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**Equality Impact Assessment**

**Section 1: About the proposal**

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| **Title of Proposal** |
| Saving from Voluntary Sector Budget of £60k |

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| **Intended outcome of proposal** |
| Saving from a budget that is no longer required to match fund 1000 Voices Project (TSI) which linked older people to prevention and early intervention activities within the community. This project is coming to an end on the 31st March 2021 and the march funding is no longer required. The funding part funded staff within the TSI. The total funding from the HSCP was £105k but we have ring fenced the £45k remainder to have a focus on prevention. |

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| **Description of proposal** |
| Saving from a budget that is no longer required to match fund 1000 Voices (employed staff from the TSI) which linked people to prevention and early intervention activities. A number of areas of duplication and overlap had been identified and agreement has been reached that the funding is no longer required. However recognising the importance of prevention and link working, a short life working group is established to scope the use of Primary Care Link Working monies (a separate work stream but similar aims) and also work of Health and Well-being coordinators, to drive this work forward. Therefore there will remain a focus on the importance of early intervention and community supports for older people. This will be linked with the wider strategic work of supporting older adults. |

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| **HSCP Strategic Priorities to which the proposal contributes** |
| Although this is a clear saving, we will align prevention and community support approaches for older adults within a clearly defined work stream and involve the Third Sector (TSI) in this work. |

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| **Lead officer details** | |
| Name of lead officer | **Caroline Cherry** |
| Job title | **Head of Service** |
| Department | **Older Adults and Community Hospitals** |
| **Appropriate officer details** | |
| Name of appropriate officer | **Lead of Community Asset Group** |
| Job title | **Linda Currie** |
| Department | **Lead AHP** |
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| Sign-off of EIA | **Caroline Cherry** |
| Date of sign-off | **17th May 2021** |

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| **Who will deliver the proposal?** |
| This saving is from a budget that is no longer required. |

**Section 2: Evidence used in the course of carrying out EIA**

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| **Consultation / engagement** |
| Discussion with TSI around how to end the project and whether this would leave gaps, this led to discussion with Primary Care Modernisation Group around using dedicated funding of link working with GPs to try and pull these work streams together. Accordingly a short life working group on link working will be established inclusive of the TSI, Primary Care and Public Health. |

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| **Data** |
| None of immediate relevance. |

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| **Other information** |
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| **Gaps in evidence** |
| At this stage it is envisaged that there will be limited impact following removal of the funding of 1000 voices project due to the duplication of work already identified. There is no direct funding implication for any community groups. |

**Section 3: Impact of proposal**

**Impact on service users:**

|  | **Negative** | **No impact** | **Positive** | **Don’t know** |
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| **Protected characteristics:** |  |  |  |  |
| Age |  | X |  |  |
| Disability |  | X |  |  |
| Ethnicity |  | X |  |  |
| Sex |  | X |  |  |
| Gender reassignment |  | X |  |  |
| Marriage and Civil Partnership |  | X |  |  |
| Pregnancy and Maternity |  | X |  |  |
| Religion |  | X |  |  |
| Sexual Orientation |  | X |  |  |
| **Fairer Scotland Duty:** |  |  |  |  |
| Mainland rural population |  | X |  |  |
| Island populations |  | X |  |  |
| Low income |  | X |  |  |
| Low wealth |  | X |  |  |
| Material deprivation |  | X |  |  |
| Area deprivation |  | X |  |  |
| Socio-economic background |  | X |  |  |
| Communities of place |  | X |  |  |
| Communities of interest |  | X |  |  |

**Impact on service deliverers (including employees, volunteers etc.):**

|  | **Negative** | **No impact** | **Positive** | **Don’t know** |
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| **Protected characteristics:** |  |  |  |  |
| Age |  | x |  |  |
| Disability |  | x |  |  |
| Ethnicity |  | x |  |  |
| Sex |  | x |  |  |
| Gender reassignment |  | x |  |  |
| Marriage and Civil Partnership |  | x |  |  |
| Pregnancy and Maternity |  | x |  |  |
| Religion |  | x |  |  |
| Sexual Orientation |  | x |  |  |
| **Fairer Scotland Duty:** |  |  |  |  |
| Mainland rural population |  | x |  |  |
| Island populations |  | x |  |  |
| Low income |  | x |  |  |
| Low wealth |  | x |  |  |
| Material deprivation |  | x |  |  |
| Area deprivation |  | x |  |  |
| Socio-economic background |  | x |  |  |
| Communities of place |  | x |  |  |
| Communities of interest |  | x |  |  |

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| **If any ‘don’t knows have been identified, at what point will impacts on these groups become identifiable?** |
| There is no funding being taken from any community groups or activities and we hope to develop better co-ordination and linking of tasks through a short life working group to advance community assets and prevention for older adults. |

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| **How has ‘due regard’ been given to any negative impacts that have been identified?** |
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**Section 4: Interdependencies**

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| **Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?** | Really keen to maintain a focus on prevention and early intervention and we hope to do this through the Community Assets Group. Separately work is also being carried out on Grant funding. |

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| **Details of knock-on effects identified** |
| Links to Primary Care Link Workers and the wider community assets developments for older adults will enable this work to continue without detriment to service users. |

**Section 5: Monitoring and review**

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| **Monitoring and review** |
| Scoping and oversight of early intervention and prevention through the Community Asset Group. Reviewing processes for grant allocation across the HSCP to ensure better management of this process for community groups. |