

Equality Impact Assessment: Workforce Implications for 2015 Budget

Directorate	RESOURCES
Assistant Director responsible for EIA	Alan Greaves
Service or Proposal EIA	All staffing implications in 2015 Budget
Date	December 2014

Aims of the EIA

Purpose / function of the EIA	<p>This EIA supports the Council to ensure that reshaping activity pays due regard to Section 149 of the Equality Act (2010). This will include:</p> <ul style="list-style-type: none"> • Tracking the changing diversity profile of the workforce as a result of reshaping since 2010/11 • Assessing the diversity profile of people in scope of restructures • Identifying any specific risks of discrimination • Providing appropriate support to ensure that the process is applied fairly.
Does the EIA link to the Council Plan?	This EIA supports the implementation of the Council's budget, and the Council Plan priority of being a Modern and Efficient Council
Summary of findings	<p>The Council's reduction in workforce since 2012 has been monitored to see if this highlights potential trends from future reductions.</p> <p>The main implications are for women and especially for women aged 35-50. People Management will be looking at the following issues to mitigate the impact of reductions in the workforce:</p> <ul style="list-style-type: none"> • Impact of caring activities on work; • Impact of holding a number of part-time roles within the Council; • Impact of the Council's changes on households with two earners working for the Council.
Scope of the EIA:	Cross Directorate and specific Directorates

Part 1 – Cumbria County Council’s changing diversity profile

Analysis of workforce trends 2012-14

Analysis of changes to the composition of the workforce since 2012 has been made looking at protected characteristics. The following information is presented on pages 3-7:

- *Graph 1: Male and female*
- *Graph 2: Staff declaring a disability*
- *Graph 3: BME staff*
- *Graph 4: Age profiles*
- *Graph 5: Female staff in managerial posts*

The data highlights the following shifts:

Positive or neutral impacts

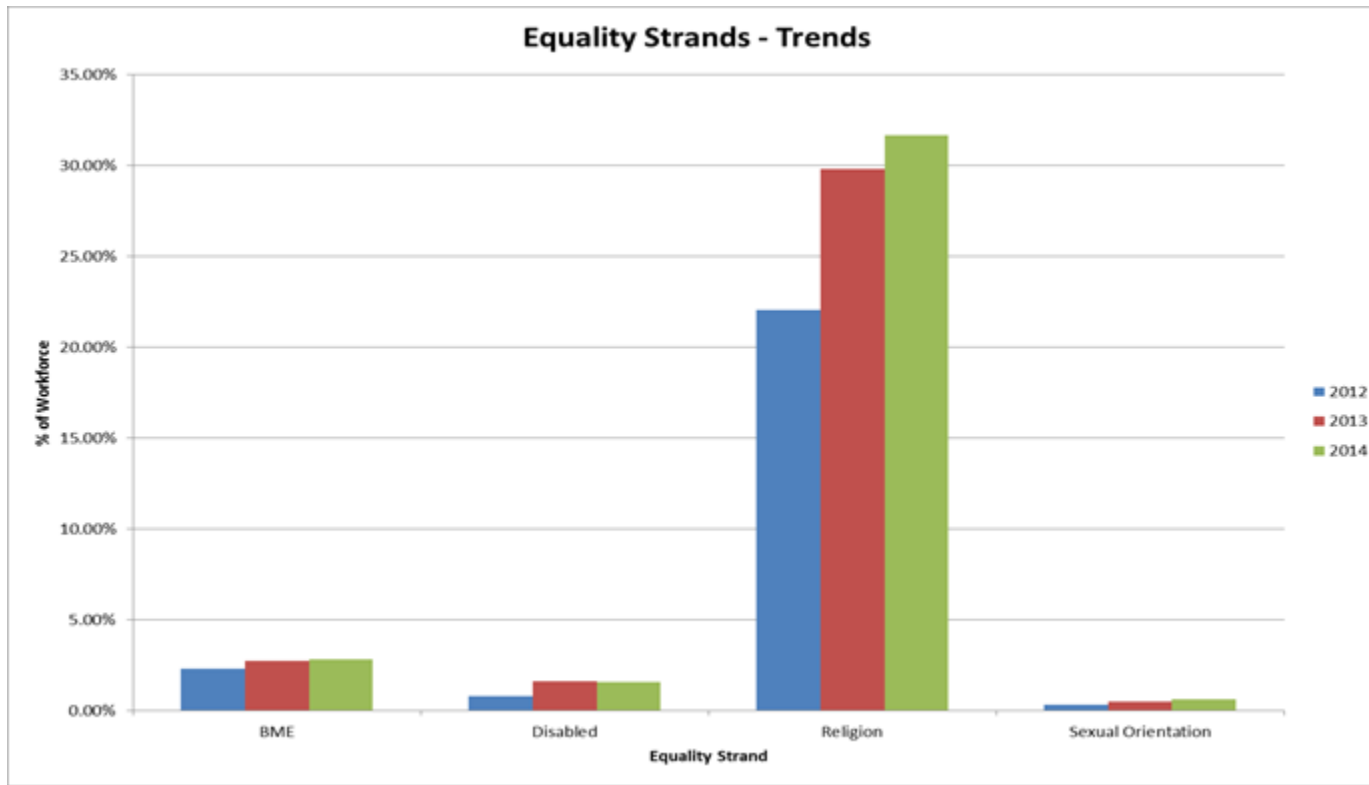
- There are no apparent issues identified as a result of workforce reductions since 2012, in relation to those who have identified themselves as BME, Disabled, having a religion or Gay / Bisexual, as the percentage ratios have either remained constant or have increased.
- The reduction in the workforce does not seem to have significantly affected the percentage of those under age 30 or those employees above 65.

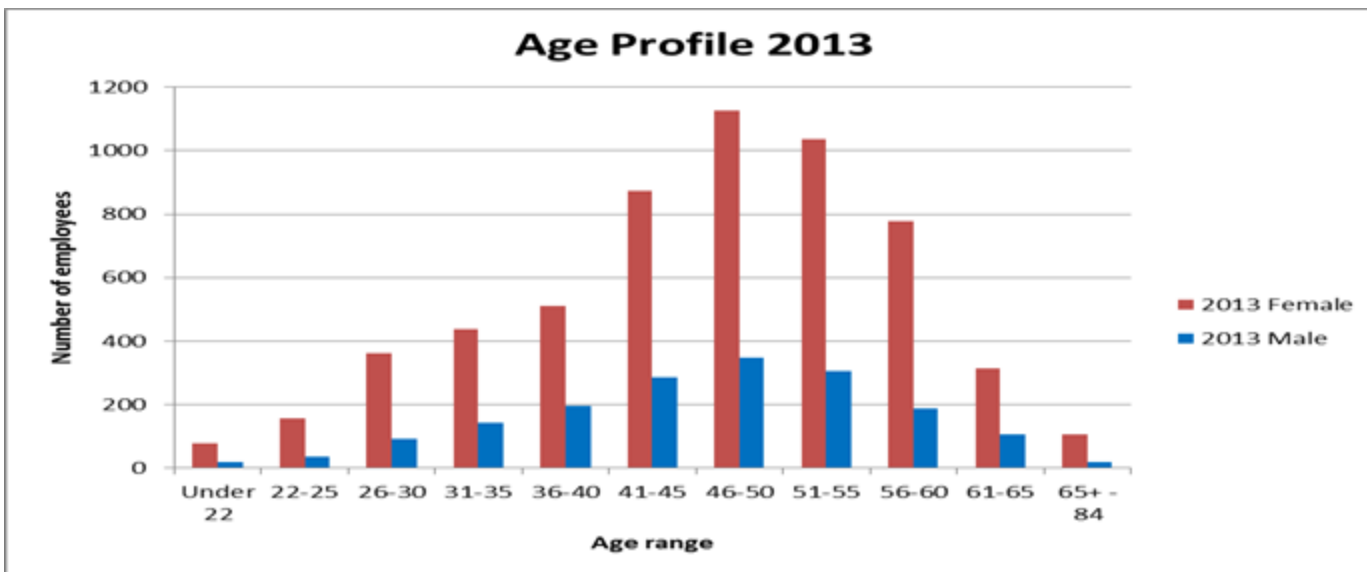
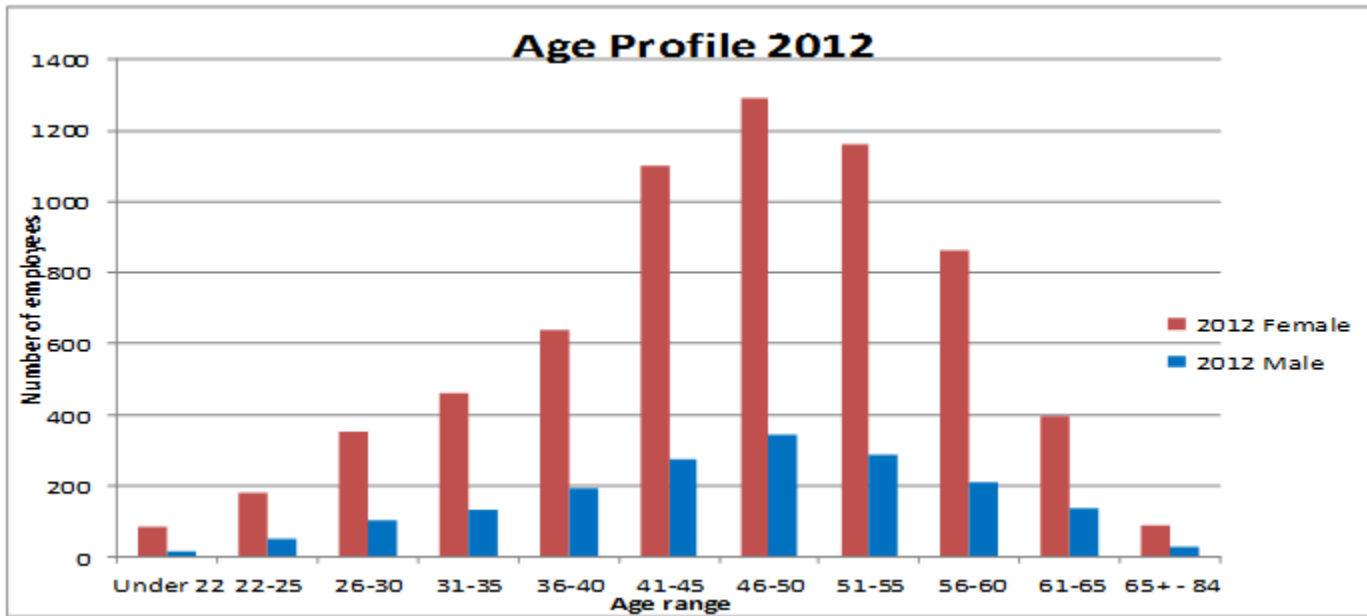
Negative or adverse impacts

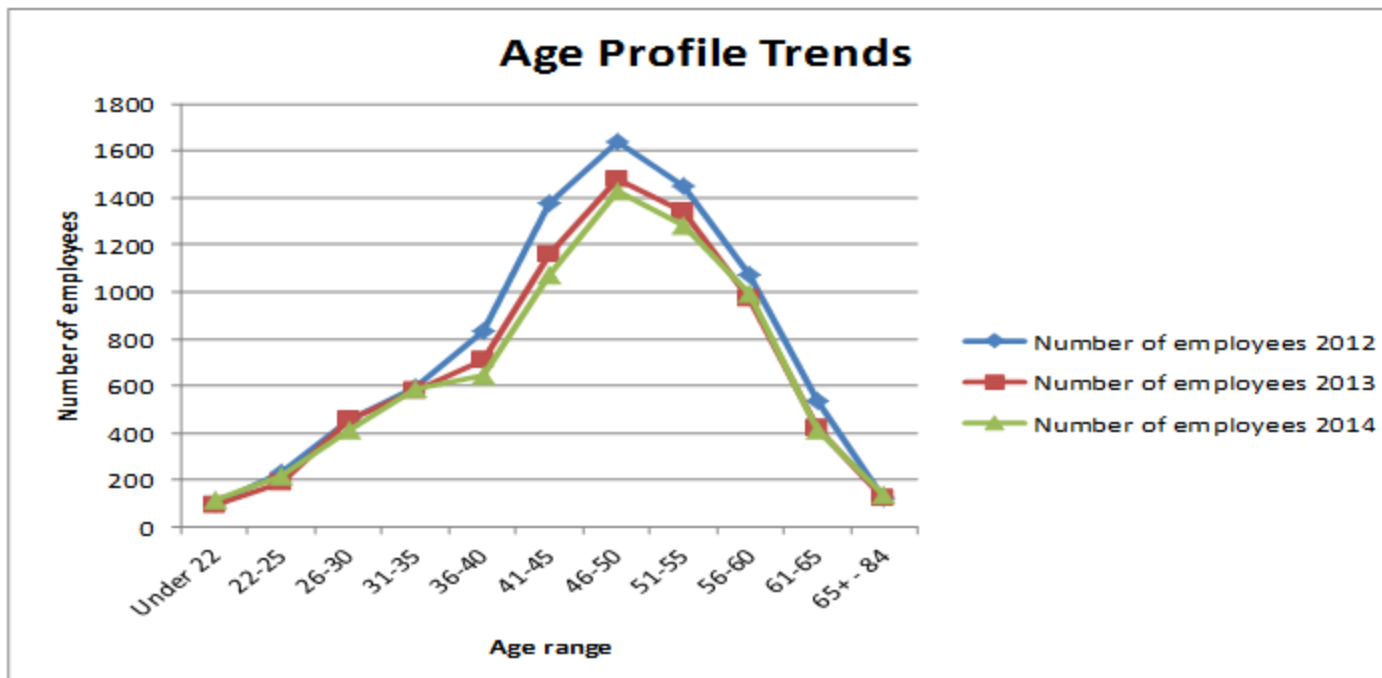
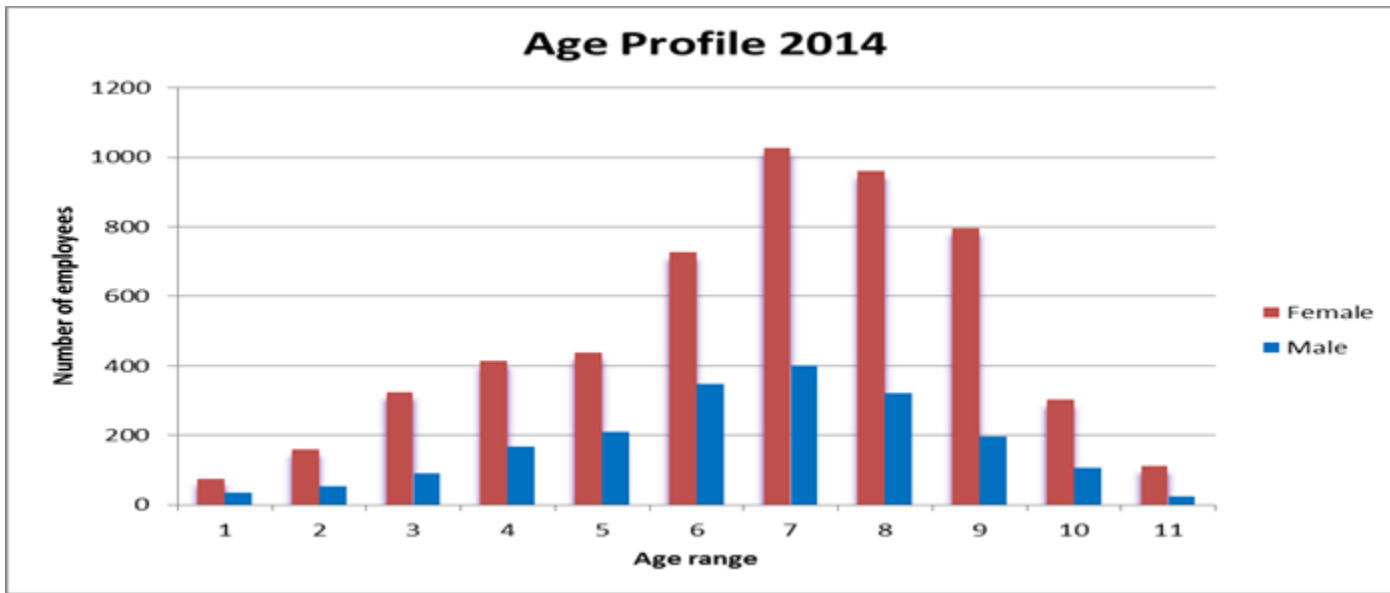
- There seems to be an issue in relation to gender as the percentage of female employees has dropped as the workforce has reduced but the percentage of males has increased.
- The percentage of females with “Director” or “Manager” in their job title is only 55% which does not reflect the 73% female workforce.
- The percentage of females aged 36-40 has fallen more dramatically than other age bands between 2012 and 2014, and especially between 2013 and 2014.

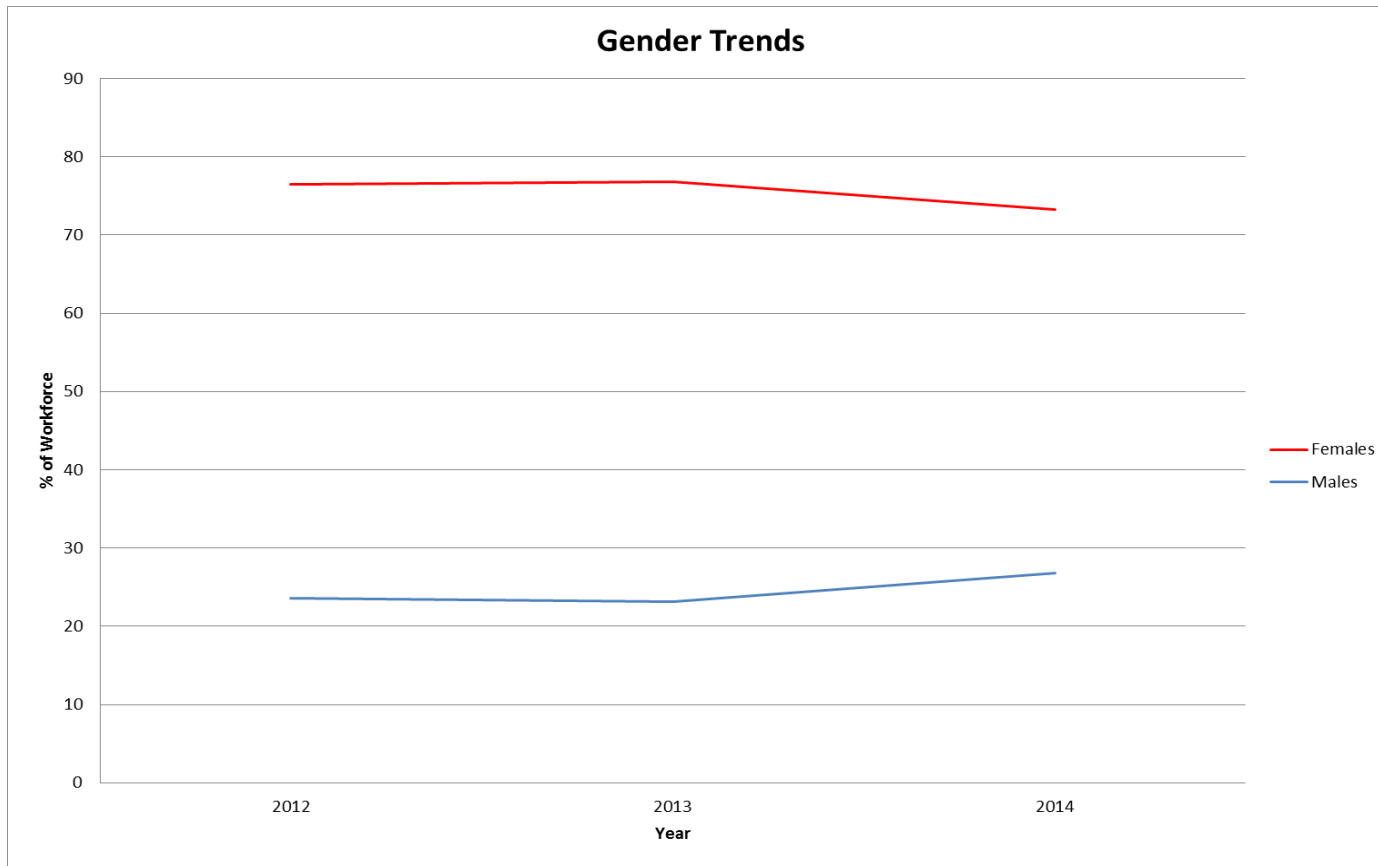
Table showing the number of employees by National Negotiating Body for the equality strands

National Negotiating Body	Total Number	Female % of Group	Female % of Workforce	Male % of Group	Male % of Workforce	Percentage of Employees who identified themselves as BME	Percentage Ethnic Origin of whole workforce	Percentage of people declared Disabled of Group	Percentage Disabled of whole workforce	Percentage of People with a stated Religion of Group	Percentage of People with a stated religion of whole workforce	Percentage of People declared Bisexual/Gay/Lesbian	Percentage of People declared Bisexual/Gay/Lesbian of whole workforce
Chief Officers	19	47.37%	0.12%	52.63%	0.14%	5.26%	0.01%	0.00%	0.00%	63.16%	0.16%	0.00%	0.00%
Craft Workers	15	0.00%	0.00%	100.00%	0.21%	0.00%	0.00%	0.00%	0.00%	20.00%	0.04%	0.00%	0.00%
Fire inc CFO	214	7.01%	0.21%	92.99%	2.72%	0.47%	0.01%	0.47%	0.01%	15.42%	0.45%	0.00%	0.00%
Ret Fire	396	5.81%	0.31%	94.19%	5.10%	0.51%	0.03%	0.51%	0.03%	7.58%	0.41%	0.00%	0.00%
NHS	14	78.57%	0.15%	21.43%	0.04%	7.14%	0.01%	0.00%	0.00%	14.29%	0.03%	0.00%	0.00%
NJC	5622	79.22%	60.96%	20.78%	15.98%	3.04%	2.34%	1.81%	1.40%	35.68%	27.45%	0.66%	0.51%
Soulbury & Related	68	69.12%	0.64%	30.88%	0.29%	2.94%	0.03%	1.47%	0.01%	39.71%	0.37%	2.94%	0.03%
Teachers	70	74.29%	0.71%	25.71%	0.25%	0.00%	0.00%	1.43%	0.01%	32.86%	0.31%	0.00%	0.00%
TUPE	2	0.00%	0.00%	100.00%	0.03%	0.00%	0.00%	50.00%	0.01%	50.00%	0.01%	0.00%	0.00%
Y&CW	8	50.00%	0.05%	50.00%	0.05%	0.00%	0.00%	0.00%	0.00%	37.50%	0.04%	0.00%	0.00%
Casual (Paid) NJC	879	83.85%	10.09%	16.15%	1.94%	3.07%	0.37%	0.68%	0.08%	19.68%	2.37%	0.57%	0.07%
Grand Total	7307	73.24%	73.24%	26.76%	26.76%	2.81%	2.81%	1.56%	1.56%	31.65%	31.65%	0.60%	0.60%









Position with "Director" or "Manager" in the position title	Female	Male	% Female
549	304	245	55.37%

Commentary on the above analysis

The analysis above points to a number of challenges that women disproportionately face including:

- Support to switch from public sector to equally well paid careers in the private sector – especially in terms of how this links to the Council’s broader skills agenda.
- Impact of changes on household, family and caring dynamics.
- Proportion of women in senior management roles or progressing into senior management.

These issues will be reviewed by People Management working with the Policy Team, and there will be continuous monitoring to see if these trends are repeated over the next couple of years.

Phase 2: Checklist and Action Plan

Given the analysis above, the Council will need to demonstrate fair application of its Management of Change policy in order to meet the Equality Duty. The checklist below has been developed with the trends outlined above in mind. The checklist is designed for Managers and HR officers carrying out restructures to use to limit any unintended consequences for people who share a protected characteristic under the Equality Act.

Protected Characteristic	Area for further action	Actions proposed	Lead officer
Disability	Workforce change proposals / redundancies / restructuring need to ensure no direct or indirect discrimination in relation to disability.	Follow the councils managing change procedure and consider the effects on those with a disability. Review the specific data set to understand the implications and plan any reasonable adjustments required.	Assistant Director / Directorate HR
	Ensure that reasonable adjustments are put in place for staff to enable them to attend interviews and perform to the best of their ability. Advice will be sought from Occupational Health.	Review the specific data set to understand the implications and plan any reasonable adjustments required. Seek guidance from Occupational Health and the individual about their specific needs.	Line Manager / Interview panel / Directorate HR
	Consider the impact of changing location and accessibility to the new location. Advice from Occupational	Review the specific data set to understand the implications and plan any reasonable adjustments required. Seek guidance from Occupational Health and the individual about	Line Manager / Directorate HR

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	Health will be sought around reasonable adjustments.	their specific needs.	
	Part time working will be considered as part of the implementation process and employer responsibilities to the employees maintained	Use the flexible/work life balance schemes. Request advice from Occupational Health on reasonable adjustment and consider the impact of the equalities act. Advise employees that this will be considered at the start of the process to reduce anxiety.	Assistant Director / Directorate HR
	Allow for adjustments in the process such as 121 interviews. Request/encourage individuals to raise concerns.	Review the specific data set to understand the implications and plan any reasonable adjustments required. Seek guidance from Occupational Health and the individual about their specific needs.	
	Ensure line managers are reminded to communicate all messages to absent employees. Occupational Health to be involved if necessary to ensure candidate fit to attend interviews	Advise managers to communicate with all employees who are absent from work – this could be done by inviting them to any meetings or requesting a 121 meeting with them and sending any documentation to their home address. Refer employee to Occupational Health so they can advise if the employee is fit to attend an interview and ask about any reasonable adjustments for the interview	Line Manager / Directorate HR
	Understand the size of the issue and put measures in place to provide support to those with low level skills throughout the process	Review the specific data set to understand the implications and plan any reasonable adjustments required. Seek guidance from Occupational Health and the individual about their specific needs. Provide interview skills training	Line Manager / Directorate HR
Gender, Transgender, Marital Status	Ensure line managers are reminded to communicate all messages to employees on maternity leave	Advise managers to communicate with all employees who are absent from work due to maternity leave – this could be done by inviting them to any meetings or requesting a 121 meeting with them and sending any documentation to their home address. Understand the policy for maternity leave and understand the rights of the employee set out in the policy.	Line Manager / Directorate HR
	Part time working will be considered as part of the implementation process and employer responsibilities to the employees maintained	Use the flexible/work life balance schemes. Advise employees that this will be considered at the start of the process to reduce anxiety.	Assistant Director / Directorate HR
	Consider the effects on those with children and mitigate the impact whilst ensuring business continuity using	Use the flexible/work life balance schemes. Advise employees that this will be considered at the start of the process to reduce anxiety.	Assistant Director / Directorate HR

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	flexible working/work-life balance schemes applicable.		
Ethnicity	Workforce change proposals / redundancies / restructuring need to ensure no direct or indirect discrimination in relation to BME. Follow equality proofed schemes to ensure discrimination does not occur.	Follow the councils managing change procedure and consider the effects on employees in relation to their ethnicity. Review the specific data set to understand the implications and plan the approach.	Assistant Director / Directorate HR
	Allow for adjustments in the process such as 121 interviews. Request/encourage individuals to raise concerns. Provide documents in different languages as required.	Review the specific data set to understand the implications and plan any reasonable adjustments required. Provide documents in different languages as required. Provide interview skills training	Line Manager / Interview panel / Directorate HR
Sexual Orientation	Workforce change proposals / redundancies / restructuring need to ensure no direct or indirect discrimination in relation to sexual orientation. Follow equality proofed schemes to ensure	Follow the councils managing change procedure and consider the effects on employees in relation to their sexual orientation. Review the specific data set to understand the implications and plan the approach.	Assistant Director / Directorate HR
Age	Workforce change proposals / redundancies / restructuring need to ensure no direct or indirect discrimination in relation to age. Follow equality proofed schemes to ensure discrimination does not occur.	Follow the councils managing change procedure and consider the effects on employees in relation to their age. Review the specific data set to understand the implications and plan the approach.	Assistant Director / Directorate HR
	Ensure all employees within the service have equal access to VR opportunities	Open any VR scheme to all employees and follow the process to assess if employees meet the criteria	Assistant Director / Directorate HR
Religion / Belief	Workforce change proposals / redundancies / restructuring need to ensure no direct or indirect discrimination in relation to religion / belief. Further analysis is required when more details are known. Follow equality proofed schemes to ensure discrimination does not occur.	Follow the councils managing change procedure and consider the effects on employees in relation to their religion/belief. Review the specific data set to understand the implications and plan the approach.	Assistant Director / Directorate HR
Other	Employees under TUPE will need	Follow the council's managing change procedure and consider	Assistant Director /

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	consideration/investigation	the effects on employees. Review the specific data set to understand the implications and plan the approach. Ensure any pay differentials are resolved through the new structure, properly allocated / graded jobs within the new structure and a fair appointment / alternative employment process.	Directorate HR
	Employees on fixed term contracts or temporary transfers	Follow the council's managing change procedure and consider the effects on employees. Review the specific data set to understand the implications and plan the approach.	Assistant Director / Directorate HR

Quality Assurance and EIA completion

Item	Key person	Completed y/n
Date completed	December 2014	
Report author	Alan Grieves	



Equality Impact Assessment: Savings Proposal 2 – Improve the way we commission sexual health services

Directorate	Health and Care
Functional Area	Integrated Sexual Health Service
Assistant Director Responsible for EIA	Colin Cox
Functional Area of EIA or Proposal	Proposal 2 – Improve the way we commission sexual health services

Aims of the EIA

Purpose of the EIA	<p>To assess whether the 2015 budget proposal relating to the Commissioning of Sexual and Reproductive Health Services pays due regard to section 149 of the Equality Act (2010). This requires public authorities when making changes to employment, contracts and services to:</p> <ul style="list-style-type: none"> • Prevent discrimination, harassment and victimisation • Advance equality of opportunity • Foster good relations in the community. <p>The EIA focuses upon those groups who share a protected characteristic as set out in the Equality Act.</p>
Summary of findings	Historically, increasing coverage of chlamydia screening has received significant national focus, resulting in many areas setting up dedicated chlamydia screening

	<p>offices. National focus for chlamydia screening has now changed from coverage to diagnosis rate, with an emphasis on integrating the programme within other core services. This has been achieved in Cumbria but the historical budget line for a dedicated service is still included in the current contract.</p> <p>Whilst chlamydia diagnosis is still a public health priority which requires funding, integration of the programme has removed the need for a dedicated office and some of the associated overheads.</p> <p>While there is a reduction in funding and this may adversely affect those with protected characteristics (who are disproportionately over represented among users of Integrated Sexual Health Services), it should result in a more efficient and effective service, with an increased focus on prevention and further integration.</p> <p>The future commissioning of Integrated Sexual Health Services will be informed by a Sexual Health Needs Assessment to ensure that interventions have a sound public health evidence base and reflect local needs. This work will include focused research into the disability, gender, sexual orientation, ethnicity and different age groups. It will also cover any issues relating to low income households and people in rural isolation.</p>
Scope of the EIA:	Contracted Organisations

Phase 1: Gathering information

List examples of background information that you think are **relevant**. If carrying out an assessment of a proposal. This section should include the data used to establish whether the proposal has an impact.

Financial information	Findings
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Local data on demand and basis for the change	Sexual Health Services Attendances		2013-14
	GUM	New and rebook	10,000
		Follow up	4,000
	Contraception	New and rebook	4,000
		Follow up	4,500
The Sexual Health Needs Analysis will form the baseline of need and will include specific issues relating to people who share a protected characteristic.			
Feedback from consultation	Findings		
Disability workshop 1/12/14	No specific impacts on disabled people identified.		
AWAZ	Wider concerns about how BME people access sexual health services. Although not specifically relevant to the budget proposal, these issues will be picked up in the Sexual Health Needs Assessment when developing the new service.		

Phase 2 Impacts

From the evidence above use this section to identify the risks and benefits according to the different characteristics protected by the Equality Act.

All/general: Any issue that cuts across a number of protected characteristics

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Reduction in funding available to procure Integrated Sexual Health Service	A reduction in funding will require greater effort to ensure resources are targeted at those most in need. This may result in those with protected characteristics who are among the targeted services users experiencing earlier identification, and response.	A reduction in funding poses risks to all those with protected characteristics who currently access the Integrated Sexual Health Service; in particular those who are not amongst the targeted service users may	Commissioners and contract managers to ensure providers concentrate effort on targeting those most in need. Those with protected characteristics on whom

		experience reduced services or discontinuation of services.	changes may impact negatively should be identified and supported to access appropriate services elsewhere if available.
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Age: A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
It is possible that young people may be disproportionately affected by this change.	It is envisaged that the chlamydia screening in Cumbria will be reinvigorated through further focus and integration within other services.	Although the existing provision of chlamydia screening should not be adversely affected, depending on how the current provider utilises the overall sexual health budget, this saving could result in reduced staffing capacity, which may, in turn, lead to reduced availability of clinics, that could disproportionately affect young people.	To mitigate, as well as improve access across Cumbria generally, plans are already underway to increase access to services in additional community settings. This includes GP surgeries which provide a range of sexual and reproductive health services, and community pharmacies which offer emergency hormonal contraception and chlamydia testing packs.

Disability: A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Issue
No specific disability related issues are identified beyond those relating to all protected characteristics.

Gender Reassignment: The process of transitioning from one gender to another.

Issue
No specific gender reassignment related issues are identified beyond those relating to all protected characteristics.

Marital Status: Whether a person is married, widowed, divorced, single or cohabiting.

Issue
No specific marriage and civil partnerships related issues are identified beyond those relating to all protected characteristics.

Pregnancy and Maternity: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding

Issue
No specific pregnancy and maternity related issues are identified beyond those relating to all protected characteristics.

Race and Ethnicity: Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Many of the materials provided by the Sexual Health Service are in English language only. Evidence shows that context and meaning of information may be lost in the translation process.	Translation services will be accessed as required.	Some protected groups may experience difficulty with engagement in the service.	The new provider will set out how they would provide multi-lingual information.

Religion and Belief: Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Issue
No specific religion and belief related issues are identified beyond those relating to all protected characteristics.

Sex: A man or a woman.

Issue
No specific sex related issues are identified beyond those relating to all protected characteristics.

Sexual Orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Issue
No specific sexual orientation related issues are identified beyond those relating to all protected characteristics.

Phase 3: Action Planning

Based on actions raised in the action required box above

Area for further action	Actions proposed	Lead officer	When	Resource implications	Outcome
Commissioning, Contract Specification and Contract Management.	Integrated Sexual Health Service contracts from October 2015 ensure services provide open access, with additional focus on those in greatest need.	Cathryn Beckett-Hill	Jan 14 – Mar 15	Requires input from commissioners, contract managers and intelligent client.	Those with protected characteristics who have greatest need are protected, as far as possible, from the impact of a 10% reduction in funding for Integrated Sexual Health Services

Quality Assurance and EIA completion

Date completed	13.11.2014
Lead officer	Cathryn Beckett-Hill

Equality Impact Assessment: Savings Proposal 3 – Improve the support available to people who misuse drugs and alcohol

Directorate	Health and Care Services
Unit/Team	Public Health
Assistant Director Responsible for EIA	Colin Cox
Service EIA or Proposal	Proposal 3 Improve the support available to people who misuse drugs and alcohol

Aims of the EIA

Purpose of the EIA	<p>To assess whether the 2015 budget proposal relating to Substance Misuse Services pays due regard to section 149 of the Equality Act (2010). This requires public authorities when making changes to employment, contracts and services to:</p> <ul style="list-style-type: none"> • Prevent discrimination, harassment and victimisation • Advance equality of opportunity • Foster good relations in the community. <p>The EIA focuses upon those groups who share a protected characteristic as set out in the Equality Act.</p>
<p>Scope of the EIA:</p> <ul style="list-style-type: none"> • One directorate • Cross directorate • Contracted organisations 	<p>This EIA relates to a specific service commissioned through the Public Health team however the substance misuse service has wider reaching implications for Children's Services and Social Care.</p> <p>The case for reductions in the value of the service is based on reductions in opiate use, and a refocusing towards more targeted interventions.</p> <p>Additionally the service is currently provided by an external contractor to the council</p>

Summary	Overall the EIA demonstrates that Substance Misuse services are universally offered across the entire
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of findings	<p>Cumbrian population with open access, self-referral or referral through other services such as GP surgeries .</p> <p>National and Cumbrian research shows that a number of targeted interventions are required to meet the needs of different groups who share a protected characteristics and this will be worked into the Service Specification for future services. The second stage of this EIA will be carried out to support the development of the Service Specification and will outline how the national findings will be addressed.</p>
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Phase 1: Gathering information

List examples of background information that you think are **relevant**. If carrying out an assessment of a proposal this section should include the data used to establish whether the proposal has an impact.

National Research and Information	Findings
NDTMS Themed Report Parental Status, 2012/13 NDTMS: Drug treatment in the North West of England 2012/13	Early onset of illegal drug use, in some cases in the North West at eleven years old, often associated with alcohol misuse, was frequently reported.
Younger drug users assessed by DIP teams in non-intensive areas; characteristics and implications for service delivery	Predisposing factors which increase vulnerability were often present e.g .truancy, bullying, bereavement, depression, physical or sexual abuse, self-harm sibling drug use, victimisation or poor educational attainment.
Cumbria Substance Misuse Needs Assessment 2014	This information is being developed by Public Health and will be available by the time that the second stage of the EIA is developed.
Diversity Assessment	<ul style="list-style-type: none"> • There was a lack of knowledge about the nature and extent of drug use amongst the

Package (UCLAN)	<p>UK's Black and minority ethnic groups. Diverse populations are not homogenous</p> <ul style="list-style-type: none"> • Primary drug use is a more important determinant of treatment success than ethnicity or gender
Women Drug Users in North Cumbria OutREACH Cumbria Lesbian, Gay, Bisexual and Transgender	<ul style="list-style-type: none"> • Women generally do better than men in drug treatment with regard to retention and completion • The differential impact of drug treatment on different diverse populations is generally unknown
Cumbria Service User Network	The shift to a recovery focus is welcomed but momentum needs to be maintained

Phase 2 Screening for Impacts

The information below highlights issues raised from the information gathering section.

General/All: This includes impacts that cuts across different protected groups

Issue	Positive and negative impacts	Action Required
Reduction in contract value	<p>The current contact value for Substance Misuse services in Cumbria is £5.3 million per annum. As part of the councils Strategic Planning process this value will reduce when the contract is reprocured from September 2015. This will result in a reshaped service specification which is currently in the planning stages.</p> <p>The EIA process therefore will take place in two stages, this, the first stage will assess the overall likelihood of impact on the protected groups and will inform the consultation and engagement process which will ultimately inform the final service specification.</p> <p>The data included on service user access by protected characteristics will provide focus for elements of the engagement process leading up to the specification.</p> <p>The second stage of the review will examine each strand in more detail when</p>	Complete stage 2 EIA as part of development of Service Specification.

	<p>the shape of the future service is better understood but it is anticipated that the service will retain a principle of open access for a full range of substance misuse related interventions.</p> <p>Previous procurement processes have not indicated any mitigating actions to be taken but have highlighted a high number of substance misusers with a co-existing mental health condition. This has long been felt to be an area which is under diagnosed. As a result there will be particular focus on the disability strand of the stage 2 assessment and specific mental health groups will be actively engaged with.</p> <p>It is intended that the stage 2 assessment accompanies the tender documentation and is made available as part of the procurement process.</p> <p>The following protected characteristics will be prioritised for the second stage EIA:</p> <ul style="list-style-type: none"> • People aged 11-19; • BME people; • People with mental health conditions and learning disabilities; • Sexual orientation, looking differentially at males, females and transgender people. 	
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Quality Assurance and EIA completion

Date completed	10 th November 2014
Lead officer	Paul Musgrave

Equality Impact Assessment: Savings Proposal 4 – Bring together a number of services and contracts to better support the health and wellbeing of children in Cumbria

Directorate	Health and Care
Functional Area	0-19 Public Health Services for Children
Assistant Director Responsible for EIA	Colin Cox
Functional Area of EIA or Proposal	Proposal 4 Bring together a number of services and contracts to better support the health and wellbeing of children in Cumbria

Aims of the EIA

Purpose of the EIA	<p>To assess whether the 2015 budget proposal relating to the integration of 0-19 public health services for children, pays due regard to section 149 of the Equality Act (2010). This requires public authorities when making changes to employment, contracts and services to:</p> <ul style="list-style-type: none"> • Prevent discrimination, harassment and victimisation • Advance equality of opportunity • Foster good relations in the community. <p>The EIA focuses upon those groups who share a protected characteristic as set out in the Equality Act.</p>
Summary of findings	<p>The overall aim of this integrated model of public health services for children is to bring together a number of different work streams and contracts to improve outcomes for the children and young people of Cumbria. It is proposed that these recommendations will realise a saving against current and future spend, when CCC takes over responsibility for commissioning the 0-5 Healthy Child Programme (Health Visiting services) in October 2015. This will be done by:</p> <ul style="list-style-type: none"> • Emphasis on early identification of need for 0-5 year olds;

	<ul style="list-style-type: none"> • Emphasis on public health plans for schools for 5-19 years that include issues relating to poverty, rurality and people who share a protected characteristic under the Equality Act. <p>This approach would enable the Council:</p> <ul style="list-style-type: none"> • To target, prioritise and fast track referrals to other forms of support • To focus changes relating to Equality at the level of school populations and link to wider forms of support available. <p>The main changes to service delivery will take place in 2017. Due to this there will be a two stage EIA:</p> <ul style="list-style-type: none"> • Stage 1: Looks at the rationale for including this in the Council Budget for 2015; • Stage 2: Will review in detail the profile of users as part of the development of a service specification once commissioning for the Health Visiting Service transfers to the Council.
Scope of the EIA:	Cross Directorate and Contracted Organisations

Phase 1: Gathering information

List examples of background information that you think are **relevant**. If carrying out an assessment of a proposal. This section should include the data used to establish whether the proposal has an impact.

Type of information	Findings
Contract information	<p><u>5-19 Healthy Child Programme (School Nursing)</u> CCC currently commissions and the Provider is Cumbria Partnership Foundation Trust (CPFT) Current contract end on 30th September 2015. A decision has been made to go out to tender for contract for 18 months from 1st October 2015.</p> <p><u>0-5 Healthy Child Programme (Health Visiting)</u> NHS England currently commissions and the Provider is CPFT CCC will take on commissioning responsibility from 1st October 2015 Current contract ends on 31st March.</p>

	<p>A decision has been made to go out to tender for contract for 18 months from 1st October NHS England will commission service from 1st April – 30 September 2015</p>
Service user data Home Visiting Service	<p>The Health Visiting Service is currently provided by the Cumbria Partnership Foundation Trust, and is universal, reaching all children aged 0-5 (including pre-natal engagement with expectant mothers).</p> <p>When commissioning for this service transfers to the Council in October 2015, a review of core data required will be incorporated into the service specification, which will include more information on protected characteristics and linking this to outcomes.</p>
National information relating to 0-19 services and Equalities	<p>National research and data suggests that the following specific Protected Characteristics would require some consideration in relation to future targeting:</p> <ul style="list-style-type: none"> • BME people; • Religion and Belief; • Disabled people; • Sexual Orientation and Transgender; • Single carer households where the main carer-giver is male.
Rurality	<p>Feedback from the School Nursing provision shows that in some rural areas teenagers are using the School Nursing programme over the GP to access contraception to preserve confidentiality.</p>

Phase 2 Impacts

From the evidence above use this section to identify the risks and benefits according to the different characteristics protected by the Equality Act.

All/general: Any issue that cuts across a number of protected characteristics

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Greater focus on targeted services	A reduction in funding will require greater effort to ensure resources are targeted at those most in need. This should mean that those with protected characteristics are among the targeted services users experiencing earlier identification, and response to, need.	A reduction in funding poses risks to all those with protected characteristics who currently access 0-19 Healthy Child Programme; in particular those who are not amongst the targeted service users may experience reduced services or discontinuation of services.	Commissioners and contract managers to ensure providers concentrate effort on targeting those most in need. Those with protected characteristics on whom changes may impact negatively should be identified and supported to access appropriate services elsewhere if available.

Pregnancy and Maternity: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Services for perinatal women	Women before and after child birth will continue to benefit from the service.	Risk that any changes resulting in lower levels or quality of services would affect this group disproportionately.	Monitor impact on perinatal services as part of implementation.

Age: A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Issue
No specific age related issues are identified beyond those relating to all protected characteristics.

Disability: A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Issue

More detailed work on this will be required as part of stage 2.

Gender Reassignment: The process of transitioning from one gender to another.

Issue

No specific gender reassignment related issues are identified beyond those relating to all protected characteristics.

Marital status: Whether a person is married, widowed, divorced, single or cohabiting.

Issue

No specific marriage and civil partnership related issues are identified beyond those relating to all protected characteristics.
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Race and Ethnicity: Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Issue

More detailed work on this will be required as part of stage 2.

Religion and Belief: Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Issue

More detailed work on this will be required as part of stage 2.

Sex: A man or a woman.

Issue

More detailed work on this will be required as part of stage 2.

Sexual Orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Issue

More detailed work on this will be required as part of stage 2.

Rurality and Socio-Economic Status: This can include people on low incomes, as well as issues around rural and urban deprivation

Issue
More detailed work on this will be required as part of stage 2.

Phase 3: Action Planning

Based on actions raised in the action required box above

Area for further action	Actions proposed	Lead officer	When	Resource implications	Outcome
Commissioning, Contract Specification and Contract management.	0-19 Healthy Child Programme contracts from October 2015 ensure services are focused on those in greatest need.	Christine Clark	October 2015	Requires input from commissioners and contract managers.	Those with protected characteristics who have greatest need are protected, as far as possible, from the impact of a 16.7% reduction in funding for 0-19 Healthy Child Programme

Quality Assurance and EIA completion

Date completed	9 October 2014
Lead officer	Christine Clark

Equality Impact Assessment: Budget Proposal 6 Services that Support People's Independence and Wellbeing

Directorate	Health and Care Services
Unit/Team	Adult Social Care
Director Responsible for EIA	Sally Burton
Functional Area or Proposal	Budget Proposal 6 Services that Support People's Independence and Wellbeing

Aims of the EIA

Purpose of the EIA	<p>To assess whether the 2015 budget proposal relating to the alignment of services to support people's independence and wellbeing pays due regard to section 149 of the Equality Act (2010). This requires public authorities when making changes to employment, contracts and services to:</p> <ul style="list-style-type: none"> • Prevent discrimination, harassment and victimisation • Advance equality of opportunity • Foster good relations in the community. <p>The EIA focuses upon those groups who share a protected characteristic as set out in the Equality Act.</p>
Scope of the EIA:	One Directorate / Contracted Services

Summary of findings	Overall the EIA demonstrates that bringing together currently separate rehabilitation services (reablement and intermediate care services) will produce better outcomes for more people and a more efficient service
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Phase I: Gathering information

List examples of background information that you think are **relevant**. If carrying out an assessment of a proposal this section should include the data used to establish whether the proposal has an impact.

Demography	Findings
Demographics and evidence of potential demand	Cumbria has an older population profile than England & Wales, 21% Cumbria's population is aged over 65 years – higher than England & Wales (16%).
National Policy Drivers for this proposal	<p>The proposal is driven by:</p> <ul style="list-style-type: none"> • The requirement to integrate health and social care and is a key priority within the Better Care Fund plan; • the need to maximise independence, and reduce dependency and demand for long term care and support; • the requirement to focus on preventative and community based service delivery that promotes independence (Our Health, Our Care, Our Say, DH January 2006; and the Care Act 2014); • the outcomes of the Cumbria Reablement Review (October 2013); and the Newton's diagnostics Oct 2014 • the need to make efficiencies within health and ASC services by reducing duplication of effort and improving services that avoid unnecessary hospital and care home admissions and to facilitate timely discharges.
National policy and local drivers	Findings
Alignment of rehabilitation services	NHS Cumbria and Cumbria County Council are committed to working together to make the best use of resources and to avoid duplication. For customers and Carers this will be a positive change as streamlining

in Cumbria	<p>the patient / customer rehabilitation pathway will provide an improved journey for a person travelling through health and Adult Social Care processes, and improved outcomes and opportunities for people living in Cumbria.</p> <p>One of the ways of achieving this is to provide an effective and responsive approach to rehabilitation for people to:</p> <ul style="list-style-type: none"> • avoid the need for an unnecessary admission to hospital or care home; • reduce the avoidable time spent in hospital or crisis care home admission; • delay the need for statutory services such as long term home care where safe to do so. <p>Bringing services together will reduce duplication and improve outcomes for people by ensuring each individual can be provided with the appropriate mix of support and services. By changing the way we work and by working together the number of people that can be supported will be increased.</p> <p>These improvements will help to promote care in the right setting, care closer to home or home of choice and reduce dependence costs on other services such as hospital care, the number of care home beds required and in long term home care.</p>
Consultation	Findings
Disability consultation group 1/12/14	Participants in the disability consultation group chaired by the Council, raised the question of whether the proposal relates to people with sensory loss who benefit from Rehabilitation Officers for the Visually Impaired (ROVIs) and whether the proposal linked to changes in disability equipment.

Phase 2 Screening for Impacts

The information below highlights issues raised from the information gathering section.

General/All: This includes impacts that cuts across different protected groups

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Maximum capacity utilisation	Collaborative working between intermediate care, reablement, Neighbourhood Care Independence	There is a risk that there is insufficient capacity to meet demand within the system. The aim of this proposal is make	Effective engagement between intermediate care, Cumbria Care,

	<p>Programme and Support at Home Providers, will aim to prevent duplication.</p> <p>For customers and carers this should be a positive change as streamlining the patient / customer rehabilitation pathway will provide an improved journey for a person travelling through Health and ASC processes, and improve outcomes and opportunities for people living in Cumbria.</p>	<p>make better use of resources thereby reducing this risk</p>	<p>Neighbourhood Care Independence Programme and SaH providers.</p> <p>The service modelling will seek to forecast demand and capacity required across the county to inform service development.</p>
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Ethnicity: All ethnic groups recognised under the Race relations Act including Asian, Black, East Asian and white minority ethnic groups, including Eastern Europeans, Irish people and Gypsy Travellers.

Issue
No impacts have been identified

Disability and health and wellbeing: All forms of disability recognised under the Disability Discrimination Act including sensory impairment, mental health, learning disabilities, mobility related conditions, conditions such as heart disease, diabetes, asthma. This also covers any impact on health and well being

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Issues raised in consultation	The proposal does not affect either of the issues raised in consultation.		Feedback to disability organisations.

Gender: including men, women and transgender people.

Issue
No impacts have been identified

Sexual Orientation: including heterosexual, gay, lesbian and bisexual people

Issue

No impacts have been identified

Age: All age groups

Issue

Age range 18 + - no impacts have been identified.

Religion/belief: all faiths including Christianity, Islam, Judaism, Hinduism, Buddhism, Sikhism and non religious beliefs such as Humanism

Issue

No impacts have been identified

Socio-Economic Status: This can include people on low incomes, as well as issues around rural and urban deprivation

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Equity and rural isolation	Reablement provision is countywide service. The Neighbourhood Care Independence Programme also supports people living in rurally isolated neighbourhoods making use of community initiatives to complement reablement.	The Neighbourhood Care Independence Programme has local variations which will mean the offer will differ across the county.	Liaison with the NCIP regarding need for additional developments based on good practice.

Community Cohesion: This is where a decision or a change to services may risk creating tensions between community groups in a local area.

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Alignment of rehabilitation services includes NCIP	Neighbourhood Care Independence Programme involvement is integral to this process in providing lower level ongoing support. Through the development of links to prevention services through the		Currents links to Neighbourhood Care Independence and other prevention routes (assistive


	Neighbourhood Care Independence Programme there will be positive outcomes for service users and carers who are socially included within their community and have access to a range of support and advice to meet wider needs.		technology) are being monitored for opportunities to improve services and outcomes.
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Phase 3: Action Planning

Based on actions raised in the action required box above

Area for further action	Actions proposed	Lead officer	When
All actions outlined in this EIA above	Collaborative Locality working between CCG, intermediate care (CPFT), ASC District Teams and Reablement and NCIP, to be supported by robust consultation, engagement and operational processes, including reviewing and developing multi agency strategic planning / governance arrangements, and common standards, outcomes and performance goals, through an aligned service specification.	Mark Hastings	April 2015
	New ways of working will need to be supported by the provision of education and training for staff via a programme of workshops.	Mark Hastings	April 2015

Quality Assurance and EIA completion

Date completed	20/11/14
Lead officer	Amanda Evans, Assistant Director
Signed off	
Have staff been involved in developing the EIA?	Rehab/Reablement/NCIP Steering Group
Have community organisations been involved?	Engaged through Locality meetings, Disability Consultation Group 1/1/14
Date of latest update of EIA	Current

Equality Impact Assessment: Savings Proposal 10 – Reshape the commissioning of advocacy services to allow us to refocus the money where we have the greatest demand in the future

Directorate	Health and Care
Functional Area	Adult Social Care
Assistant Director Responsible for EIA	Sally Burton
Functional Area of EIA or Proposal	Proposal 10 – Reshape the commissioning of advocacy services to allow us to refocus the money where we have the greatest demand in the future

Aims of the EIA

Purpose of the EIA	<p>To assess whether the 2015 budget proposal relating to the re-commissioning of advocacy services pays due regard to section 149 of the Equality Act (2010). This requires public authorities when making changes to employment, contracts and services to:</p> <ul style="list-style-type: none"> • Prevent discrimination, harassment and victimisation • Advance equality of opportunity • Foster good relations in the community. <p>The EIA focuses upon those groups who share a protected characteristic as set out in the Equality Act.</p> <p>The savings relate to a 10% reduction per annum across all contracts as they are recommissioned. This means that the current contracts will run at the existing funding levels until they are up for renewal.</p>
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Summary of findings	<p>The EIA acknowledges that people who share a protected characteristic are particularly likely to use advocacy services, and there is a risk that they will be most impacted by service reductions. At its most severe this may lead to waiting lists, or to a reprioritisation of some clients, especially those most able to advocate for themselves. At these funding levels an advocacy provider should be able to meet the basic statutory requirements, and ensure that those most at risk retain the levels of service they currently receive.</p> <p>The group most at risk from this proposal would be those who are in poverty or experience social exclusion but do not qualify under Adult Social Care's Fair Access to Care requirements. The Cumbria Advice and Support Team supporting this group will be critical to the implementation of this proposal.</p> <p>Any reduction in provision for the Independent Mental Capacity Advocacy and the Independent Mental Health Act Advocacy Service is likely to affect some of the most vulnerable groups in society. Mitigation action will be undertaken to address this risk.</p> <p>There is scope to reduce the work of Healthwatch, though this would have to ensure that the contract is delivering on the main statutory functions as set out in the Health and Social Care Act (2012).</p> <p>The following should also mitigate against impacts on the customers:</p> <ul style="list-style-type: none"> • Utilisation of government grant relating to the Care Act to ringfence a proportion of the Advocacy Contract that is due to begin in August 2015. • Identification of where demand for advocacy could be reduced by better utilisation of other services provided through the Cumbria Advice and Support Team – especially floating support. • Identification of areas with high community advocacy demand that relates to non-council services and work with partner organisations to address them at a policy level. Examples include welfare and benefits and choice based lettings (this could reduce demand for advocacy in these areas). • Seeking efficiencies through the procurement process, for example through greater use of self-supported advocacy for lower level cases, or cases where a person has the ability to advocate for themselves. • Work with the provider of the future advocacy contracts to identify ways to either reduce demand, manage client expectations or prioritise on a needs basis.
Scope of the EIA:	Contracted Organisations

Phase 1: Gathering information

List examples of background information that you think are **relevant**. If carrying out an assessment of a proposal. This section should include the data used to establish whether the proposal has an impact.

Service Data	Findings
<p>Generic Advocacy (currently non-statutory, will include some Care Act requirements from August 2015).</p>	<p>The Generic Community Advocacy Service sees 2000 people per annum, and resolves over 3000 issues.</p> <p>Care Act requirements account for approximately 30% of these.</p> <p>Housing accounts for approximately 20% of these.</p> <p>Welfare and Benefits accounts for approximately 10% of these.</p> <p>The following groups who share a protected characteristic are more likely to be represented by the service than in the local population:</p> <ul style="list-style-type: none"> • People with learning disabilities • People with mental health conditions • BME people <p>The following groups are less likely to use the service than in the local population:</p> <ul style="list-style-type: none"> • Older people • People with disabilities relating to mobility. <p>This is a result of a legacy of advocacy services coming together from a merging of previous contracts relating to BME people, learning disabilities and mental health.</p>
<p>Independent Advocacy Service – supporting people to make complaints about the</p>	<p>Performance data from October 2013 to June 2014 shows that:</p> <ul style="list-style-type: none"> • Referrals have increased (by 24% in the between April and June) • Resolution of issues have increased from 40 for quarters 1 and 2 to 62 for quarter 3.

NHS and Social Care (Statutory).	<p>Unlike the Generic Advocacy Service this service tends to be used less by BME people, disabled people and people who experience general social exclusion. The focus tends to be more on complaints handling, people who have experienced a bereavements due to an NHS procedure and specific issues relating to application of policy in Haverigg Prison and the Carleton Clinic.</p> <p>Contract monitoring discussions have covered topics such as introducing more self-help toolkits, including sample letters and videos on how to lodge a complaint.</p>
Independent Mental Capacity Advocacy and Independent Mental Health Act Advocacy (both statutory)	<p>These contracts focus on people who lack capacity to make major decisions relating to health and accommodation, those subject to a deprivation of liberty order, and those who have been detained under the Mental Health Act.</p> <p>Both contracts are operating to maximum capacity, and there is a risk of demand outstripping available provision. Continuing work between the providers, the Council's Health and Care Directorate and the NHS would be required to manage demand effectively.</p>
Healthwatch – a system to enable the consumers' voice to be heard in decisions about Health and Social Care (statutory)	<p>Performance information has shown that the service has worked with over 4000 people in its first year.</p> <p>The service has carried out a number of projects relating to care homes, hospital parking, proposed closures of GP surgeries and NHS and Social Care complaints systems. There is work relating to the future of hospitals and oncology services.</p> <p>The service is scalable in that increased funding would increase the volume of work, and decreased funding would limit the work, but could refocus it.</p> <p>Also during its first year Healthwatch had to establish its board, as well as build a number of strategic contacts across the Health and Social Care system. It is anticipated that with this in place, this pressure on their capacity will reduce.</p>
Service Quality	Findings
County Council Service Quality exercise 2013	<p>In 2013 the Commissioner carried out 20 in-depth advocacy case studies to assess the longer term impact of advocacy interventions. The interviews took place with people whose advocacy issues had been closed for over 3 months. It found that:</p> <ul style="list-style-type: none"> • Advocacy works well with people who present with complex and multiple problems. • People who had been supported were able to find work, volunteering, relationships and housing, who would not have done otherwise.

	<ul style="list-style-type: none"> A better understanding of the policy issues that advocates tackle would reduce some demand for advocacy.
Feedback from consultation	Findings
Disability workshop 1/12/14 as part of the Council's Strategic Planning Consultation	<p>The following issues were raised which have been addressed in the main body of this EIA:</p> <ul style="list-style-type: none"> Whether the proposal to reduce advocacy provision has considered the new requirements under the Care Act. Whether the proposal has taken into account the fact that current advocacy provision had been reduced following a previous Council review of Advocacy.
AWAZ feedback from budget consultation	Concerns about the levels of support that would be available for BME people and people with learning disabilities if there was a 10% budget reduction in the Generic Advocacy contract.
Efficiencies	Findings
Previous tender for Generic Advocacy	<p>The current Generic Advocacy service was tendered in 2012, and merged two Mental Health contracts, a Learning Disability contract and externalised the Multi-Cultural Service, which had been in-house. A saving of 30% was achieved through this tender.</p> <p>The successful tender submission also earmarked 85% of the total cost towards front line service delivery.</p>

Phase 2 Impacts

From the evidence above use this section to identify the risks and benefits according to the different characteristics protected by the Equality Act.

All/general: Any issue that cuts across a number of protected characteristics

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
10% reduction in funding available	With the integration of advocacy into Cumbria Advice and Support Team there is an opportunity to align advocacy support better than previously to floating support, supporting people and support to people in hardship.	There is a risk for people who access non-statutory advocacy services.	Work with the providers of new contracts to consider ways to prioritise based on the needs of the individual, especially in relation to capacity, communication and level of support they

			receive.
Achievement of efficiencies	There is scope for internal efficiencies across the range of contracts.	There is a risk that these efficiencies will not be made without diluting the quality of service, or having to review who is a priority in terms of access.	Consider whether certain measures are proportionate, such as waiting lists for non-urgent advocacy.
Introduction of the Care Act	The Care Act will provide for the first time statutory rights to advocacy for people who are in receipt of a care package. Approximately 30% of cases in the community advocacy services would now be protected and continued in the new service.	N/A	N/A
Prioritisation based on need	There is scope within the IAS and Healthwatch (HW) contracts to make reductions with lower risk than reducing the IMCA, IMHAA and Generic contract.	More pressure on statutory services, as much of the demand would remain from vulnerable adults who are not entitled to statutory advocacy.	Manage expectations by exploring how HW could be provided on a lower budget.

Age: A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Older people	Any reduction in service is unlikely to impact disproportionately on older people as they currently are underrepresented across all advocacy services.	Specific spikes in demand for advocacy have been experienced when older people's homes have had to close. Given that this can happen swiftly following an adverse inspection, or if a provider becomes insolvent, there is the potential for a sudden demand not being met.	Commissioners would need to consider their plans to spot purchase advocacy above and beyond the contract to handle emergencies that the contracts are not designed to respond to.

Disability: A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Care Act	<p>The Act extends protection to disabled and vulnerable people who currently use advocacy without statutory protection.</p> <p>With additional funding from government to match the new duties, this group should be protected from this proposal, and a similar or better standard of service should apply.</p>	Evidence from the IMCA and IMHAA service shows there demand in terms of referrals goes up as awareness of the new responsibilities increases among professionals involved in a person's care. However there is a potential limit to this that can be modelled.	Commissioners to model the total potential demand for Care Act advocacy, map this against the funding available and build this into the future contract.
General learning disabilities	The current advocacy contract has demonstrated how specialist services for people with Learning Disabilities can be integrated into a generic service, and to use self-advocacy groups to provide a network of self and mutual support in place of previous levels of dedicated and funded support.	There is limit beyond which the integration of LD support into a generic model can go before some people who are currently being supported to remain independent require more interventions from services. This was a finding from the case studies of 2013.	Build support mechanisms for Learning Disability into the Generic contract.

Race and Ethnicity: Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Issue	Positive Impact or benefits	Negative impact or risks	Action Required
Demand for advocacy	Over the lifetime of the previous contract demand for advocacy from BME people has reduced. This has been for a number of reasons including, stopping immigration work which was not strictly the role of advocacy services, stopping general support activity that had built an unsustainable dependence on advocacy.	<p>Advocacy support has been critical in a small number of child safeguarding cases involving BME people, or people who speak limited English, and there is a risk that this level of specialist support could be at risk.</p> <p>There is also a risk that current reliance on advocacy for migrants experiencing exploitation at work and</p>	<p>Identify levels of demand for Child Safeguarding work, especially for parents and carers.</p> <p>Work with Trade Unions, AWAZ and Cumbria Law Centre to explore better ways to provide support in relation to migrants</p>

	The proposed reduction should still enable BME people most at risk to benefit from advocacy compared to the current provision.	for non-EU people struggling to negotiate their immigration status could lead to adverse impacts.	experienceing exploitation and immigration case work.
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Gender Reassignment: The process of transitioning from one gender to another.

Issue
No specific gender reassignment related issues are identified beyond those relating to all protected characteristics.

Marital Status: Whether a person is married, widowed, divorced, single or cohabiting.

Issue
No specific marriage and civil partnetships related issues are identified beyond those relating to all protected charecteristics.

Pregnancy and Maternity: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Issue
No specific pregnancy and maternity related issues are identified beyond those relating to all protected characteristics.

Religion and Belief: Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Issue
No specific religion and belief related issues are identified beyond those relating to all protected characteristics.

Sex: A man or a woman.

Issue
No specific sex related issues are identified beyond those relating to all protected characteristics.

Sexual Orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Issue
No specific sexual orientation related issues are identified beyond those relating to all protected characteristics.

Phase 3: Action Planning

Based on actions raised in the action required box above

Area for further action	Actions proposed	Lead officer	When	Resource implications	Outcome
Commissioning, Contract Specification and Contract Management.	Address all issues outlined above within the commissioning process.	Julie Batsford	Jan 14 – Mar 15	Requires input from commissioners, contract managers and intelligent client, and policy team.	Those with protected characteristics who have greatest need are protected, as far as possible, from the impact of a 10% reduction in funding for Advocacy Services

Quality Assurance and EIA completion

Lead officer	Peter Woodhouse
Have community organisations been consulted?	Public consultation as part of the budget assessment, including specific workshops with disability groups and consultation with AWAZ.