EQUALITY IMPACT ASSESSMENT – STAGE 1

EIA Ref	**C/13/66**	
Lead Officer	Name	**Louise Wilson**
	Position	**Development Manager, Urgent & Integrated Care**
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SECTION 1 –Context & Background

1.1 What is the title of the policy/practice?

Personal Budgets – Social Care & Health (For Direct Payments)

1.2 What is the current status of the policy/practice?

Existing **Changed** New

1.3 What are the principal aims and intended outcomes of the policy/ practice?

The purpose of this Policy, Procedure and Practice document is to inform staff of their roles and responsibilities with regards to Personal Budgets, both in respect of Social Care and Health, specifically in relation to the process to be followed in the establishment of a Direct Payment.

1.4 Who has primary responsibility for delivering the policy/practice?

The primary responsibility for delivering the policy will be held with Assessment and Care Management Teams, HBC and the Continuing Healthcare Team at Bridgewater Community Healthcare NHS Trust.

1.5 Who are the main stakeholders?

Assessment and Care Management Teams (Halton Borough Council)

Continuing Healthcare Operational Team (Bridgewater Community NHS Trust)

Direct Payments Team (Halton Borough Council)

Locality Team (Cheshire and Merseyside Commissioning Support Unit)

NHS Halton Clinical Commissioning Group

1.6 Who is the policy/practice intended to affect?

Residents Staff Specific Group(s) (add details below)

Staff & Service Users (Health and Social Care)

1.7 Are there any other related policies/practices?

This policy replaces the previous HBC Direct Payments Policy.

SECTION 2 – Consideration of Impact

2.1 Relevance: – the Public Sector Equality Duty

Does this policy / practice / service have due regard to the need to: -

(a) Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
(b) Advance equality of opportunity between two persons who share a relevant protected characteristic
(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

✓ **Yes No** ( )

State reasons below

(Relevance to service users/staff) The policy has been written to ensure that service users are treated equally and with dignity at all times by all staff members they have contact with.

2.2 Has data and information been used in determining the impact of the policy/procedure under review?

(for example research, surveys, complaints, consultation, monitoring data)

Equality Group(s)	As part of the development of the policy, information was used from the results of the national pilot programme conducted in relation to Personal Health Budgets (PHBs); specifically in relation to the pilot undertaken within Central and Eastern Cheshire Primary Care Trust. As the new Health regulations for PHBs were based on the guidance developed for making direct payments within social care there were many similarities which made the process of developing a joint policy in the main straight forward. However there were a number of differences between the process operated within social care in Halton and those run within health as part of the pilot within Central and Eastern Cheshire Primary Care Trust which is what the health dimension of the policy has been formulated on. These issues were considered in detail by the PHB Working Group and also the Complex Care Executive Commissioning Board prior to finalising the Policy.

Baseline data and information
The number of Service Users in receipt of Direct Payments both Health and Social

Care is readily available.

2.3 On the basis of evidence, has the actual/potential impact of the policy/practice been judged to be positive (+), neutral (=) or negative (-) for each of the equality groups and in what way? Is the level of impact judged to be high (H), medium ((M), or low (L)?

Protected Characteristic	Impact type +, =, -	Level H, M. L, -	Nature of impact
Age	=	M	Age will have no impact on being able to access a personal budget
Disability	=	M	Disability will have no impact on being able to access a personal budget
Gender	=	M	Gender will have no impact on being able to access a personal budget
Race/ethnicity	=	M	Race/ethnicity will have no impact on being able to access a personal budget
Religion / belief	=	M	Religion/belief will have no impact on being able to access a personal budget
Sexual Orientation	=	M	Sexual orientation will have no impact on being able to access a personal budget
Transgender	=	M	Transgender will have no impact on being able to access a personal budget
Marital status/ Civil Partnerships	=	M	Marital Status will have no impact on being able to access a personal budget
Pregnancy/Maternity	=	M	Pregnancy will have no impact on being able to access a personal budget
In Halton two further vulnerable groups have been identified: -			
Carers	+	H	In respect of Social Care, Carers can apply for a Carers Break Direct Payment.
Socio – economic disadvantage	=	M	There should be no impact; Personal Budgets are aimed at giving Service Users more control and choice over the care that they receive.

2.4 Does the policy/practice have any potential impact on safeguarding vulnerable people?

Safeguarding of vulnerable people is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. It is essential that throughout the process of the establishment of a Personal Budget that Service Users are effectively safeguard from harm – This is reflected and referenced within the policy document.

2.5 How will the impact of the policy/practice be monitored?

Via appropriate Performance monitoring in respect of the 'take up' of Direct Payments. In respect of Personal Health Budgets, as part of the 6 month review, service users will be asked about the impact that the policy has had on them, whether positive or negative.

2.6 Who will be responsible for monitoring?

Quarterly monitoring will be conducted via the Complex Care Executive Commissioning Board and Complex Care Board.

2.7 If any negative impacts, or potential negative impacts, have been identified what mitigating actions will be put in place, thereby eliminating the need for a further Stage 2 assessment
Where none have been identified insert 'no further action required' in the first column

Action & purpose / outcome	Priority	Timeframe	Lead Officer
No further action needed	*(H, M, L)*		

2.8 Summary of stakeholders involved in this review

Name / Job Title	Organisation/representative of
Louise Wilson – Development Manager	HBC
Andrea Holland – Principal Officer	HBC
Mary Barlow - Clinical Quality, Safeguarding& Performance Lead : Continuing Health Care/Complex Care Services	Cheshire & Merseyside Commissioning Support Unit

2.9 Completion Statement

As the identified Lead Officer of this review I confirm that:- No negative impact has been identified for one or more equality groups that cannot be mitigated at this stage and that a Stage 2 Assessment is not required ☒

Signed: L Wilson	**Date: December 2013**

Completed EIAs should be sent to Les Unsworth, Corporate and Organisational Policy, to be given a unique reference number and for inclusion on the central register.

Appendix 1

Public Sector Equality Duty – EIA Checklist

The Equality Act s149 (the Public Sector Equality Duty) requires is that HBC has due regard to the need to:-

(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These are matters that we must show we have taken into the reckoning in making decisions about the Council's functions. We therefore need evidence of the following:

1. We know about the duty
2. We have reflected on the duty
3. We have consulted those affected or likely to be affected
4. We have used relevant information already in the council's possession (surveys etc.)
5. \we have allowed adequate time for consultation with those affected and/or those who speak for those affected
6. We have allowed adequate time for earnest and genuine consideration of the information and views received
7. We have identified any adverse effects
8. We have sought to mitigate any adverse effects of decisions
9. We have identified principal options
10. Decision makers have not made up their mind in advance
11. We have considered all material considerations including our own financial situation, policy and strategy documents alongside along views received from consultees but have not applied those policies etc. In a rigid or unthinking way.