

Equality Impact Assessment

Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
 - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
 - advancing equality of opportunity between people who share a protected characteristic and those who do not,
 - fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
 - age
 - disability
 - gender reassignment
 - marriage/civil partnership
 - pregnancy/maternity
 - race
 - religion/belief
 - sex/gender
 - sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published [online](#):
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions and Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:
Shammi Jalota shammi.jalota@essex.gov.uk
Head of Equality and Diversity
Corporate Law & Assurance
Tel 0330 134592 or 07740 901114



Section 1: Identifying details

Your function, service area and team: Public Health (Economy, Locality and Public Health)

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team: N/a

Title of policy or decision: Decommissioning Falls Prevention Services

Officer completing the EqlA: Maggie Pacini Tel: 07921397122 Email: Maggie.pacini@essex.gov.uk

Date of completing the assessment: 26/4/17

Section 2: Policy to be analysed

2.1	<p>Is this a new policy (or decision) or a change to an existing policy, practice or project?</p> <p>New decision to decommission existing service</p>
2.2	<p>Describe the main aims, objectives and purpose of the policy (or decision):</p> <p>To decommission falls prevention services as contribution to ECC efficiency savings.</p> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?</p> <p>Decommissioning a service</p>
2.3	<p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none">• service users• employees• the wider community or groups of people, particularly where there are areas of known inequalities? <p>Will affect service users as service is removed Employees at the current providers may be at risk</p> <p>Will the policy or decision influence how organisations operate?</p> <p>Will have potential consequences to partners eg NHS who may experience the consequence of increases in falls eg more A&E attendances, more hospital admissions</p>



2.4	<p>Will the policy or decision involve substantial changes in resources? Decision will release substantial contribution to ECC savings of £2.2m p.a. once fully implemented.</p>
2.5	<p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p> <p>Decommissioning the service will impact on original invest to save opportunity and contribution to increasing independence agenda; decision is being proposed as part of savings contribution.</p>



Section 3: Evidence/data about the user population and consultation¹

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

3.1	<p>What does the information tell you about those groups identified?</p> <p>We do not get data on specific characteristics. Based on need and eligibility, it is expected that service users will be over 65 (although younger people not specifically excluded if clinical need except for under 18s), open to both men and women (women more at risk of fragility fracture), open to those with sensory impairment (poor vision a known risk factor) and open to all regardless of other characteristics which are not known to be factors for falls risk.</p>
3.2	<p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>This group has not been consulted.</p> <p>The notice period will be used to manage the exit of service users who are 'in programme'. The programme is a 'one off' intervention so historical and current users will not be affected. Potential new services users will be affected by loss of service and we are pursuing options for mitigation of the decommissioned service (see below)</p>
3.3	<p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary. Please include any reasonable adjustments, e.g. accessible formats, you will provide as part of the consultation process for disabled people:</p> <p>Falls prevention is a not a statutory duty for ECC and in other areas typically is CCG or joint funded. PH team required to offer savings; this is in context of in year budget cut (15/16) and recurrent budget cuts (16/17 – 20/21) and ECC's overall financial position. PH has already offered all efficiencies and service cuts possible; falls prevention is the last opportunity and a non-mandatory service.</p>

¹ Data sources within EEC. Refer to Essex Insight:
<http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true>
with links to JSNA and 2011 Census.



Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Age	Adverse	H
Disability – learning disability	neutral	
Disability – mental health issues	neutral	
Disability – physical impairment	neutral	
Disability – sensory impairment (visual, hearing and deafblind)	Adverse (visual sensory impairment a known risk factor for falls)	M
Gender/Sex	Adverse, serious impact falls more likely in women	M
Gender reassignment	neutral	
Marriage/civil partnership	neutral	
Pregnancy/maternity	N/A	
Race	neutral	
Religion/belief	neutral	
Sexual orientation	neutral	

Cross-cutting themes

Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Socio-economic	Adverse – falls risk typically higher in more deprived	M
Environmental, eg housing, transport links/rural isolation	Adverse – falls risk includes some environmental factors such as home hazards	L



Section 5: Conclusion

		Tick Yes/No as appropriate	
5.1	Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	If ' YES ', use the action plan at Section 6 to describe the adverse impacts and what mitigating actions you could put in place.



Section 6: Action plan to address and monitor adverse impacts

What are the potential adverse impacts?	What are the mitigating actions?	Date they will be achieved.
Those most likely affected are older people, with sensory (visual) impairment, and with deprivation/environmental risk factors.	Some activity within the falls prevention NICE guidance compliant multi-factorial Intervention is being included in other existing NHS and social care pathways. For example, medication reviews, prescribing and vision assessments are already funded by the NHS through general practice, pharmacy and opticians; elements of the service, such as home equipment assessments are already funded by NHS and social care under frailty assessment services. We plan to minimise the impact of decommissioning the service through alignment of the falls prevention agenda with existing community resilience work streams, adopting a community asset approach in line with the new ways of working outlined in the PH strategic approach.	Alternatives models being explored with stakeholders with a view for implementation within the notice period (6 -12 months)
Visual impairment	Vision assessment is offered on NHS to eligible groups including older people	Can be in place immediately



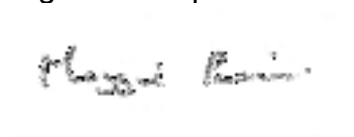
Section 7: Sign off

**I confirm that this initial analysis has been completed appropriately.
(A typed signature is sufficient.)**

Signature of Head of Service:

Date:

Signature of person completing the EqlA:



Date: 26/4/17

Advice

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.

