

## Equality Impact Assessment - head of service review

Reference: EQIA343791764

Submitted: 22 June 2021 10:04 AM

### Executive summary

**Title of policy or decision:** Approval to secure Designated Settings capacity beyond July 21

**Describe the main aims, objectives and purpose of the policy (or decision):** To secure approval to put in place arrangements for designated setting capacity, for isolation of people with Covid 19 leaving hospital and requiring residential care, beyond July 2021 when current arrangements are due to expire.

**What outcome(s) are you hoping to achieve?:** Help people get the best start and age well

**Which strategic priorities does this support? - Help people get the best start and age well:** Enable more vulnerable adults to live independent of social care, Improve the health of people in Essex

**Is this a new policy (or decision) or a change to an existing policy, practice or project?:** a new policy (or decision)

**Please provide a link to the document / website / resource to which this EqIA relates:**

<http://cmis.essexcc.gov.uk/essexcmis5/ForwardPlans.aspx>

**Please upload any documents which relate to this EqIA, for example decision documents:**

<http://cmis.essexcc.gov.uk/essexcmis5/ForwardPlans.aspx>

### Assessing the equality impact

**Use this section to record how you have assessed any potential impact on the communities likely to be affected by the policy (or decision):** The Department of Health and Social Care requires Councils to have in place designated settings. During wave 2 of the pandemic, usage and flow through designated settings was tracked, enabling analysis and understanding of demand and capacity requirements for future.

**Does or will the policy or decision affect:**

**Service users:** Yes

**Employees:** No

**The wider community or groups of people, particularly where there are areas of known inequalities:** No

**Which geographical areas of Essex does or will the policy or decision affect?:** All Essex

**Will the policy or decision influence how organisations operate?:** Yes

**Will the policy or decision involve substantial changes in resources?:** No

**Is this policy or decision associated with any of the Council's other policies?:** No

**Is the new or revised policy linked to a digital service (website, system or application)?:** No

## Description of impact

**Description of Impact.** If there is an impact on a specific protected group tick box, otherwise leave blank. You will be given the opportunity to rate identified impacts as positive, negative or neutral on the next page: Age, No impact on any of the above groups

**I confirm that I have considered the potential impact on all of the protected characteristics:** I confirm that I have considered the potential impact on all of the protected characteristics

**Describe any actions that have already been taken to mitigate negative impacts on any of the protected characteristics:** The decision will ensure isolation facilities are available for people with Covid-19 who require support in a residential care home.

## Age

**Nature of impact:** Positive

**Please provide more details about the nature of impact:** Facilities will be in place to support older people who are leaving hospital and require isolation in a care home.

**Extent of impact:** Medium

**Please provide more details about the extent of impact:** Putting these units in place will ensure safe isolation and protection of others whilst in the Covid-19 isolation period

## Action plan to address and monitor adverse impacts

**Does your EqlA indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?:** No

## Details of person completing the form

**I confirm that this has been completed based on the best information available and in following ECC guidance:** I confirm that this has been completed based on the best information available and in following ECC guidance

**Date EqlA completed:** 22/06/2021

**Name of person completing the EqlA:** Matthew Barnett

**Email address of person completing the EqlA:** Matthew.Barnett@essex.gov.uk

**Your function:** Adult Social Care

**Your service area:** Commissioning

**Your team:** Older Peoples Commissioning Team

**Are you submitting this EqlA on behalf of another function, service area or team?:** No

**Email address of Head of Service:** moira.mcgrath@essex.gov.uk