

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA) FORM

Name of Function under consideration:	Rapid Response
Is this Function ‘Major’, ‘Minor yet likely to have a major impact’ or ‘Neither’	Neither
Date(s) of completing the EqIAA:	January 2015
Name and job title(s) of person(s) completing the EqIAA:	Project Manager

SECTION 1 – INTRODUCTORY INFORMATION

1. What is the main purpose of the Function?
 To provide an emergency response service for home care function including the responder element for a telecare services.

2. List the main activities of the Function:
 The Rapid Response Service key functions are:

- Adult Duty Desk ‘in hours’ referrals to respond to all emergency community adult crisis of care (prevention of admission to hospital)
- Rapid Response Duty Desk out of hours referrals from EDT, GP’s, Paramedics to respond to all community adult crisis of care (prevention of admission to hospital)
- Telecare referrals - to respond within 40 mins to the piper lifeline - wander alarms, bed sensors, chair sensors, falls detectors
- Carers Card – Referral from the control centre to respond to vulnerable adults with a crisis of the carer – welfare checks, sitting service, personal care support, coordination of contacts and package of care, emergency Telecare installation (prevention of admission to hospital)
- Carers Relief – referrals from Adult Duty, EDT, GP’s, Paramedics, the public to respond to an emergency when the carer is in crisis - interim personal care, sitting service, welfare checks (respite of responsibility and care) (prevention of admission to hospital)
- Mobile Meals – referral from mobile meals drivers to respond where the driver has a no reply and there is a likelihood of person fallen
- Emergency sitting service – prevention of admission to hospital
- Contracts – referral for cover when an agency is closed down
- Out of hours advice to external providers
- Out of hours – referral from external providers for emergency cover for staff shortfall and staff sickness where the service user would be left without visits
- Welfare checks – referral from anywhere to check on vulnerable adults
- Referral from GP’s, paramedics, public - Emergency lifeline installs (prevention of admission to hospital)

Following the decision to commission all homecare from the independent sector, in addition to the above the following functions are now in operation:

- Contracts - referrals for increased emergency cover for external providers until the provider is able to offer an increase or a new provider is found
- Contracts – referrals for cover (gap fill) when an agency has given notice to quit until a

new provider is found

- Hospital discharges where Reablement has no capacity
- Hospital discharges where someone needs a new package of homecare, is screened out of Reablement and there is a gap to fill between before a homecare agency can start
- Referrals from Children's Services for emergency support for children where the carer is in crisis
- Out of hours monitoring of external providers via CM2000 live screen
- Supply staff cover for day services staff shortfall
- Supply cover for Personal Assistance staff shortfall for direct payment service users
- The current line management arrangement report in to the service manager for children's social care.

3. Who are the main beneficiaries of the Function?

Adult / Children and their carers who require emergency home care support for various reasons.

4. How is the overall success of the Function measured?

Level of service users satisfaction

Level of savings achieved. Whilst still providing the core function

5. What equality monitoring systems are in place to carry out regular checks on the effects of the Function on equality groups

HR monitors equality related information in respect of staff (see section 14 for data).

The Council workforce change procedure which has been equality impact assessed will be followed throughout.

6. What are your equality related performance indicators/measure of success for this Function?

We will ensure that no protected characteristic group experiences unfairness or discrimination, the process used is transparent and each individual staff member who may need support will be proactively identified and will receive this support to ensure their full inclusion in the process.

SECTION 2 – INITIAL ASSESSMENT OF IMPACT

7. Use the following table to indicate where you think that the Function could have a negative impact on any of the following groups (i.e. it could disadvantage them), where you think that the Function could have a positive impact on any of the groups and contribute to promoting equality of opportunity or improving relations with equality groups, where you think there is no impact or where you are unsure of impact.

Equality Group	Negative Impact	Positive Impact	No Impact	Unsure of Impact	Reason(s)*
Women/Girls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The data shows there is no disproportionate negative nor positive impact on any particular protected characteristic group.
Men/Boys	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lesbians, gay men & bisexuals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Transgender people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
White people (including Irish people)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Asian or Asian British people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Black or Black British people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
People of mixed heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chinese people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travellers (gypsy/Roma/Irish heritage)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
People from other ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Physical impairment, e.g. mobility issues which mean using a wheelchair or crutches.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sensory impairment, e.g. blind/having a serious visual impairment, deaf/having a serious hearing impairment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental health condition, e.g. depression or schizophrenia.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Learning disability/difficulty, e.g. Down's syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Long-standing illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other health problems or impairments.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Older People	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children and Young People	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Faith Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

* **Reasons Column:** – state clearly what the impact(s) is with reasons why.

8. If you have indicated that there is a negative impact on any group, is that impact:

Legal? Yes No

Intended? Yes No

Level of impact High Low

No negative impact has been identified:

9. Could you minimise or remove any negative impact - how? (Enter N/A if no negative impact has been identified).

Not applicable

10. Could you improve a positive impact of the Function - how? (Enter N/A if no positive impact has been identified).

Not applicable

11. If there is no evidence that the Function promotes equality of opportunity or improved relations, could it be adapted so that it does - how? (Enter N/A if appropriate).

Not applicable

12. Any other relevant notes:

None

SECTION 3 – CONSULTATION & RESEARCH IN RELATION TO THE EqIAA

NB. Section 3 must be completed if:

- The Function under consideration has been deemed ‘Major’ or ‘Minor, yet likely to have a major impact’ (see page 15 of the South Gloucestershire Council EqIAA Toolkit).
- Any negative impact has been highlighted in respect of any group listed in question 7.
- You are unsure about impact in respect of any group listed in question 7.
- Positive impact can be improved and there is a need to consult with stakeholders in relation to what can be done to improve the positive impact.

If none of the above points apply, tick here: and go to Section 4 of this form.

NB. If this Section 3 requires completion and if no consultation or research has been conducted, stop completing this Form, carry out your appropriate consultation and research, then return to this Form to complete questions 13 to 15 - then continue with completing the remainder of this Form.

13. What consultation has been conducted with groups and individuals from groups likely to be affected as well as staff, and what evidence has this provided about equalities impact? *(Involvement and consultation are crucial to the EqIAA process. There is an explicit requirement to consult appropriate groups and individuals. No-one can give you a better insight into how proposed changes will affect, for example, disabled people, than disabled people themselves).*

14. What relevant research (data, reports, expert opinion etc.) has been conducted and what evidence has this provided about equalities impact? *(The assessment should be underpinned by up-to-date and reliable information about the different group(s) likely to be affected. A lack of data is not a sufficient reason to conclude that there is no impact. Where there is no detailed quantitative data available, there may often be national statistics or qualitative studies on the area concerned. These can be supplemented by local informal consultation).*

15. What contributions does your function/activity make towards promoting community cohesion? *(Evidence can be supplemented by your consultation activity conducted in questions 13 and 14 above)*

SECTION 4 – OUTCOMES

16. The evidence that has been collected under Sections 1, 2 and 3 of this form will need to feed into the decision making process regarding changes to be implemented before any final decisions are taken. There are four possible outcomes of this EqIAA – indicate which outcome below with the reasons and justification for this.

Outcome	Your response	Reason(s) and Justification
Outcome 1: No major change required.	<input checked="" type="checkbox"/>	The Council workforce change procedure which has been equality impact assessed will be followed throughout.
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input checked="" type="checkbox"/>	Refer to question 17 below
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

17. List the actions you will take as a result of this EqIAA. These actions must be:

- Clearly planned using the action planning template shown at the end of this form, **OR**
 - Clearly planned by adding the actions stated here to an action plan which you already have in place.
- We will produce a staff communication and engagement plan
 - We will identify any staff currently on maternity leave or due to be on maternity leave and ensure that we communicate effectively with them
 - We will ensure that any new staff complete the MyView equalities information as part of their induction.
 - We will continue to support staff who declare they have a disability and continue to provide reasonable adjustments
 - We will continue to support staff members with faith requirements and highlight any arrangements to management.
 - We will identify if any staff are representatives on any equalities groups and promote SGC corporate equalities networks (Black & Minority Ethnic Staff Group, Disabled employees group, Lesbian, Gay, Bisexual & Transgender Employee Group) to Public Health staff and invite them to join them as appropriate
 - Staff consultation as described in 13
 - Trade union
 - We will conduct separate EQIA should there be any changes to the service offering in the future.

SECTION 5 – EqIAA EVIDENCE

18. List and attach the evidence you have which shows how you have systematically considered equality impact.

Staff equalities data

Workforce change procedure

Consultation feedback