

## Equality Impact Assessment

### Section 1: About the proposal

<b>Title of Proposal</b>
Review of AHP workforce, redesign of services and efficiencies in non-pay budgets. Non-pays is any budget for supplies and expenses.

<b>Intended outcome of proposal</b>
To find efficiencies in AHP budgets related to a review of workforce and service and all non-pay budgets.

<b>Description of proposal</b>
See above

<b>HSCP Strategic Priorities to which the proposal contributes</b>
Best use of resource

<b>Lead officer details</b>	
Name of lead officer	<b>Caroline Cherry</b>
Job title	<b>Head of Service</b>
Department	<b>Adults</b>
<b>Appropriate officer details</b>	
Name of appropriate officer	<b>Linda Currie</b>
Job title	<b>Lead Allied Health Professional</b>
Department	<b>AHP</b>

Sign-off of EIA	
Date of sign-off	

<b>Who will deliver the proposal?</b>
Linda Currie, Lead AHP on behalf of Heads of Service. AHP leadership and local managers.

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

<b>Consultation / engagement</b>
Engagement with clinical team leads/professional leads and managers at this point. For any change in service the HSCP engagement framework will be followed.

<b>Data</b>
Risk assessment templates being completed by local team leads to review longstanding vacancies. Changes to workforce and service will be based on workforce establishment exercises

providing data on workforce, waiting times, activity and professional judgement tools.

### Other information

There are no redundancies or new posts indicated in the savings plan. Currently we have the following information;

Four AHP teams have had longstanding vacancies and these posts have been reviewed to establish if there is potential for any savings to be released.

OT Cowal vacancy has been covered by a secondment from Mid Argyll which has been backfilled by locum for a long period of time.

Physiotherapy Cowal vacancy - this post covers cardiac rehab, out-patients and community and will leave a gap of approximately 20% of establishment. This post is being redesigned to achieve a full time post which will make recruitment more achievable.

Physiotherapy Campbeltown-has been covered by a locum working between Mid Argyll and Campbeltown for 12 months. This post has been redesigned in recent weeks with the aim of recruitment combined with First Contact Physio and orthopaedic triage duties.

Helensburgh Physiotherapy vacancy – recruited to some months ago.

In view of the above information we will evidence requirement for these posts through a risk assessment process being carried out currently. If savings are not achievable we will be looking at all AHP service delivery, workforce and non-pays budget to achieve savings with minimal impact on front line service delivery.

### Gaps in evidence

We currently do not know to what level review of non-pays will release savings or what the outcomes of workforce establishment reviews will demonstrate as they have not been formally carried out for AHP's historically and are a result of the Health and Care Staffing (2019) Act. This is the appropriate way to establish if savings can be achieved from the workforce.

If both of the above do not release savings we will evaluate if reduction in some service delivery to lower priority areas of AHP service will achieve savings with minimal impact on care.

## Section 3: Impact of proposal

### Impact on service users:

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>		x		
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		
<b>Fairer Scotland Duty:</b>		x		
Mainland rural population	x			

	Negative	No impact	Positive	Don't know
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
<b>Protected characteristics:</b>		x		
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		
<b>Fairer Scotland Duty:</b>		x		
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		

**If any 'don't knows have been identified, at what point will impacts on these groups become identifiable?**

We do not currently know the full impact on service users or deliverers as we have not yet reached a point of changing service or roles yet. An EQIA will need to be done for each service redesign or change to ensure the full EQIA can be carried out. Reduction in service delivery has a the risk of increasing complaints and adding stress to staff dealing with public who may have to wait longer for service or receive less service. Increased need to prioritise service may impact on those in reduced socio-economic areas when the need to articulate need becomes more critical. It may also reduce service delivery to those in early years or at the early stages of frailty or with mild to moderate health problems as the lower priority work, early intervention and prevention work will be limited and services will provide input reactively.

**How has 'due regard' been given to any negative impacts that have been**

<b>identified?</b>
The above will be mitigated by taking every effort to achieve savings without having to limit services. If there are changes to service a full impact assessment will be carried out with every effort to mitigate any risks as part of the process.

#### Section 4: Interdependencies

<b>Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?</b>	A reduction in preventative, early intervention or low priority work can impact on chronicity of health problems, admission to hospital and impact of future care needs.
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<b>Details of knock-on effects identified</b>

#### Section 5: Monitoring and review

<b>Monitoring and review</b>
The AHP savings plan will be formally reviewed on a quarterly basis. The Lead AHP will be monitoring impact throughout the process to assess for impact on users or staff.