnancy and Maternity				With limited published information about pregnancy and maternity statistics in Harrow, it is difficult to assess the impact on this protected	

				characteristic. The services offered to all of the population, and as such there is a chance that this characteristic will be impacted.		
Race			✓	Harrow's business Intelligence and Census 2011 have identified that without demography growth service provision will need to be reduced due to the effect of the lack of suitable support and exclusion relating to culturally in appropriate service provision	To explore whether the third sector can step in to support where there are gaps within service provision	
Religion or Belief				Harrow's business Intelligence and Census 2011 have identified that without demography growth service provision will need to be reduced due to the effect of the lack of suitable support and exclusion relating to culturally in appropriate service provision	To explore whether the third sector can step in to support where there are gaps within service provision	
Sex			✓	The existing service provides support to clients of all genders and as such a reduction in service is likely to have some impact on people with this protected characteristic. In addition, there is likely to be an impact on staff with these protected characteristics.	To explore whether the third sector can step in to support where there are gaps within service provision	
Sexual orientation				The proposal here impacts potentially the full population in Harrow, who may at some point in their lives come into contact with the Social Care systems and as such there is likely to be a negative impact on this (and all) protected characteristic.	To monitor potential impact, and work with voluntary sector and national organisations to try and mitigate impacts.	
8. Cumulative Impact – Considering what else is happening within the				Yes	✓	No

<p>Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>	<p>This proposal is one of many proposals across the Council, the connection between reductions in general funding for social care is likely to have a cumulative effect on protected characteristics.</p> <p>In particular; National changes to welfare benefits, other unrelated reductions in service provision included but not limited potential reduction in funding allocated to the voluntary sector.</p>			
<p>x9. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p> <p>If yes, what is the potential impact and how likely is it to happen?</p>	Yes	✓	No	
<p>May have an affect on the local economy and as some service users and carers still employed which will be affected from this proposal due to an evitable reduction of service provision. As result a reduction disposal income reducing the spend in the local economy.</p>				

Stage 6 – Improvement Action Plan

List below any actions you plan to take as a result of this Impact Assessment. These should include:

- Proposals to mitigate any adverse impact identified
- Positive action to advance equality of opportunity
- Monitoring the impact of the proposals/changes once they have been implemented
- Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this?

Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact	How will you know this has been achieved? E.g. Performance Measure / Target	Lead Officer/Team	Target Date
Vulnerable Adults over 18	Adult services provide support to people 18 and older, of all disabilities and races. To mitigate adverse impact on vulnerable people	Continuous monitoring and reviewing of existing service users, performance and PIs	Visva Sathasivam, Shaun Riley, Seth Mills, Anne Mosley and Barbara Huggan	16/17
Disability/ gender	Adult services to liaise with the advocacy	Through continuous monitoring	Visva Sathasivam,	16/17

	group eg HAD and Carers Association, as well as the third sector	and Business intelligence Surveys	Shaun Riley, Seth Mills, Anne Mosley, Barbara Huggan and Business intelligence	
Age	Adult services to liaise with the advocacy groups eg Age Concern and Carers Association, as well as the third sector	Through continuous monitoring and Business intelligence Surveys	Visva Sathasivam, Shaun Riley, Seth Mills, Anne Mosley, Barbara Huggan and Business intelligence	16/17

Stage 7: Public Sector Equality Duty

10. How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

This proposal doesn't help the Council to fulfil its Public Sector Equality Duty.

Stage 8: Recommendation

11. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed.

Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are listed in the Action Plan above.

Outcome 3 – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(Explain this in Q12 below)**

✓

12. If your EqIA is assessed as **outcome 3** explain your justification with full reasoning to continue with your proposals.

The savings proposal relates to a reduction or non-provision of Demographic growth to the Adults social care budget from 16/17. POPPI and PANSI, and Harrow' business intelligence have identified that there is an ongoing increase in demand for service provisions due to the growth of the population. Therefore non-provision of services will have a direct impact on the quality of life for all local residents unless further support can be provided through

	the voluntary sector and the wider community.
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Stage 9 - Organisational sign Off

13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)		Signed: (Chair of DETG)	
Date:		Date:	
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	