**Money Matters -**

**Additional Savings 2018/19 – 2020/21 (including Equality Impact Assessments)**

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**CYP011 – SEND SERVICE – SENDIASS/CFSD TEAM**

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| **Service Name:** | | | | SEND Service – Information Advice and Support (IAS) Team | | |
| **Which 'start year' does this option relate to 2018/19, 2019/20 or 2020/21** | | | | 2018/19 | | |
| **Gross budget 2017/18** | | | | £0.701m | | |
| **Income 2017/18** | | | | £0.000m | | |
| **Net budget 2017/18** | | | | £0.701m | | |
|  | | | | | | |
| **Savings Target and Profiling (discrete year):** | | | | | | |
|  | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | | **Total** |
| **£m** | **£m** | | **£m** | | | **£m** |
| -0.265 | 0.000 | | 0.000 | | | -0.265 |
|  | | | | | | |
| **FTE implications:** | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | **Total** | |
| *-6.00* | *0.00* | | *0.00* | | *-6.00* | |
|  | | | | | | |
| **Decisions needed to deliver the budgeted savings** | | Agree to a job evaluation and function review of the recently merged Information Advice & Support Team.  Reduce the revenue budget from 1st April 2018 by £0.265m. | | | | |
| **Impact upon service** | | The SEND Code of Practice (CoP) does not preclude the Information Advice & Support Team sitting within the SEND Service.  IASSN Quality Standards provides measures to demonstrate the IAS is impartial. These include:   * + The team having its own distinct identity and logo   + Contact to the team through a separate phone line from other LA services.   + An impartiality policy.   + A steering group overseeing its operation with parent/carer membership.   A single team sat within the SEND service is best placed to be aware and continue to be updated on SEND local policy and practices and thus provide children and young people with SEND and their families with IAS.  The team developing and updating the Local Offer are best placed to provide accurate and up-to-date IAS on the Local Offer.  Children and young people with SEND and their families are provided with a clear 'front door' into the SEND Service, which will quickly identify needs and are directed to the most appropriate service. An 8.45am – 5pm Monday to Friday, dedicated IAS telephone help line, would form part of this 'front door'.  The new team would use the proposed SEND IT platform which will ensure that co-production is developed as all the needed information is available in one location with an option for confidential records, if requested by the family.  A triage system will target intensive support to vulnerable groups of parent/carers whilst still providing a service to all parent/carers. | | | | |
| **Actions needed to deliver the target savings** | | A recent review of the teams looked at current operating inefficiencies and duplications that will be addressed by the implementation of the merger and new focus and ways of working. | | | | |

**What does this service deliver?**

The Special Educational Needs and Disability Support Service provides statutory identification, assessment, intervention and monitoring for children and young people from birth to 25 with special educational needs and disabilities (SEND) and their families.

Information, Advice and Support is a dedicated information advice and support service is for children and young people with special educational needs and disabilities and their families.



**Section 4**

**Equality   
Analysis Toolkit   
SEND Service – SENDIASS/CFSD Team  
For Decision Making Items**  
September 2017

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Specific advice on completing the Equality Analysis and advice, support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

Jeanette Binns (Equality and Cohesion Manager) at

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

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| --- |
| Proposed merger of the SENDIASS (Send Information Advice and Support Team) and CFSD Team |

**What in summary is the proposal being considered?**

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| The proposal is to merge the SENDIASS Team with the CFSD Team, which would reduce the revenue budget by £0.265m and potential reduction of 6 full time equivalent posts.  The Teams provide advice to parents and carers who live in Lancashire and have a child or young person aged up to 25 who may have special educational needs or a disability (SEND), or have a child for whom exclusion from school is an issue.  The SEND Code of Practice does not preclude the SENDIASS sitting within the SEND Service and IASSN Quality Standards provides measures to demonstrate the IAS is impartial which include the Team having a distinct identity and logo. Contact to the Team will continue to be by a phone line separate from other local authority services and is covered by an impartiality policy. The steering group overseeing IAS operation includes parent/carer and young people membership.  It is anticipated that a single team sat within the SEND service is best placed to be aware of and continue to be updated on SEND local policy and practices and thus provide children and young people with SEND and their families/carers with IAS.  The Team developing and updating the Local Offer are best placed to provide accurate and up-to-date IAS on the Local Offer.  Children and young people with SEND and their families/carers are provided with a clear "front door" into the SEND Service, which will quickly identify needs and are directed to the most appropriate service. An 8.45 a.m. - 5 p.m. Monday to Friday dedicated IAS telephone line will form part of this "front door".  The new team will use the proposed SEND IT platform which will ensure that co-production is developed as all the needed information is available in one location with an option for confidential records, if requested by the family/carer.  A triage system will target intensive support to vulnerable groups of parents/carers whilst still providing a service to all parents/carers. |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

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| This proposal will affect children and young people with SEND and their families/carers across the county in a similar way.  It will also impact on a small number of employees. |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

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| Yes.  The nature of the service is that it is targeted at children and young people (the age protected characteristic) and disability protected characteristic as many, although possibly not all of the children and young people who could potentially access the service, will meet the Equality Act's definition of disability.  The element of the service which supports those at risk of exclusions could affect a wider range of children and their families.  Just over 5,200 children and young people have an Education Health and Care Plan in Lancashire and a further 20,000 have SEN support which enables them to access the service.  There are 8 officers in the Team who have a caseload of 40-50 families at any one time, so the service supports around 400 families at any one time.  There is also a potential impact on a small number of employees with the proposed reduction of 6 FTE posts, the Team has 17 posts – although though an agreed redundancy and vacancies this reduces the potential number of post reductions.  Detailed information about the protected characteristics of staff affected is not available but information for employees in Children's Services indicates that 66% of employees are aged 40-64, over 98% of employees are White, 1.48% of employees have a disability and 89% of employees are female. In terms of the County Council workforce as a whole there are disproportionately more women in the Children's Services workforce, BME and disabled employees are under-represented and the age profile is broadly similar to the corporate picture. |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

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**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

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| The nature of the service is that it is targeted at children and young people (the age protected characteristic) and disability protected characteristic as many, although possibly not all of the children and young people who could potentially access the service, will meet the Equality Act's definition of disability.  The element of the service which supports those at risk of exclusions could affect a wider range of children and their families.  Just over 5,200 children and young people have an Education Health and Care Plan in Lancashire and a further 20,000 have SEN support which enables them to access the service.  There are 8 officers in the Team who have a caseload of 40-50 families at any one time, so the service supports around 400 families at any one time.  There is also a potential impact on a small number of employees with the proposed reduction of 6 FTE posts, the Team has 17 posts – although though an agreed redundancy and vacancies this reduces the potential number of post reductions.    Detailed information about the protected characteristics of staff affected is not available but information for employees in Children's Services indicates that 66% of employees are aged 40-64, over 98% of employees are White, 1.48% of employees have a disability and 89% of employees are female. In terms of the County Council workforce as a whole there are disproportionately more women in the Children's Services workforce, BME and disabled employees are under-represented and the age profile is broadly similar to the corporate picture. |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

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| The Lancashire Parent/Carer Forum and Barnardo's who are the contract holder for the young people's engagement group POWAR were engaged in the review process which has informed the options paper.  A recent review of the teams looked at current operating and identified inefficiencies and duplications that will be addressed by the implementation of the merger and new focus and ways of working.  The two Teams were also fully engaged in the service review and writing of the current service specification.  The IAS Service operation will be overseen by a steering group with parent/carer membership and young people. |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

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| It is not anticipated that the merger will impact adversely on those children and young people or their families/carers who use it. An impartial service will be available during standard office hours and using a dedicated, independent phone line.  The triage system proposed has been designed to provide intensive support being prioritised to more vulnerable groups of parents/carers and this may impact adversely on other parents/carers. However, it is expected that the signposting and information provided will empower parents/carers to be able to navigate the SEND services themselves reducing reliance on face to face interventions.  The availability of the IAS service will continue to assist with the advancing of equality of opportunity for disabled children and young people and their participation in public life as it is intrinsic to these aims of the Public Sector Equality Duty.  It is accepted that there will be an impact on a small number of employees associated with this proposal. However, the County Council's arrangements associated with the current County Council Transformation including consultation and fair recruitment processes will be followed. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

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| This proposal should be seen alongside proposals affecting the Customer Access Service in terms of new technology and new ways of working. The CAS will develop equality analyses as their proposals take shape. |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

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| The proposal is unchanged as it will provide a better targeted service to support children, young people and their families/carers. |

**Question 6 – Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

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| Mitigation for this proposal includes:   * IASSN Quality Standards provide measures to demonstrate that the IAS is impartial. These include the Team having its own distinct identity and logo. * Contact with the Team will be through a dedicated phone line separate from other LCC services * An impartiality policy is in place * A steering group overseeing its operation with parents/carers and young people membership * A single team sat within the SEND service will be better able to be aware of and updated on SEND local policy and practice and on the Local Offer to children, young people and their families/carers * There will be a clear "front door" into the SEND Service which will quickly identify needs and signpost callers to the most appropriate service. This will be available during normal office hours. |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

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| This proposal has emerged as part of the need for the County Council to reduce its spending due to an estimated funding gap of £167.132 million by 2021/22. The reduction of £0.265m associated with this proposal will contribute towards the budget reductions required to address this.  It is acknowledged that there may be some adverse impact on children and young people with disabilities and/or SEND and their families/carers, but it is expected that the mitigation identified e.g.   * IASSN Quality Standards provide measures to demonstrate that the IAS is impartial. These include the Team having its own distinct identity and logo. * Contact with the Team will be through a dedicated phone line separate from other LCC services * An impartiality policy is in place * A steering group overseeing its operation with parents/carers and young people membership * A single team sat within the SEND service will be better able to be aware of and updated on SEND local policy and practice and on the Local Offer to children, young people and their families/carers * There will be a clear "front door" into the SEND Service which will quickly identify needs and signpost callers to the most appropriate service. This will be available during normal office hours   will reduce the potential adverse impact on those groups.  It is also acknowledged that there will be an impact on some employees as the proposal includes a possible reduction of 6 full time equivalent posts. Whilst consultation and fair recruitment will be carried out in accordance with County Council Transformation requirements, there is a risk that some employees may lose their job. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

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| Proposed merger of the SENDIASS (Send Information Advice and Support Team) and CFSD Team from April 2018. |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

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| The steering group will meet termly to oversee and monitor.  Feedback after every intervention is collected and used to steer local direction and used for benchmarking nationally. |

Equality Analysis Prepared By      Stephen Martin

Position/Role      SEND Senior Manager

Equality Analysis Endorsed by Line Manager and/or Service Head     David Graham (Head of SEND)

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Thank you

**FR001 – EXCHEQUER SERVICES**

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| --- | --- | --- | --- | --- | --- | --- |
| **Service Name:** | | | | Exchequer Services | | |
| **Which 'start year' does this option relate to 2018/19, 2019/20 or 2020/21** | | | | 2018/19 | | |
| **Gross budget 2017/18** | | | | £4.268m | | |
| **Income 2017/18** | | | | £1.575m | | |
| **Net budget 2017/18** | | | | £2.693m | | |
|  | | | | | | |
| **Savings Target and Profiling (discrete year):** | | | | | | |
|  | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | | **Total** |
| **£m** | **£m** | | **£m** | | | **£m** |
| -1.300 | -0.600 | | 0.000 | | | -1.900 |
|  | | | | | | |
| **FTE implications:** | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | **Total** | |
| *0.00* | *0.00* | | *0.00* | | *0.00* | |
|  | | | | | | |
| **Decisions needed to deliver the budgeted savings** | | Approval to implement a revised staffing structure, subject to consultation.  The revised staffing structure will involve:   * Some delayering of management posts. * Change of grade mix and reconfiguration of posts to recognise efficiencies and to invest in growth areas that will deliver additional income streams to the County Council such as social care service users, review of Direct Payments, increased provision of Financial Safeguarding services and Deferred Payments arrangements. * Whilst there is no overall reduction in posts the overall restructure will yield a recurring annual revenue saving on staffing costs of £0.153m. * Furthermore changes are expected to generate an additional £1.590m of income relating in the main to Re-Assessment activity, further review of Direct Payments, Financial Safeguarding and Deferred Payments arrangements. * Overall therefore the full year revenue effect of the final staffing restructure is:-   Reduction in staffing costs £ 0.153m  Increase in income £ 1.590m  Homecare funding £ 0.157m  \_\_\_\_\_\_\_\_  £ 1.900m saving | | | | |
| **Impact upon service** | | The programme of improvement work started in the current financial year (2017/18) must continue implementation to ensure that transition into the staffing restructure is seamless.  Much of the envisaged change is predicated upon the fuller and consistent implementation of initiatives which have already been implemented and are securing the predicted revenue streams, albeit with temporary staff.  The ultimate universal adoption in Exchequer of Lean thinking initiatives, drives to Flexible working, paperless activity and working smarter - as laid out in the Exchequer Service plan - are expected to be key enablers of the new staffing structure which help to potentiate its effect and achievement of target savings. | | | | |
| **Actions needed to deliver the target savings** | | Over and above our normal business activity and the dictates of our adopted Service Plan for 2017/18 the main action needed to deliver these savings is to give effect to the Staffing Restructure and this will involve consultation and filling of the structure in accordance with proper practice | | | | |

**What does this service deliver?**

* 1. Exchequer Services provides the following services to our customers and consumers in the following areas:-
* Financial assessments
* Deferred payments
* Deprivation
* Direct payments to individuals
* Cashiering
* Debt management
* Billing of Income
* Deputyship & Appointee services
* Payments re Children's services & Schools
* Payments re Adult's services
* Payments re Property, Highways and Companies
* Payments re other Corporate entities
  1. Our services are mainly office based, utilising expert systems to process transaction streams which typically involve payment, billing and receipt of income or debt management functions.

We also conduct financial assessment services for social care service users & this involves peripatetic work where assessment staff usually conduct financial assessments in service user's homes.

* 1. We work for most service areas in the County Council who use a wide range of our services with Social Care being our largest internal customer.
  2. Consumers of or services cover a broad spectrum of stakeholders including Public Bodies, Social Care service users, private individuals and companies which trade with the County Council.



**Section 4**

**Equality   
Analysis Toolkit   
Increase in Administration Fees/Charges for Deferred Payment Agreements  
For Decision Making Items**  
September 2017

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Specific advice on completing the Equality Analysis and advice, support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

Jeanette Binns (Equality and Cohesion Manager) at

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

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| Approval is being sought to increase the Administration Charge for Deferred Payment Agreements |

**What in summary is the proposal being considered?**

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| Following the introduction of the Care Act 2014 and its requirement for Local Authorities to implement a Deferred Payment Scheme (DPS) which is intended to be run on a cost-neutral basis, this was introduced by Lancashire in April 2015. The DPS policy states the Council will set its administration charge at a level which does not exceed the actual costs incurred in provision of the DPS, as set out in the Care Act regulations. The authority set its administration charge as a one-off fee of £500. This charge no longer covers the actual costs in providing this service.  We are considering three administration charges which are over and above the interest rate charged on the deferred amount:   1. One off Arrangement Fee for setting up the DPA (Set up Fee). 2. Annual Charge covering Care Act 2014 requirements, Bi Annual Statements, Equity monitoring, notification of changes in gross cost of placement, increase and decrease of interest rates (Set on 1 January and 1 July). 3. One Off Termination Fee   The Administration Fees will cover:   * registering a legal charge with the Land Registry against the title of the property, including Land Registry search charges and any identity checks required * undertaking relevant postage, printing and telecommunications * costs of time spent by those providing the service * cost of valuation and re-valuation of the property * costs for removal of charges against property * overheads, including where appropriate (shares of) payroll, audit, management costs, legal service   The Cabinet will be asked to approve the Increase in Administration Fees. |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

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| --- |
| The increase in administration charge will affect any person or their representative who applies for a Deferred Payment or already has a Deferred Payment Agreement under the scheme across the County and does not relate to any separately identified specific geographical areas within Lancashire. |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

|  |
| --- |
| The Department of Health produced an impact assessment on the Care Act regulations covering the provisions that gave local authorities a duty to offer deferred payments incorporating an equality impact assessment. This concluded that DPA's benefit people in residential care and their families by improved well-being through a reduction in stress and anxiety for those who go into residential care as they will not have to sell their home, wider peace of mind benefits for anyone who may be at risk of having to sell their home in the future and financial protection for home owners.  The population using care is almost exclusively disabled (physically or mentally) and is predominantly female and aged 75+.  DPA's predominantly benefit homeowners with low income and/or savings, who tend to belong to lower and middle socioeconomic groups.  DPA's do not differentiate on the basis of race, however ethnic minorities are under represented amongst social care users' currently in residential care and because of this may make fewer agreements.  DPA's do not differentiate on the basis of faith, however charging of interest may pose a barrier to faith groups who have objections on religious grounds. |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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|  |

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

|  |
| --- |
|  |

**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc. to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

|  |
| --- |
| DPA's are subject to an eligibility criteria, notably whether someone needs residential care and whether they have limited liquid assets. Beyond this, DPS does not actively discriminate on the basis of equalities characteristics such as age, gender, sexual orientation, or belief.  Currently we have 113 DPA's of which there are 98 Females and 15 Males of which 35 have dementia, 68 are physically frail, 2 have a mental illness and 8 have a physical disability.    It is noted that the payment of interest and charges on DPA's may present a barrier to Muslim care users. This is because of the tenets of Sharia (Islamic) law, which prohibit the payment of interest. |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

|  |
| --- |
| The Department of Health conducted an engagement exercise over Autumn 2011 with care users and members of the care and support sector on reform of social care, encompassed discussion of proposals of the universal DPA.  The engagement found support for DPA's; a workshop on funding reform involving representatives from local authorities and disabilities groups noted that DPA's would give people additional choices and flexibility in meeting their care costs and there was strong support for them.  A user consultation will be undertaken as proposals are put forward for decision making. |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways?

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

|  |
| --- |
| There are two areas where those with protected characteristics may potentially be disadvantaged as follows:  1 – The payment of interest and charges on DPA's may present a barrier to Muslim care users. This is because of the tenets of Sharia (Islamic) Law, which prohibit the payment of interest.  2 – Where a person lacks capacity to request a DPA, a Deputy or Attorney (a person with a relevant Enduring Power of Attorney or Lasting Power of Attorney) may request a DPA on their behalf.  If a family member requests a DPA and they do not have the legal power to act on behalf of the person, then the person and the family member are given information and advice on how to obtain this.  The Council must not enter into a DPA with a person lacking the requisite mental capacity unless the proper arrangements are in place.  Results of the consultation will be taken into account. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

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| At a national level, any changes in current guidance and legislation around Deferred Payment Schemes could impact on individuals covered by this policy. |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

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| --- |
| The proposal has not been changed to reflect the two areas identified at question 3, as it may create greater inequity to create separate provisions for these two groups to counteract the impact of the charges on them; i.e.   1. Not charging interest on the basis of faith 2. Not allowing choice on the basis of mental capacity. |

**Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

|  |
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| The DOH during its legislative passage of the Care Act 2014 added Section 36 to all DPA to be offered in a manner that would make them compliant with Sharia Law. There were mixed views in response to the consultation as to whether it was necessary to enact this or and as such it was decided not to enact if for 2015. The DOH intends to engage further with the Muslim community to understand whether there would be a demand for a Sharia-compliant scheme, and if so what would be required of it.  Feedback/ideas from the consultation will be considered. |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

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| --- |
| The proposal recommended is compliant with the regulations and Guidance supporting the provisions of the Care Act 2014 and is applied in a manner which does not aim to discriminate against those with protected characteristics.  This proposal has been arrived at following the requirement to identify budget savings. Given the current financial position of the authority, which will have an estimated funding gap by 2021/22 of £167.132m, there is a requirement to either reduce the cost of services, or increase income. This proposal generates additional income and is not expected to have a negative impact on front line service delivery.  The need for budget savings strengthens the requirement for the Lancashire Deferred Payment Scheme to run on a cost neutral basis. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

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| --- |
| Approval is being sought to increase the Administration Charge for Deferred Payment Agreements.  DPA's are subject to an eligibility criteria, notably whether someone needs residential care and whether they have limited liquid assets. Beyond this, DPS does not actively discriminate on the basis of equalities characteristics such as age, gender, sexual orientation, or belief.  Currently we have 113 DPA's of which there are 98 Females and 15 Males of which 35 have dementia, 68 are physically frail, 2 have a mental illness and 8 have a physical disability. |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

|  |
| --- |
| The Financial Assessment, Review and Direct Payment Service will monitor any feedback received and use this for future evidence when increasing DPA administration charges.  It will review the cost of delivering the service based on the administration charge set to ensure where possible it is run as cost neutral service as dictated by Care Act 2014. |

Equality Analysis Prepared By Karen Jones

Position/Role Financial Assessment, Review and Direct Payment Service Manager

Equality Analysis Endorsed by Line Manager and/or Service Head: Jackie Mould/Derek Jackson

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Thank you



**Section 4**

**Equality   
Analysis Toolkit   
Charging for Appointeeship Services**

**For Decision Making Items**  
September 2017

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed ) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Specific advice on completing the Equality Analysis and advice, support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

Jeanette Binns (Equality and Cohesion Manager) at

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

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| --- |
| Charging for Apppointeeship services |

**What in summary is the proposal being considered?**

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| To seek approval to the introduction of fees for the provision of Appointeeship Services. The local authority currently manages 143 active corporate appointeeships and is in the process of administering accounts for 12 deceased service users; there is currently no charge for this service and it is proposed to introduce a weekly charge of between £6.50 and £8. The charge ensures that service users benefitting from a discretionary service make a contributions towards the administrative cost being incurred directly on their behalf. |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

|  |
| --- |
| No |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

|  |
| --- |
| Yes - all affected individuals will by definition be unable to manage their own financial affairs by reason of mental incapacity and therefore are likely to be included in the disability protected characteristics. |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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|  |

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

|  |
| --- |
|  |

**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

|  |
| --- |
| All affected individuals will by definition be unable to manage their own financial affairs by reason of mental incapacity and therefore are likely to be included in the disability protected characteristics. |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

|  |
| --- |
| It is proposed to embark on a consultation within a targeted group, those already in receipt of appointeeship services, their carers/support workers, advocacy and peer groups, |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

|  |
| --- |
| The proposal to charge for the Appointeeship Service may have an effect on service users with low income and level of savings.  Providing an Appointeeship Service to vulnerable adults encourages service users to actively participate in public and social life and contributes to their wellbeing. Monies are managed in their best interest with regard to the Mental Capacity Act and also provides a safeguard for those who may have previously financially abused.  This will be added to after the EIA consultation is concluded. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

|  |
| --- |
| At a national level, any changes in benefit levels, ie change of DLA to PIP, introduction of Universal Credit, or eligibility for benefits criteria could also impact on individuals covered by this policy.  The Non Residential Charging Policy is also under review, and likely increases would impact on any services users also accessing the Appointee and Deputyship Service |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

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| --- |
| This will be reviewed following the consultation. |

**Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

|  |
| --- |
| It is proposed to put an appeal process in place for those service users on low income and low level of savings. There will also be further consideration after the consultation. |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

|  |
| --- |
| To ensure that the cost associated with providing an Appointee Service is partially offset.  The proposals in this Policy have been arrived at following the requirement to identify budget savings. Given the current financial position of the authority, which will have an estimated funding gap by 2021/22 of  £167.132m, there is a requirement to either reduce the cost of services, or increase income. This policy proposal generates additional income and is not expected to have a negative impact on front line service delivery. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

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| Approval is sought to introduce a weekly fee of between £6.50 and £8 from 1 April 2018 for providing an Appointeeship Service to eligible service users. The weekly charge will be finalised subject to further work on costs, consideration of charges made by other local authorities for this service and consideration of the impact on the client base.  All affected individuals will be by definition be unable to manage their own financial affairs by reason of mental incapacity and therefore are likely to be included in the disability protected characteristics. |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

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| --- |
| 12 monthly review parallel to the annual increase of person's benefits. |

Equality Analysis Prepared By Annette Roberts

Position/Role Appointee & Deputyship Manager

Equality Analysis Endorsed by Line Manager and/or Service Head

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Thank you

**CMTY011 – HIGHWAY LINES AND SIGNS RENEWAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Name:** | | | Highways – Lines and Signs | | |
| **Which 'start year' does this option relate to 2018/19, 2019/20 or 2020/21** | | | 2018/19 | | |
| **Gross budget 2017/18** | | | £1.000m | | |
| **Income 2017/18** | | | £0.000m | | |
| **Net budget 2017/18** | | | £1.000m | | |
|  | | | | | |
| **Savings Target and Profiling (discrete year):** | | | | | |
|  | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | **Total** |
| **£m** | **£m** | | **£m** | | **£m** |
| -0.500 | 0.000 | | 0.000 | | -0.500 |
|  | | | | | |
| **FTE implications:** | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | **Total** | |
| *0.00* | *0.00* | | *0.00* | *0.00* | |
|  | | | | | |
| **Decisions needed to deliver the budgeted savings** | | Agree to a reduction in the refreshing of road markings and replacement of traffic signs and only safety critical will be renewed or where enforcement is required.  Safety critical works would include for example the renewal of solid centre line marks (no overtaking), junction give way and stop lines, solid edge of carriageway markings, formal pedestrian crossing points and school zig zag markings. Traffic signs would be maintained to meet statutory requirements and design standards. Warning signs would be maintained where there is evidence of a significant casualty record. | | | |
| **Impact upon service** | | Minor reduction (no FTE reductions) in sign shop workload. Increase in third party claims and requests for and complaints about non-critical works.  A lower standard of service (less reflective/faded signs and markings) could increase the risk of collisions.  Less use of contractors. Reduced sign clutter. | | | |
| **Actions needed to deliver the target savings** | | Clear guidance to highway staff to limit spend to safety critical or enforcement works only.  Service reduction proposal to form part of budget consultation. | | | |

**What does this service deliver?**

The county council has a statutory responsibility to maintain the highway network in a fit state to accommodate the 'ordinary traffic which passes or maybe expected to pass' along it; to ensure as far as is reasonably practicable that safe passage along a highway is not endangered by snow and ice, and prepare and carry out a programme of measures designed to promote road safety.



**Section 4**

**Equality   
Analysis Toolkit   
Lines and Signs Maintenance  
For Decision Making Items**  
September 2017

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed ) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Specific advice on completing the Equality Analysis and advice, support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

Jeanette Binns (Equality and Cohesion Manager) at

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

|  |
| --- |
| The reduction of the signs and lines maintenance budget |

**What in summary is the proposal being considered?**

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| --- |
| Agree to a reduction in the refreshing of road markings and replacement of traffic signs and only safety critical will be renewed or where enforcement is required.  Safety critical works would include for example the renewal of solid centre line marks (no overtaking), junction give way and stop lines, solid edge of carriageway markings, formal pedestrian crossing points and school zig zag markings. Traffic signs would be maintained to meet statutory requirements and design standards. Warning signs would be maintained where there is evidence of a significant casualty record |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

|  |
| --- |
| The reduction in the budget will have an effect countywide on lining and signing maintenance although this will have a low impact. |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

|  |
| --- |
| This could possibly have a very low impact on Children and young people either as pedestrians or as inexperienced drivers. This could also have an effect on the elderly for example where lines may be faded and not seen due to impaired eye sight. |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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|  |

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

|  |
| --- |
|  |

**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

|  |
| --- |
| Possibly have a very low impact on Children and young people either as pedestrians or as inexperienced drivers. This could also have an effect on the elderly for example where lines may be faded and not seen due to impaired eye sight. |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

|  |
| --- |
| Briefing of this saving has been given to the cabinet member for highways. Due to this being a slight reduction in service delivery wider consultation is not felt to be proportionate. However any issues raised with regards to this reduction via complaints report it etc. would be investigated and appropriate action taken. |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

|  |
| --- |
| It is not anticipated that this proposal would have a significant adverse impact on any protected characteristics groups or on the elements identified above. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

|  |
| --- |
| N/A |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

|  |
| --- |
| There has been no change to the original proposal. |

**Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

|  |
| --- |
| As all safety critical lines and signs will still be refreshed or replaced there will be no adverse effects. Further mitigation is also being done due to the large surface dressing and surfacing capital programme that is carried out countywide. This means that large areas of carriageway receive a surface treatment and all road marking are renewed. |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

|  |
| --- |
| Lancashire county council has to make significant savings going forward which this reduction of £0.5m will contribute to without compromising the safety of the network. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

|  |
| --- |
| A £0.5m reduction in the lines and signs maintenance budget. This will lead to the reduction in refreshing of road markings and replacement of traffic signs and only safety critical will be renewed or where enforcement is required.  Safety critical works would include for example the renewal of solid centre line marks (no overtaking), junction give way and stop lines, solid edge of carriageway markings, formal pedestrian crossing points and school zig zag markings. Traffic signs would be maintained to meet statutory requirements and design standards. Warning signs would be maintained where there is evidence of a significant casualty record.  Possibly have a very low impact on Children and young people either as pedestrians or as inexperienced drivers. This could also have an effect on the elderly for example where lines may be faded and not seen due to impaired eye sight. |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

|  |
| --- |
| The use of feedback from complaints, report it, customer contact centre and highway officers in relation to road markings and signs will be used to monitor this reduction from 2018/19 |

Equality Analysis Prepared By Phil Durnell

Position/Role HOS Highways

Equality Analysis Endorsed by Line Manager and/or Service Head

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Thank you

**ASC052 – OLDER PERSONS IN-HOUSE RESIDENTIAL SERVICES - SELF FUNDER FEES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Name:** | | | | Adults Older People - In-House Residential Care Homes for Older People | | |
| **Which 'start year' does this option relate to 2018/19, 2019/20 or 2020/21** | | | | 2018/19 | | |
| **Gross budget 2017/18** | | | | N/A | | |
| **Income 2017/18** | | | | £4.476m | | |
| **Net budget 2017/18** | | | | N/A | | |
|  | | | | | | |
| **Savings Target and Profiling (discrete year):** | | | | | | |
|  | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | | **Total** |
| **£m** | **£m** | | **£m** | | | **£m** |
| -0.237 | -0.238 | | -0.280 | | | -0.755 |
|  | | | | | | |
| **FTE implications:** | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | **Total** | |
| *0.00* | *0.00* | | *0.00* | | *0.00* | |
|  | | | | | | |
| **Decisions needed to deliver the budgeted savings** | | Agree that existing self-funders who live in LCC operated residential care homes for older people pay fees at the current self-funding rate and are subject to normal yearly increases reflecting inflationary based uplifts.  Agree that all newly admitted self-funders rates pay at the new rate. It is expected to be fully implemented over a three year period as existing self-funders end their stay.  Agree to the indicative new fees as follows (subject to yearly inflationary fee increase):   |  |  |  | | --- | --- | --- | |  | Older People | Dementia | | Current Rate for LCC funded residents in LCC homes | £489.76 | £525.38 | | Current Self- funder rate in LCC Homes | £518.00 | £549.85 | | Approx Proposed Self-funded rate in LCC Homes | **£640.00** | **£670.00** | | | | | |
| **Impact upon service** | | LCC meet the costs of approx. 45% of older people in residential and nursing care home. However about 45% of individuals (or their families) pay the full cost for their care homes places directly to the provider – these people are generally known as 'Self Funders'.  Income is also generated via people assessed as able to pay part of the cost of their care and other funding bodies such as the NHS and other LA's; also pay for the services. The financial sustainability of services therefore depends on the overall balance between income from these sources and the costs of running the services.  This is the same position for the County Council's own 17 residential services for older people with about 30% of its residents 'self-funding'.  Within LCC Older peoples services increases for self-funding service users are usually agreed in January of each year. In 2016/17, an inflationary uplift based on the uplift to LCC local authority rate of 4.17% was applied to full cost paying service users within our own residential homes.  So if this proposal is adopted older people who are admitted from April 2018 and self-fund their places in LCC operated care homes will face increased fee levels which will better reflect the 'market rate'. | | | | |
| **Actions needed to deliver the target savings** | | * Implement new rates April 2018 change letters and information posters for homes etc. * At January each year decide on percentage rise for old rate and new rate for self funders. * Implement as business as normal each subsequent year | | | | |

**What does this service deliver?**

LCC provides 17 residential homes (with a further home due to open in September 2017) for older people throughout Lancashire, with at least one home in each of the twelve district council areas.

16 homes have specialised dementia units and presently eight homes have dedicated Community bed units providing rehabilitation and recuperation and supporting hospitals to discharge patients in a timely fashion.



**Section 4**

**Equality   
Analysis Toolkit**Older People Increase New Self-funder Fees **For Decision Making Items**  
September 2017

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed ) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Specific advice on completing the Equality Analysis and advice, support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

Jeanette Binns (Equality and Cohesion Manager) at

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

|  |
| --- |
| Budget proposal – to raise additional income by raising fees for Self-funders who are admitted into LCC operated care homes for older people |

**What in summary is the proposal being considered?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Local Authority fees represent just one element of the residential and nursing care home funding source. Income is also generated via people assessed as able to pay the full cost of their care and from other funding bodies such as the NHS and other LA's; sustainability of services therefore depends on the overall budget position achieved from this mix of funding sources.  At present Older People Residential services provide about 30% of their placements (circa 230 beds) to self-funders ie people who meet the full cost of the fees themselves.  Independent sector providers typically charge a higher fee for their self- funded placements compared to those the Council commission on behalf of individuals. The Council already charges self-funders in its own homes an increased fee over that which it pays for its own commissioned placements, current fees are as follows:   |  |  |  | | --- | --- | --- | |  | Older People | Dementia | | LCC Rate | £489.75 | £525.38 | | Self- funder rate | £518.00 | £549.85 |   It is proposed that self-funded residents are charged an additional £100 per week (plus standard inflationary increases) to the existing self- funded rate which will bring the rate to a similar position of other providers. |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

|  |
| --- |
| This decision will affect potential older people who need residential care and wish to consider the county council's own care homes for their placements either for reasons of quality, ownership or location |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

|  |
| --- |
| Yes.  Residents in residential homes are generally Older People (over 65) and will typically have additional disabilities including Dementia. |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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| --- |
|  |

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

|  |
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|  |

**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

|  |
| --- |
| The people affected by this decision are future service users of the Older Peoples service's residential homes who have assets above the threshold for local authority support.  Presently approximately 30% of our residential clients are 'self-funding'. (Approximately 225 service users).  Residents in residential homes are almost always Older People (over 65) and many have other disabilities including Dementia. |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

|  |
| --- |
| No direct consultation has taken place here in Lancashire in respect of this proposal.  However national research and local market intelligence suggests that the higher rates paid by self-funders for residential care compared to those funded by Councils is a well-known pricing pattern and is often a source of concern to individuals and families. For a given level of quality and quality resource, individuals would prefer to pay a rate which is reasonable and affordable, and self-funders understandably see the local authority rates that are paid as a starting point for their own understanding.  Further consultation will be considered if appropriate. |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

|  |
| --- |
| Older people who are assessed to pay for their social care have savings or property in excess of £23,250.  The amount of money service users have in excess may be utilised quicker, however this would be no different than if they resided in a home from the independent sector.  Self- funders may run out of funds at a quicker pace and would need LA funding sooner. This again, would be no different than in the independent sector.  Analysis has been made on the market and feedback suggests that for Older People residential care the proposed rate will be at the current average market rate. For Dementia residential care the proposed rate will be approximately 10% under the market average.  It is believed that this proposal does not discriminate unlawfully against individuals with protected characteristics. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

|  |
| --- |
| As referenced earlier the financial challenges families and individuals facing in paying for social care are significant.  Government is aware of these challenges and concerns and may address them at a future point via legislation. Meanwhile Councils have to work within the existing legal, policy and financial framework surrounding adult social care. This proposal fits within these frameworks |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

|  |
| --- |
| The proposal remains as it stands. |

**Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

|  |
| --- |
| To mitigate the impact of this proposal existing self- funding service users in Lancashire operated care homes will not be affected by this increase in fee.  New self-funders from April 2018 can continue to choose their own placements and are under no obligation to consider an LCC care home if they can find a satisfactory independent placement at lower cost |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

|  |
| --- |
| The proposal is necessary to help enable the County council to achieve savings targets and contribute towards balancing its own budget.  By reducing our costs/increasing income we are better placed to safeguard front line delivery to residents in Lancashire.  The increase in self-funding fee will align our services with the market average.  The amount of money service users have in excess of the social care funding threshold may be utilised quicker, however this would be no different had they moved into a home in the independent sector.  Self- funders may run out of funds at a quicker pace and would need LA funding sooner. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

|  |
| --- |
| It is proposed that self-funded residents are charged an additional £100 per week (plus standard inflationary increases) to the existing self- funded rate which will bring the rate to a similar position of other providers. |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

|  |
| --- |
| We will monitor the proportion of self-funders admitted to LCC run care homes to see if this change reduces the numbers seeking and accepting placements |

Equality Analysis Prepared By Chris Bagshaw

Position/Role Business Development and Operations Manager

Equality Analysis Endorsed by Line Manager and/or Service Head

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Thank you

**PH011 – SEXUAL HEALTH**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Name:** | | | | Sexual Health Services | | |
| **Which 'start year' does this option relate to 2018/19, 2019/20 or 2020/21** | | | | 2018/19 | | |
| **Gross budget 2018/19** | | | | £8.339m | | |
| **Income 2018/19** | | | | £0.000m | | |
| **Net budget 2018/19** | | | | £8.339m | | |
|  | | | | | | |
| **Savings Target and Profiling (discrete year):** | | | | | | |
|  | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | | **Total** |
| **£m** | **£m** | | **£m** | | | **£m** |
| -0.500 | 0.000 | | 0.000 | | | -0.500 |
|  | | | | | | |
| **FTE implications:** | | | | | | |
| **2018/19** | **2019/20** | | **2020/21** | | **Total** | |
| *0.00* | *0.00* | | *0.00* | | *0.00* | |
|  | | | | | | |
| **Decisions needed to deliver the budgeted savings** | | Agree to reduce the sexual health by £0.500m from the sexual health budget. The service was recommissioned recently on a tariff basis, and underspent in 2016/17. | | | | |
| **Impact upon service** | | No major impact on access or quality of the service is anticipated. The service will continue to monitor the activity levels and manage the financial risks accordingly. | | | | |
| **Actions needed to deliver the target savings** | | No actions are required to implement this proposal. | | | | |

**What does this service deliver?**

The scope of sexual health services commissioned by LCC include:

* Contraception and advice on preventing unintended pregnancy
* Sexually transmitted infection (STI) testing and treatment including chlamydia screening and HIV testing
* Sexual health aspects of psychosexual counselling
* Young people’s sexual health services including outreach, HIV prevention and sexual health promotion



**Section 4**

**Equality   
Analysis Toolkit   
Integrated Sexual Health Services  
For Decision Making Items**  
September 2017

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed ) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Specific advice on completing the Equality Analysis and advice, support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

Jeanette Binns (Equality and Cohesion Manager) at

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

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| Integrated Sexual Health Services in Lancashire. It is proposed to reduce the budget by £500,000 from £8,339,000 to £7,839,000. This reduction will bring the budget in line with the outturn budget for 2016/17. |

**What in summary is the proposal being considered?**

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| The aim of the Integrated Sexual Health Service is to:  To meet the mandate to deliver a comprehensive open access sexual health service  Implement an integrated sexual health service model aims to improve sexual health by providing easy access to services through open access ‘one stop shops’, where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.  The service will support delivery against the three main sexual health Public Health Outcome Framework measures:  • Under 18 conceptions  • Chlamydia diagnoses (15-24 year olds)  • People presenting with HIV at a late stage of infection  The Integrated Sexual Health service will be commissioned to provide open access, cost-effective, high quality provision for contraception and prevention, diagnosis and management of sexually transmitted infections, according to evidence-based protocols and adapted to the needs of local population. The service will be characterised by being provided on an open access basis and available to anyone requiring care, irrespective of their age, place of residence or GP registration, without referral to provide services to women and men of any age.  It will deliver the following outcomes to improve the sexual health in the local population as a whole:   * Clear accessible and up to date information about services providing contraception and sexual health for the whole population including information targeted at those at highest risk of sexual ill health * Improved access to services among those at highest risk of sexual ill health * Reduced sexual health inequalities amongst young people and young adults * Reduced sexual health inequalities amongst BME groups * Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including LARC (Long Acting Reversible Contraceptive) for all age groups * A reduction in unwanted pregnancies in all ages as evidenced by teenage conception and abortion rates * Increased diagnosis and effective management of sexually transmitted infections * Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk * Increased development of evidence-based practice |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

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| Nationally and according to the mandate all sexual health services are open access that means the services in Lancashire are for the benefit of all Lancashire residents, but also all those that access the services in Lancashire that do not reside in Lancashire. |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

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| In common with the national picture sexual health services are primarily accessed by women. Additionally, the population primarily accessing services define themselves as white British, even where the diversity in the population includes a large percentage of those defined as South Asian.   |  | | --- | | In addition to high quality sexual and reproductive health services that will be commissioned women of all ages, services will be required to target services to reduce teenage pregnancy as part of the Public Health Outcomes Framework. Teenage pregnancy is a significant public health issue in England and is associated with poor antenatal health, lower birth weight babies and higher infant mortality rates.  All sexual health services are available to all irrespective of their religion or belief system. The Integrated Sexual Health service based on allowing people to make informed decisions about their own sexual health, and these decisions may or may not be influenced by their religion or beliefs. The religion or beliefs of an individual or their community can have an impact on the service user’s choice of contraception method, as well as on their ability to access contraceptive services. The factsheet Religion, contraception and abortion, developed by Family Planning Association aims to reflect the predominant attitudes to contraception of the main religious groups in the UK.  http://www.fpa.org.uk/sites/default/files/religion-contraception-and-abortion-factsheet.pdf  Given the sensitive nature of the information, it is considered inappropriate to collect data – either from diagnoses in a GUM clinic or under the NCSP – on an individual’s religion or belief. There is, therefore, limited data available to analyse (Department of Health, 2010)  All sexual health services are available to all irrespective of their sex. All the currently available methods of contraception (with the exception of natural family planning, the male condom and male sterilisation) are primarily used by women. However, patient choice is paramount, and both men and women who request contraceptives should be given information about all methods, including long-acting reversible contraceptives (LARCs).  All sexual health services are available to all irrespective of their sexual orientation; however certain groups will require specific targeted interventions. Compared with the general population, MSM have worse sexual health including HIV and sexually transmitted infections (STIs). There is a strong body of evidence indicating that the estimated 850,000 MSM in the UK are at a greater risk of suffering from poorer sexual health outcomes in comparison to other groups. In particular: • HIV in MSM: MSM are the most at-risk group for acquiring HIV in the UK, accounting for 51% of all new cases in 2012.  There is a 6-fold difference in teenage conception and birth rates between the poorest areas in England and the most affluent. There is a clear link between sexual ill-health, deprivation and social exclusion; unintended pregnancies can have a long-term impact on people's lives (NICE guidelines PH51, 2014). https://www.nice.org.uk/guidance/ph51/chapter/2-public-health-need-and-practice  Under 18 conceptions can lead to socioeconomic deprivation, mental health difficulties and lower levels of educational attainment. In addition, resulting children are at greater risk of low educational attainment, emotional and behavioural problems, maltreatment or harm, and illness, accidents and injuries (Department for Children, Schools and Families 2008).  All sexual health services are available to all irrespective of their race; however certain racial groups will require specific targeted interventions. Black Africans living in England are disproportionately affected by HIV. A third of new HIV diagnoses in the UK are among this group, which makes up only approximately 1% of the UK population. (Health Protection Agency, 2010). It is estimated that a total 4% of black Africans living in England have been diagnosed with HIV, compared with 0.1% of the white population (Health Protection Agency: personal communication 2010).  The NICE guidance on long-acting reversible contraception (2005) states that:   * Women with learning and/or physical disabilities should be supported in making their own decisions about contraception * When a woman with a learning disability is unable to understand and take responsibility for decisions about contraception, carers and other involved parties should meet to address issues around the woman’s contraceptive need and to establish a care plan * Healthcare professionals should have access to advocates for women with sensory impairments or learning disabilities. | |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

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**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

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| In common with the national picture sexual health services are primarily accessed by women. Additionally, the population primarily accessing services define themselves as white British, even where the diversity in the population includes a large percentage of those defined as South Asian.   |  | | --- | | In addition to high quality sexual and reproductive health services that will be commissioned women of all ages, services will be required to target services to reduce teenage pregnancy as part of the Public Health Outcomes Framework. Teenage pregnancy is a significant public health issue in England and is associated with poor antenatal health, lower birth weight babies and higher infant mortality rates.  All sexual health services are available to all irrespective of their religion or belief system. The Integrated Sexual Health service based on allowing people to make informed decisions about their own sexual health, and these decisions may or may not be influenced by their religion or beliefs. The religion or beliefs of an individual or their community can have an impact on the service user’s choice of contraception method, as well as on their ability to access contraceptive services. The factsheet Religion, contraception and abortion, developed by Family Planning Association aims to reflect the predominant attitudes to contraception of the main religious groups in the UK.  http://www.fpa.org.uk/sites/default/files/religion-contraception-and-abortion-factsheet.pdf  Given the sensitive nature of the information, it is considered inappropriate to collect data – either from diagnoses in a GUM clinic or under the NCSP – on an individual’s religion or belief. There is, therefore, limited data available to analyse (Department of Health, 2010)  All sexual health services are available to all irrespective of their sex. All the currently available methods of contraception (with the exception of natural family planning, the male condom and male sterilisation) are primarily used by women. However, patient choice is paramount, and both men and women who request contraceptives should be given information about all methods, including long-acting reversible contraceptives (LARCs).  All sexual health services are available to all irrespective of their sexual orientation; however certain groups will require specific targeted interventions. Compared with the general population, MSM have worse sexual health including HIV and sexually transmitted infections (STIs). There is a strong body of evidence indicating that the estimated 850,000 MSM in the UK are at a greater risk of suffering from poorer sexual health outcomes in comparison to other groups. In particular: • HIV in MSM: MSM are the most at-risk group for acquiring HIV in the UK, accounting for 51% of all new cases in 2012.  There is a 6-fold difference in teenage conception and birth rates between the poorest areas in England and the most affluent. There is a clear link between sexual ill-health, deprivation and social exclusion; unintended pregnancies can have a long-term impact on people's lives (NICE guidelines PH51, 2014). https://www.nice.org.uk/guidance/ph51/chapter/2-public-health-need-and-practice  Under 18 conceptions can lead to socioeconomic deprivation, mental health difficulties and lower levels of educational attainment. In addition, resulting children are at greater risk of low educational attainment, emotional and behavioural problems, maltreatment or harm, and illness, accidents and injuries (Department for Children, Schools and Families 2008).  All sexual health services are available to all irrespective of their race; however certain racial groups will require specific targeted interventions. Black Africans living in England are disproportionately affected by HIV. A third of new HIV diagnoses in the UK are among this group, which makes up only approximately 1% of the UK population. (Health Protection Agency, 2010). It is estimated that a total 4% of black Africans living in England have been diagnosed with HIV, compared with 0.1% of the white population (Health Protection Agency: personal communication 2010).  The NICE guidance on long-acting reversible contraception (2005) states that:   * Women with learning and/or physical disabilities should be supported in making their own decisions about contraception * When a woman with a learning disability is unable to understand and take responsibility for decisions about contraception, carers and other involved parties should meet to address issues around the woman’s contraceptive need and to establish a care plan * Healthcare professionals should have access to advocates for women with sensory impairments or learning disabilities. | |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

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| In the development of the new service model, we have engaged with more than 120 young people across Lancashire, from different backgrounds, differing orientation and different religions and beliefs  We have also engaged with a number of adult groups that are evidenced to have poor sexual health, such as men who have sex with men and disability groups.  In drawing up the initial proposal we have also used:  Young Peoples Report  Adult Engagement report  Health Needs Assessment  The specification has been reviewed by the following;  3 separate independent HIV/GUM Consultants  LCC Safeguarding teams- Adult and Young People  Medicines Management  The contract has been reviewed and additional clauses included specifically around governance, patient records and reporting incidents. |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

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| An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access ‘one stop shops’, where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.  The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including Faculty of Sexual and Reproductive Healthcare (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Medical Foundation for HIV & Sexual Health (MEDFASH), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE) and relevant national policy and guidance issued by the Department of Health and Public Health England.  Providers will be required to demonstrate their ability to ensure equitable access to services and a commitment to reducing the inequalities faced by residents and vulnerable groups.  The needs assessment has demonstrated the inequalities faced by certain groups which have in turn informed the specification for the commissioning of the services to provide universal services as well as specific services to mitigate and address inequalities faced by residents.  The service will provide some target outreach activities to ensure the population accessing the services are reflective of the population it serves  We will undertake annual equity audits to check that services reach those  Lancashire is a large geography and the providers will ensure there are satellite services across Lancashire.  The inclusion of Public Health principles into the contract to include social value, asset building and the 5 ways to wellbeing. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

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| The responsibility for commissioning HIV treatment and care is held by NHS England and they have advised LCC that they are not able to procure in collaboration. There is a potential impact that services for those living with HIV will be affected.  We are working in partnership encouraging co-location of services, to encourage a more holistic approach to health.  The contract contains links to LCC safeguarding policies and also will include provider corporate policies.  Tender evaluation/scoring matrix will take into account how a provider aims to meet requirements around equality |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

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| September 2017: Proposal to reduce the sexual health budget by £500,000  Proposal to cabinet to reduce the sexual health budget for 2017/2018 by £500,000 from £8,339,000 to £7,839,000. This reduction will bring the 2017/18 budget in line with the outturn budget for 2016/17.  The new commission and the introduction of the tariff system has resulted in savings to the budget particularly for the under 25's service. The initial budget was £3,000,000 for the under 25's service, however the spend in 16/17 was £1,400,000 based on activity. This reduction in spend was partly due to two factors, firstly the need to train the staff team in order that they could deliver the new integrated offer resulted in less than anticipated activity and kept the price down. Secondly only two of the required 'hubs' where in place during the year. |

**Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

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| In mitigation we have encompassed the need to secure/ maintain care for those living with HIV into the procurement processes.  Potential providers will be requested to demonstrate how they will collect and report data on groups with protected characteristics in the invitation to Tender stage of the procurement process  Potential providers will be requested to demonstrate how they will target groups with protected characteristics and address the identified needs highlighted by the needs assessment and current research & analysis in the invitation to Tender stage of the procurement process  A separate specification for services targeting young people will be included in the tender process |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

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| This proposal has arisen as a result of the difficult financial position affecting the County Council which requires savings to be considered.  This revised September 2017: Proposal to reduce the sexual health budget by £500,000  Proposal to cabinet to reduce the sexual health budget for 2017/2018 by £500,000 from £8,339,000 to £7,839,000. This reduction will bring the 2017/18 budget in line with the outturn budget for 2016/17.  The new commission and the introduction of the tariff system has resulted in savings to the budget particularly for the under 25's service. The initial budget was £3,000,000 for the under 25's service, however the spend in 16/17 was £1,400,000 based on activity. This reduction in spend was partly due to two factors, firstly the need to train the staff team in order that they could deliver the new integrated offer resulted in less than anticipated activity and kept the price down. Secondly only two of the required 'hubs' where in place during the year.  Financial Risks - Staff training is now complete in the under 25's service. The service is now able to fully provide the new integrated offer; additionally the third Hub came online towards the end of the first quarter of the 2017/18 financial year. Both these factors may increase activity and result in cost pressures to the budget. Some of these risks may be mediated by a shortage of suitably qualified staff across the specialty. This shortage poses a challenge to recruitment and may act to help keep cost pressures down.  It Is hoped that the mitigation identified will offset any potential adverse impacts on protected characteristics groups. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

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| Integrated Sexual Health Services in Lancashire. It is proposed to reduce the budget by £500,000 from £8,339,000 to £7,839,000. This reduction will bring the budget in line with the outturn budget for 2016/17. |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

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| The service providers are required to monitor age, ethnicity, disability and gender and for some elements religion or belief. We are not currently monitoring on the following: sexual orientation, marriage/civil partnership, gender reassignment/gender identity. The aim during the redesign and procurement of these services has been include the requirement to report on protected characteristics as part of the monitoring and also to undertake equality audits annually.  Given the sensitive nature of the information, it is considered inappropriate to collect data – either from diagnoses in a GUM clinic or under the NCSP – on an individual’s religion or belief. There is, therefore, limited data available to analyse (Department of Health, 2010)  The contract will be subject to formal review on a quarterly basis and an annual appraisal to ensure compliance to the agreement and also to introduce new commissioning intentions. The quarterly review meetings will have a standing agenda item around incidents, complaints and compliments.  The service provider will as part of the contractual obligations will;   * provide information on complaints and compliments * comply with the incidents reporting policy * Comply with the safeguarding policy * Provide opportunities to receive and share user satisfaction and feedback * Provide action plans in response to any complaints * Ensure all policies and functions are Equality Impact Assessed . |

Equality Analysis Prepared By Lee Harrington

Position/Role: Senior Public Health Practitioner – Behaviour Change

Equality Analysis Endorsed by Line Manager and/or Service Head     Chris Lee, Public Health Specialist – Behaviour Change

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Thank you