

**Equality impact assessment form**

|  |  |
| --- | --- |
| Directorate | People’s |
| Service area | Adult Social Care |
| Proposal | Budget 2023/24 - Reduce capacity in Occupational Therapy- **DRAFT EIA due to outcome of Adult Social Care budget consultation** |
| Reason for proposal | Budget savings |
| Sign off (Director/Head of Service) | Kirsty McMillan |
| Date of assessment | 29/12/2022 |

**Please read the support notes to help you in Appendix 1 before completing your assessment**

**The form**

You need to attach the completed form to any report to help councillors and colleagues make their decisions by taking equality implications into account.

**The assessment team or name of individual completing this form**

**Team leader’s name and job title** – Kirsty McMillan, Director of Integration & Direct Services

Other team members if appropriate

| **Name** | **Job title** | **Organisation** | **Area of expertise** |
| --- | --- | --- | --- |
| Heidi Wong | Team Manager | Derby City Council | Professional Occupational Therapy and manager of service |
| Louisa Hadley | Head of Service | Derby City Council | Principle Social Worker |
| Perveez Sadiq | Director of Adult Social Care | Derby City Council | Adult Social Care |
| Dominic Fackler | Lead AHP | Derbyshire Community Health Service | Professional lead for OT in community health service |
| Equality Hubs and Employee Network members forming EIA Panel | Various and volunteers | Derby City Council and Community | Equality, diversity and inclusion |

**Step 1- setting the scene**

Make sure you have clear aims and objectives on what you are impact assessing – this way you keep to the purpose of the assessment and are less likely to get side- tracked.

|  |  |
| --- | --- |
| 1. What are the main aims, objectives and purpose of the decision you want to make? | Reduce the size of the Occupational Therapy team in Peoples Services – affecting the Adult Social Care team, the Home First Follow Up Team and the Integrated Disabled Children’s Team. Occupational Therapists are qualified professionals regulated by the Health and Care Professions Council, and supported by the Royal College of Occupational Therapists. The reduction is the equivalent of 4.5 FTE Professional OTs. The reduction represents approximately 40 % reduction in the overall capacity of the team. |
| 1. Why do you need to make this decision? | To achieve permanent budget savings for the Council of £210k |
| 1. Who delivers/will deliver the changed service/policy including any consultation on it and any outside organisations who deliver under procurement arrangements? | The service affected is funded and delivered by the Council |
| 1. Who are the main customers, users, partners, colleagues or groups affected by this decision? | Occupational therapists assess adults and children’s ability to maintain and maximize independence in their lives, to prevent deterioration in medical conditions and also to prevent the need for costly care arrangements to be put in place. The benefits to individuals of Occupational Therapy are that it helps people to maintain independence or to regain this after a medical episode. Occupational Therapists will consider the physical and cognitive abilities of a person and help them maintain their ability to perform everyday activities and tasks.  There are internal Council colleagues who also rely on Occupational Therapists - Derby Homes and our Disabled Facilities Grant Team use OT assessments and recommendations to determine whether there are necessary and appropriate adaptations needing at a person’s home to help them live independently. Traffic and Transportation also use the service to clarify eligibility for a disabled people’s parking bay outside their home.  The Council’s Derby Direct customer service also rely on Occupational therapists to provide advice and support to help them answer enquiries from members of the public. |

**Step 2 – collecting information and assessing impact**

|  |  |
| --- | --- |
| 1. Who have you consulted and engaged with so far about this change, and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents. | There has been an initial discussion with the Occupational Therapy team and the Council is currently out to consultation on its budget proposals, including a dedicated consultation for People Services which includes the proposal to reduce the Occupational Therapy budget.  There also needs to be discussions with Derby Homes adaptation managers, Traffic and Transportation and the Disabled Facilities Grant team need on the potential impact on their services in light of longer waiting time for an OT assessment to identify eligible needs and to make the appropriate recommendations.  Other social care colleagues will also need a more detailed discussion as they may be waiting longer to receive an assessment from an OT which often relates to reviewing a customers’ care needs and care packages. |

1. Using the skills and knowledge in your assessment team or what you know yourself, and from any consultation you have done, what do you already know about the equality impact of the proposed change on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each protected characteristic group whether this is a negative or a positive impact. Only fill in the mitigation box if you think the decision will have a negative impact and then you’ll need to explain how you are going to lessen the impact.

| **People with protected characteristics** | **What do you already know?** | **Positive impact** | **Negative impact** | **Mitigation - what actions will you take to lessen impact?** |
| --- | --- | --- | --- | --- |
| **Age –** older and younger people | Occupational Therapists help prevent further deterioration of an individual’s health condition. Their input is designed to enable adults, older people, children and young people to participate in daily life to improve their health and wellbeing. This may include self-care (getting dressed, eating a meal, using the toilet), being productive (going to work, nursery or school) and leisure (seeing friends, exercising, enjoying hobbies).  There are approx. 260,000 people living in Derby city (from Census 2021) and around 61% of those are aged between 16 – 64, so it will mean one full time equivalent Social Care Occupational Therapist per 60,000 people.  The Council currently supports 3430 people (1890 Older people and 1540 people aged 18-65) under the Care Act and works with approximately 4000 children under the Children and Families Act with varying degrees of need and support. This means any negative impact of the reduced OT offer will impact all age groups.  There are currently 290 people waiting across all age groups and there are up to 30 new referrals a month. The reduction in OT capacity is likely to mean a much longer wait for an assessment, and access to equipment and aids of daily living that may improve independence. |  | **Yes** | Make sure people are aware of what OT services will be prioritised and that this is widely publicised. This will include other teams within the Council and Elected Members  Make sure other Council staff know how to order small pieces of equipment to prevent an unnecessary wait for an OT assessment  Regularly review the waiting list so people at high risk of deterioration or crisis are prioritised  See section on Disability |
| **Disability –** the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties, people living with autism and people with physical impairments | Occupational Therapy helps disabled people maintain and improve their independence. It allows them to regain or maintain fitness and physical stability. This can be beneficial when it comes to performing daily tasks such as walking, driving, or getting dressed; meaning that a disabled person may be able to do those things without needing the help of any assistive caregiver.  Of the 3430 adults for whom the Council has a duty to support under the Care Act, 2650 are currently living in their own or family’s home, rather than living in residential or nursing care. Of these people, their primary support reasons includes people with learning disabilities, mental ill heath, physical impairments and sensory needs. Occupational Therapy supports people who are living independently to maintain their ability to do so. Any change in the OT offer is much more likely to impact on disabled people given the profile of people the Council is currently supporting.  There are currently 290 people waiting across all age groups and there are up to 30 new referrals a month. The reduction in OT capacity is likely to mean a longer wait for an assessment, and access to equipment and aids of daily living that may improve independence.  The Council’s Access Equality and Inclusion Hub recently received a presentation on the process of getting an OT assessment due to their concerns about such long waiting periods. The long wait currently has a negative impact on disabled people’s lives and this will get much worst with the reduction in OTs  In addition, carers’ needs must be taken into account as lack of the right adaptations will have a negative impact on them.  We know from various research carried out on the cost of living crisis that disabled people are disproportionately impacted by this and the extra costs of living as a disabled person are huge. Without the right adaptations means it more likely that extra help is needed and this costs money. |  | **Yes** | Make sure people are aware of what OT services will be prioritised and that this is widely publicised. This will include other teams within the Council and councillors.  Make sure other Council colleagues know how to order small pieces of equipment to prevent an unnecessary wait for an OT assessment  Regularly review the waiting list so people at high risk of deterioration or crisis are prioritised in conjunction with Derby Direct  The service is currently working with Derby Direct who provide a ‘check up and review’ service for those people currently on the OT service’s waiting list. This helps the service to update the list and identify those who can be removed from the list.  In addition to Derby Direct help, the service has developed other areas of work for mitigation including…  **Managing waiting times**   * Introduced greater streamlining of the response service by management of the in-tray each day. * Every two days in-tray contents will be triaged, and cases prioritised for OTs to review and address. * There will be planned responses as an outcome of this system   **Managing work loads**   * A traffic light system will be introduced and used to assess and keep track of the levels of work that individuals are managing * Business Support are being approached for some of the administration duties to free up OTs’ time   **Referrals**   * For children’s Disabled Facilities Grants needing OT assessments the DFG Team have more flexibility in the OTs they use and also use private providers, community, and hospital occupational therapists. * Private providers have to be checked out to ensure that they are registered with the OT Health and Professional Council. Customers have to pay up front for the private provider, but this can be reclaimed from the Disabled Facilities Grant. This does not mean that people who have paid for private OT assessments will jump the queue for a Disabled Facilities Grant over those who cannot afford to do this as there is no queue. It actually means that this frees up the waiting times for those who need to use the Council’s OT service.     However due to different legislation for adults needing a DFG this cannot be used as mitigation for this service as no policy is in place and there are strict rules to follow. So, following this EIA we will be looking into drawing up a draft policy with consultation and its own EIA   * There is also a service provided by Nottingham Rehab Supply. * OTs play a key role in working with other agencies to provide evidence of need to access equipment housing, assistance, and the provision of bespoke needs. * In cases where the criteria for OT intervention have not been met, then OTs could provide recommendations for referrals to other services to support users to get access to further support and help that they may need.   **Working with other services**   * The OT service could investigate how it can better work with such services as providing for housing such as housing options. * How can OT work more efficiently and effectively with the Disabled Facilities Grant? |
| **Gender identity-** trans and those people who don’t identify with a particular gender, for example, non-binary, genderfluid, genderqueer, polygender and those who are questioning their gender or non-gendered identity. | No known impacts unless the person also is a disabled person and is likely to require the input of an Occupational Therapist |  |  | See section on Disability |
| **Marriage and Civil Partnership** | No known impact |  |  |  |
| **Pregnancy and maternity -** women who are pregnant or who have recently had a baby, including breast feeding mothers | Disabled people who are pregnant or have recently given birth may need OT support as their needs may change during pregnancy and after the birth of their baby. |  | **Yes** | Priority needs to be given to this group of disabled people due to the length of pregnancy and also caring for another life as well as their own  See section on Disability |
| **Race -** the effects on minority ethnic communities, including newer communities, Gypsies and Travellers and the Roma community | We currently do not record ethnicity information on our social care systems so it is not possible to determine whether there are specific communities who are more likely to be affected. However, the current service does work with people from all communities so minority and newer communities will be affected by this proposal, alongside other groups.  There will also be the additional language barrier for some minority ethnic disabled people and we use our interpretation and translation service to make sure we can communicate with our customers |  | **Yes** | Make sure that general barriers, including language to accessing social care are monitored to ensure that anyone from any community group can continue to access the Council for advice and information.  Waiting lists will be regularly checked to make sure that those with greatest need get an assessment as quickly as possible  See section on Disability |
| **Religion or belief or none -** the effects on religious and cultural communities, customers and colleagues | Our services are used by people with various religions and beliefs and those with none and we do our very best to make sure we meet their needs, but they too wlll be affected by these cuts. It might be more difficult to arrange appointments around religious events than we usually do. | **Yes** |  | We will do out best to try to make sure we will respect customer’s religious commitments when we do make appointments  Waiting lists will be regularly checked to make sure that those with greatest need get an assessment as quickly as possible  See section on Disability |
| **Sex -** the effects on both men and women and boys and girls | Of the 3430 adults for whom the Council has a duty to support under the Care Act, 2650 are currently living in their own or family’s home, rather than residential or nursing care. Of these people, 56% are women. Occupational Therapy supports people who are living independently to maintain their ability to do so any change in the OT offer is more likely to impact on women given the gender profile of people the Council is currently supporting.  There are 96 active cases who are open to the Occupational Therapy team working with children and young people. There are an additional seven children and young people on a waiting list for allocation to an Occupational Therapy member of staff. |  | **Yes** | Waiting lists will be regularly checked to make sure that those with greatest need get an assessment as quickly as possible  See section on Disability |
| **Sexual orientation -** the effects on lesbians, gay men, bisexuals, pansexual, asexual and those questioning their sexuality | Any LGBTQ+ disabled people will also be negatively impacted by the extra time it will take to get an OT assessment |  | **Yes** | Waiting lists will be regularly checked to make sure that those with greatest need get an assessment as quickly as possible  See section on Disability |

**Important** - For any of the equality groups you don’t have any information about, then please contact our Lead on Equality and Diversity for help. You can also get lots of information on reports completed from organisations’ websites such as the Equality and Human Rights Commission, Stonewall, Press for Change, Joseph Rowntree Trust and so on. Please don’t put down that the impact affects ‘everyone the same’ – it never does!

**Step 3 – deciding on the outcome**

7 What outcome does this assessment suggest you take? – You might find more than one applies. Please also tell us why you have come to this decision?

|  |  |  |
| --- | --- | --- |
| **Outcome 1** |  | **No major change needed** – the EIA hasn’t identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken |
| **Outcome 2** |  | **Adjust the proposal** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified? |
| **Outcome 3** | **X** | **Continue the proposal** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:   * sufficient plans to stop or minimise the negative impact * mitigating actions for any remaining negative impacts * plans to monitor the actual impact. |
| **Outcome 4** |  | **Stop and rethink** the proposal when the EIA shows actual or potential unlawful discrimination |

Why did you come to this decision?

The proposal does not reduce all availability of Occupational Therapy support for people who need the service, as the Council has a statutory duty to deliver the service. So, there will still be an Occupational Therapy offer for adults. The proposal will mean that the Occupational Therapy Team will continue to provide new assessments, but in a less timely way. The priorities will be:

* planned requests for OT assessments to assess the needs of people with needs who need support at home in the community
* planned requests to facilitate or support hospital discharge
* assessment for major adaptation work to support the Council to discharge its statutory responsibility to provide Disabled Facilities Grants for eligible customers.
* assessment for bespoke and specialist equipment to support long term needs.

The EIA panel have agreed outcome 3 for the reduction of capacity in occupational therapy (OT).

The service has carried out a comprehensive investigation into several mitigations which can be applied to manage the impact of the proposed reduction in service. These are in the Disability section of the EIA but will apply to all people with protected characteristics needing this service

In addition we will be looking into drawing up a draft policy of how disabled adults can use other options for assessments for Disabled Facilities Grants, like what happens in Children’s Services.

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the proposal. You also need to make sure that there are actions in the Mitigation Box to lessen the effect of the negative impact. This is so important and may face a legal challenge in the future.

If you have decided on **Outcome 4** then if the proposal continues, without any mitigating actions, it may be likely that we will face a legal challenge and possibly a Judicial Review on the process - it is so important that the equality impact assessment is done thoroughly, as this is what the Judge will consider

**Appendix 1**

**Equality impact assessment form– please read this section first before you do the assessment**

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact, you need to do an equality impact assessment whenever a decision is needed about our services and functions that affects people and **before** that decision is made. This also includes quick Covid 19 related decisions.

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories…

* Organisational policies and functions, such as recruitment, complaints procedures, re-structures.
* Key decisions such as allocating funding to voluntary organisations, budget setting.
* Policies that set criteria or guidelines for others to use, such as criteria about school admissions, procurement methods, disabled facilities grants, on street parking bays.

So why do we need to do equality impact assessments? Although the law does not require us to do them now, the courts still place significant weight on the existence of some form of documentary evidence of compliance with the **Public Sector Equality Duty** when determining judicial review cases. This method helps us to make our decisions fairly, taking into account any equality implications, so yes we still need to complete them.

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have ‘**due regard’** to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a ‘**relevant protected characteristic’** and people who don’t. The nine protected characteristics are age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race religion and belief, sex and sexual orientation.

Having ‘due regard’ means:

* removing or minimising disadvantages suffered by people due to their protected characteristics
* taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
* encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

This completed form should be attached to any Corporate Leadership, Senior Leadership, Cabinet or Personnel Committee report to help decision makers take the equality implications into account when they make the decision. Equality impact assessments **must be done before** decisions are made.

You’ll find that completing these assessments will help you to:

* understand your customers’ and communities needs
* develop service improvements
* improve service satisfaction
* demonstrate that you have been fair and open and considered equality when working on re-structuring
* make sure you pay due regard to the requirements of the Public Sector Equality Duty.

Unless this is a quick Covid 19 decision, don’t do the form by yourself. Get a small team together and make sure you include key people in the team such as representatives from our Equality Hubs and Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. You also need to decide how and who you will consult with to help inform the equality impact assessment. Our Lead on Equality and Diversity can help with useful contacts – we have a team of people who are used to doing these assessments and can help with information on barriers facing particular groups and remedies to overcome these barriers.

You’ll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you’ll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community. Against every negative impact you will need to complete the mitigation section to explain how you will lessen the impact.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

Remember, we need to complete these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010. If in doubt – it’s better and safer to do an Equality Impact Assessment than not to bother! You never know when we may get a legal challenge and someone applies for Judicial Review.

When you have completed the assessment, get it signed by your Head of Service or Service Director and **send it to our Lead on Equality and Diversity for checking and to publish on our website.** It is a public document so must not contain any jargon and must be easy to understand.

**Contact for help**

Ann Webster – Lead on Equality and Diversity

[ann.webster@derby.gov.uk](mailto:ann.webster@derby.gov.uk)

Tel 01332 643722 mobile 07812301144

[Sign Language Service](https://www.derby.gov.uk/signing-service/)

We can give you this information in any other way, style or language that will help you access it. Please contact us on **01332 643722, 07812301144** or **derby.gov.uk/signing-service/**

**Punjabi**

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਇੱਥੇ ਸੰਪਰਕ ਕਰੋ: **01332 64XXXX** ਜਾਂ [**derby.gov.uk/signing-service/**](https://m365.eu.vadesecure.com/safeproxy/v4?f=cz0ZWu24j28Vl3BzVuSdCoMCDHCpL9JaioWisQGi8S3bCtXk5W_yq3A1dfyVYoVx&i=PzsE2Gw3YTbfFz6VRd0Fp7PxwveHyJEAnSRCrEBoAvjp2JnIw93iHpjapoZiIAzMglI-pzPfWmh3zAXeaCy-cA&k=eT2K&r=WEhxufS7rROOSKWC-Ni-ndX3MbR3jmgif-yU_rjLBEeXieKDl9GVjsBYwsEYj00cS2TOCi-p9sppx0CalkJbVw&s=276a2020258c8586ddb25bb54ee75c8fa638b7e241f542e2eb47998ae5359519&u=http%3A%2F%2Fwww.derby.gov.uk%2Fsigning-service%2F)

**Polish**

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku. Prosimy o kontakt: **01332 64XXXX** lub [**derby.gov.uk/signing-service/**](http://www.derby.gov.uk/signing-service/)

**Slovak**  
Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Prosím, kontaktujte nás na tel. č.: **01332 64XXXX** alebo na stránke [**derby.gov.uk/signing-service/**](http://www.derby.gov.uk/signing-service/)

**Urdu**

یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم **640000 01332**  یا **derby.gov.uk/signing-service/** پر ہم سے رابطہ کریں