

London Borough of Hammersmith & Fulham

# Cabinet

12 November 2012

## EQUALITY IMPACT ASSESSMENTS

<u>Item</u>		<u>Pages</u>
7.	ESTABLISHING TRI-BOROUGH INTEGRATED HEALTH AND SOCIAL CARE COMMUNITY SERVICES - UPDATE AND NEXT STEPS	1 - 11
10.	MINIMISING THE COST OF TEMPORARY ACCOMMODATION	12 - 15



City of Westminster

## EQUALITY IMPACT ASSESSMENT TOOL

The council has a statutory duty to consider the impact of its decisions on age, disability, gender reassignment, pregnancy & maternity, race, religion or belief, sex (gender) and sexual orientation.

The Council also has a duty to foster good relations between different groups of people and to promote equality of opportunity.

Completing an EIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EIAs should be carried out at the earliest stages of policy development or a service review, and then updated as the policy or review develops. EIAs must be undertaken when it is possible for the findings to inform the final decision. Keep all versions of your EIA. An EIA should be finalised once a final decision is taken.

**When you should undertake an EIA:**

- You are making changes that will affect front-line services
- You are reducing the budget of a service, which will affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles (particularly if it impacts on frontline services).
- EIAs also need to be undertaken on how a policy is implemented even if it has been developed by central government (for example cuts to grant funding).

**Who should undertake the EIA:**

- The person who is making the decision or advising the decision-maker

**Guidance and tools for completing EIAs are available on the WIRE:**

<http://rewire/supportunits/policyplanningandperformance/Pages/Equalities.aspx>

**An EIA e-learning module is available for all Westminster staff:**

[www.learningpool.com/westminster/course/view.php?id=159](http://www.learningpool.com/westminster/course/view.php?id=159)

**When you have completed an EIA, please send the final copy to Lucy Capron (Strategy Unit): [lcapron@westminster.gov.uk](mailto:lcapron@westminster.gov.uk)**

**SEB will monitor compliance with the requirement to complete EIAs.**

## SECTION 1: DETAILS OF EQUALITY ANALYSIS

1.1	<p>Title of EIA</p> <p><b>ESTABLISHING TRI-BOROUGH INTEGRATED HEALTH AND SOCIAL CARE COMMUNITY SERVICES – UPDATE AND NEXT STEPS</b></p>
1.2	<p>What are you analysing?</p> <ul style="list-style-type: none"> <li>• What is the purpose of the policy/project/activity/strategy?</li> <li>• In what context will it operate?</li> <li>• Who is it intended to benefit?</li> <li>• What results are intended?</li> <li>• Why is it needed?</li> </ul>
	<p>Adult Social Care in the three boroughs has a long-established track record of effective integrated care, out of hospitals, for people with learning disabilities and long-term mental health problems, as well as excellent projects to enable people to get home from acute hospitals when they are well enough.</p> <p>It is now proposed to integrate mainstream health and social care for those people who make greatest use of both systems and require continuing care and case management for complex needs.</p> <p>Adult Social Care plans to work with GPs and Central London Community Healthcare to build integrated local delivery of health and social care through GP networks or localities working in partnership with assessment and care management and community health services.</p> <p>The desired outcomes are to benefit residents through a seamless service, and to achieve cost reductions through providing integrated points of access, through reducing service duplication and through reducing demand as well as the intensity and length of expensive care. Service users, particularly those with long-term conditions, will receive a single assessment and have all their health and social care co-ordinated by a single individual.</p>
1.3	<p>Details of the lead person completing the EIA</p> <p>(i) Full Name: Phillip Berechree</p> <p>(ii) Position: Programme Manager, Caldicott Guardian</p> <p>(iii) Unit: Adults Services Operations</p> <p>(iii) Contact Details: <a href="mailto:pberechree@westminster.gov.uk">pberechree@westminster.gov.uk</a>, 020 7641 2048</p>
1.4	<p>Date sent to Strategy Unit</p>
1.5	<p>Version number and date of update</p> <p>V2, 17/10/12</p>

## SECTION 2: EQUALITY ANALYSIS

- 2.1** If you are planning changes to a current service, which customers from the protected groups are using the service currently?
- If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends or anecdotal evidence. Do not leave any box blank.

How many people use the service currently? What is this as a % of Westminster's, RBKC's, and LBHF's population?

Age Group	Total Number of Adults					
	LBHF		RBKC		WCC	
<b>20 - 64</b>	130000	88.80%	109900	85.06%	153700	86.30%
<b>65 - 74</b>	9100	6.22%	11000	8.51%	13200	7.41%
<b>75 - 84</b>	5300	3.62%	5800	4.49%	8200	4.60%
<b>85+</b>	2000	1.37%	2500	1.93%	3000	1.68%
<b>Total</b>	<b>146400</b>	<b>100.00%</b>	<b>129200</b>	<b>100.00%</b>	<b>178100</b>	<b>100.00%</b>

Number of Males			Number of Females			Total Number of Adults		
LBHF	RBKC	WCC	LBHF	RBKC	WCC	LBHF	RBKC	WCC
<b>70700</b>	<b>63100</b>	<b>90300</b>	<b>75700</b>	<b>66100</b>	<b>87800</b>	<b>146400</b>	<b>129200</b>	<b>178100</b>
48.3%	48.8%	50.7%	51.7%	51.2%	49.3%	100.0%	100.0%	100.0%

Borough	White: British	White: Irish	White: Other White	Mixed: White and Black Caribbean	Mixed: White and Black African	Mixed: White and Asian	Mixed: Other Mixed
<b>LBHF</b>	<b>88.9</b>	<b>5.1</b>	<b>14.7</b>	<b>1.1</b>	<b>0.6</b>	<b>1.1</b>	<b>1.0</b>
	63.0%	3.6%	10.4%	0.8%	0.4%	0.8%	0.7%
<b>RBKC</b>	<b>81.9</b>	<b>4.0</b>	<b>20.8</b>	<b>1.0</b>	<b>0.7</b>	<b>1.1</b>	<b>1.2</b>
	57.5%	2.8%	14.6%	0.7%	0.5%	0.8%	0.8%
<b>WCC</b>	<b>120.8</b>	<b>5.7</b>	<b>27.5</b>	<b>1.4</b>	<b>1.2</b>	<b>2.1</b>	<b>2.0</b>
	55.4%	2.6%	12.6%	0.6%	0.6%	1.0%	0.9%

Borough	Asian or Asian British: Indian	Asian or Asian British: Pakistani	Asian or Asian British: Bangladeshi	Asian or Asian British: Other Asian	Black or Black British: Black Caribbean	Black or Black British: Black African
<b>LBHF</b>	<b>6.2</b>	<b>2.3</b>	<b>1.4</b>	<b>1.9</b>	<b>5.4</b>	<b>5.8</b>
	4.4%	1.6%	1.0%	1.3%	3.8%	4.1%
<b>RBKC</b>	<b>8.4</b>	<b>2.5</b>	<b>1.4</b>	<b>2.1</b>	<b>3.4</b>	<b>4.7</b>
	5.9%	1.8%	1.0%	1.5%	2.4%	3.3%
<b>WCC</b>	<b>14.2</b>	<b>5.2</b>	<b>4.3</b>	<b>3.7</b>	<b>5.7</b>	<b>8.0</b>
	6.5%	2.4%	2.0%	1.7%	2.6%	3.7%

Borough	Chinese or Other Ethnic Group: Chinese	Chinese or Other Ethnic Group: Other
LBHF	<b>2.2</b>	<b>2.5</b>
	1.6%	1.8%
RBKC	<b>4.2</b>	<b>4.3</b>
	2.9%	3.0%
WCC	<b>8.2</b>	<b>6.8</b>
	3.8%	3.1%

The total number of Older People and People with Physical Disabilities receiving a service by borough is as below:

Westminster - 3,135 (1.8% of the population)

Gender and Age	Female	2,046	% of population
	Male	1,088	
	18-64	535	65+
	Over 65	2,599	11%

LBHF - 1,905 (1.3% of the population)

Gender and Age	Female	1128	% of population
	Male	777	
	18 - 64	482	65+
	65 +	1423	9%

RBKC - 2,004 (1.6 of the population)

Gender and Age	Female	1347	% of population
	Male	676	
	18 - 64	484	65+
	65 +	1539	8%

**2.2** Are there any equality groups that are overrepresented in the monitoring information relative to their size of the population? *If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service. Information about Westminster's population is on the Equalities page on the WIRE.*

Yes. While the proposed integration of care and health community services around GP localities will be a universal service, the proposals will disproportionately affect older people and people with disabilities as they are more likely to be in receipt of a social care service than the rest of the population.

2.3	<p><b>Are there any equality groups that are underrepresented in the monitoring information relative to their size of the population? If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.</b></p>
	<p>No</p>
2.4	<p><b>What other evidence can you use to assess impact?</b> For example:</p> <ul style="list-style-type: none"> <li>• Results of consultation or engagement activity</li> <li>• Analysis of enquiries or complaints</li> <li>• Benchmarking monitoring information with other local authorities</li> <li>• National research</li> </ul> <p><i>If you do not have enough evidence you may need to take steps to fill in your information gaps – for example meeting with stakeholders, conducting surveys etc (the amount of evidence you need should be proportionate to what it is you are assessing. For example, changes to the eligibility for social care required a substantial consultation, as well as assessment of the numbers of people affected. However, a change to the frequency of bin collections will require less evidence to effectively assess impact).</i></p>
	<p><b>National research</b> is in support of the proposals:</p> <p>“The lack of joined-up care is the biggest frustration for patients, service users and carers” (National Voices)</p> <p>“Patients and service users want services that are organised around, and responsive to, our human needs. We are sick of falling through gaps. We are tired of organisational barriers and boundaries that delay or prevent our access to care. We do not accept being discharged from a service into a void. We want services to be seamless and care to be continuous.” (National Voices)</p> <p><b>Local consultation</b> strongly supports the proposed integration:</p> <p>All NHS organisations that are working to become an NHS Foundation Trust are required as part of their application to carry out a public consultation on their Foundation Trust plans. CLCH’s consultation took place from 8 May 2012 to 31 July 2012 and asked 13 questions on the visionary and governance elements of their Foundation Trust plans. This included explicit reference to plans for integration with social care.</p> <p>Table 1 sets out the responses to the consultation question about integration, indicating overwhelming public support for better co-ordination.</p> <p>Table 1 - Responses by consultation question.</p>

	1 - Do not support at all	2	3	4	5 – Fully in Support
Q1. On a scale of 1-5 to what extent do you agree with our plans to improve integration across health and social care?	3%	2%	13%	24%	58%
<b>2.5</b>	<b>Will people from all equality groups be able to access the council service in question?</b> Think about the customer journey and whether any barriers may exist for different groups along the way (from finding out about the service, at the access points, when receiving the service etc). <i>Separate guidance on identifying barriers is available on the WIRE.</i>				
	<p>The proposals will improve access to care and health community services through better co-ordination, closer working with GPs, and less duplication.</p> <p>Care pathways are being mapped to ensure that the end result is seamless support for people in receipt of health and social care community services.</p> <p>Establishing integrated points of access will again ensure better access to services without the need to repeat information. Care will be taken to ensure that access channels do not disadvantage or bar people with sensory impairments or those not using on-line facilities.</p>				
<b>2.6</b>	<b>What negative impacts or disadvantage could stem from the changes you are proposing on people from the different groups? Could any part of the policy discriminate unlawfully (this includes direct &amp; indirect discrimination, victimisation and harassment)?</b> <i>If there is any discrimination the action must stop immediately and advice sought.</i>				
	<p>No negative impacts or disadvantages for people from different groups are anticipated. The distribution of people using the services does vary within boroughs and this will need to be addressed in service design and the allocation of resources.</p>				
<b>2.7</b>	<b>Is there anything you can do to promote equality of opportunity? This means the need to:</b>				
	<ul style="list-style-type: none"> <li>• Remove or minimise disadvantages suffered by equality groups</li> <li>• Take steps to meet the needs of equality groups</li> <li>• Encourage equality groups to participate in public life or any other activity where participation is disproportionately low</li> <li>• Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary</li> </ul>				

	<p><b>Is there anything you can do to foster good relations between people who share a protected characteristic and those who do not? This means:</b></p> <ul style="list-style-type: none"> <li>• Tackle prejudice</li> <li>• Promote understanding</li> </ul>
	<p>The proposals for integration are considered to have a positive impact by moving to a fairer and more effective system of 'joined-up care' that will help reduce inequalities for individuals, families, carers and local communities.</p> <p>Closer working between GPs, social care and community health will build a better understanding of, for example, alternatives to residential care, that will be of benefit to older and disabled people and promote better understanding of their needs.</p>
2.8	<p><b>Are there changes proposed in related policy areas or services? How are you taking into account the combined impact of these changes?</b> <i>Small changes in a policy area may cause some disadvantage, but the cumulative effect of changes in related areas could have a significant impact. A separate EIA will need to be undertaken where a number of changes are planned in a service area or where multiple changes are planned in different service areas that could impact on an equality group (for example changes in adult services, children's service, and transport/public realm changes could lead to a significant impact on disabled people, which may not be identified by looking at the changes individually)</i></p>
	<p>To enable the design of a local system that is effective and sustainable and which commands support from all the contributing services – primary care, community health, secondary care, social care, patients and the public – four linked programmes of work are being pursued, including integrating community services around GP localities. The three other programmes are:</p> <ul style="list-style-type: none"> <li>• Each borough and Clinical Commissioning Group (CCG) is taking forward an 'out of hospital strategy' to deliver better support at home, at lower costs, and achieve a reduction in demand on hospitals;</li> <li>• Adult Social Care is working with NW London NHS to look at how our existing successful approaches to integration through Integrated Care Pathways could be scaled up to a 'whole system' approach;</li> <li>• The 'Community Budget' project will bring together all the budgets for health and social care across the three boroughs and look to achieve better outcomes if there is more flexibility to operate at a local level.</li> </ul> <p>These programmes are all considered to be of benefit and will not disadvantage equality groups.</p>
2.9	<p><b>Considering your answers above, what are the issues, barriers, impacts you have identified and what can you do to reduce any negative impacts? Also include any issues you will need to take into account as your policy develops.</b></p>



Column A – Issues or barriers, things to take into account	Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).
None	
<i>Enter new rows if required</i>	

2.10	<b>Now you have considered the potential or actual effect on equality, what action are you taking now? Document the reasons for your decision.</b>	
	1. No major change (no impacts identified)	Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.
	2. Adjust the policy	You will take steps to remove barriers or to better advance equality.
	3. Continue the policy (impacts identified)	You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.
	4. Stop and remove the policy	There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.

	No major change (no impacts identified).
--	--

**SECTION 3: ACTION PLAN**

**3.1** Complete the action plan if you need to reduce or remove the negative impacts you have identified, take steps to foster good relations or fill data gaps.

*Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.*

**NB. Add any additional rows, if required.**

This section is for actions related any of the 9 protected characteristic: Age, Disability, Gender, Gender reassignment, Pregnancy & maternity Race, Sexual Orientation, , Religion/Belief	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
	Enter new rows if required						

**THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER**

**SIGNATURE:** .....

**FULL NAME:** Andrew Webster.....

**UNIT:** Tri-Borough Adult Social Care.....

**EMAIL & TELEPHONE EXT:** Andrew,Webster@lbhf.gov.uk , 020 8753 5001.....

**DATE (DD/MM/YYYY):** 04/10/12.....

**THIS**

**WHAT NEXT?**

Please email your completed EIA to Lucy Capron: [lcapron@westminster.gov.uk](mailto:lcapron@westminster.gov.uk)

## LBHF Equality Impact Analysis Tool

Overall Information	Details of Full Equality Impact Analysis
Financial Year and Quarter	2012/13 / Quarter 3
Name and details of policy, strategy, function, project, activity, or programme	<p>Title of EIA: <b>Proposal for Funding to Minimise the Costs of Temporary Accommodation through (1) Incentives to Private Sector Landlords and (2) a Project Team (HB Assist) to Respond to the Impact of Benefit and Subsidy Changes</b></p> <p>Short summary: The central themes of the report and the proposed actions are to mitigate the likely impacts of higher private sector housing costs that are likely to lead to the displacement of homeless households from private sector housing accommodation into bed and breakfast accommodation. In addition the actions are intended to help ensure that there is some new supply of such accommodation to help meet existing and new temporary accommodation requirements</p>
Lead Officer	<p>Name: Margaret Green                  Position: Head of Temporary Accommodation                  Email: <a href="mailto:margaret.green@lbhf.gov.uk">margaret.green@lbhf.gov.uk</a>                  Telephone No: 0208 753 2137</p>
Date of completion of final EIA	4 /10 / 2012

Page 12

Section 02	Scoping of Full EIA		
Plan for completion	Timing: 1 October 2012 – 5 October 2012 Resources: Officer Time		
Analyse the impact of the policy, strategy, function, project, activity, or programme	The core purpose of minimising the costs of temporary accommodation is to reduce the Council’s use of bed and breakfast accommodation (B&B) for homeless households (both pending applications and where a duty has been established). Officers have analysed the profile of the current cohort of 132 homeless households in B&B, part of the 1,091 total numbers of households currently in temporary accommodation.		
	Protected characteristic	Analysis	Impact: Positive, Negative, Neutral
	Age	Of the 132 households in bed and breakfast (B&B) accommodation, 32 (24%) were from the 17-24 year old group; 6 (4%) were from the 65-74 year old group;	Positive

Agenda Item 10

	and none from the 75+ year old group.  Of the 132 households in B&B, there are 78 children (i.e., under the age of 18 years old, excluding expected babies)	
Disability	Data on the number of households with a disabled person in B&B is currently not recorded on the Council's IWorld application. The Single Equalities Scheme (SES) indicates that around 15% of residents in Hammersmith and Fulham have a disability. On that basis, there are 20 households with a disabled person resident.	Positive
Gender reassignment	The minimising costs of temporary accommodation approach is not expected to have impacts on people who have reassigned their genders or are in the process of reassigning their genders.	Neutral
Marriage and Civil Partnership	The minimising costs of temporary accommodation approach is not expected to have impacts on people who are married or in a civil partnership.	Neutral
Pregnancy and maternity	Of the 132 households in B&B there are 28 women (21% of households on the basis of one per household) who are pregnant.	Positive
Race	Of the 132 households in B&B, 85 (64%) are from ethnic minority backgrounds.	Positive
Religion/belief (including non-belief)	The minimising costs of temporary accommodation approach is not expected to have impacts on people's religion or beliefs.	Neutral
Sex	Of the 132 households in B&B, the main applicant is a woman in 83 (63%) of the cases.	Positive
Sexual Orientation	The minimising costs of temporary accommodation approach is not expected to have impacts on lesbian, gay, bisexual or heterosexual people.	Neutral

#### Human Rights or Children's Rights

If your decision has the potential to affect Human Rights or Children's Rights, please contact your Equality Lead for advice

Will it affect Human Rights, as defined by the Human Rights Act 1998?

No

	<p>Will it affect Children's Rights, as defined by the UNCRC (1992)?</p> <p>No</p>
--	--

<b>Section 03</b>	<b>Analysis of relevant data</b>
	Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.
<b>Documents and data reviewed</b>	Households in Temporary Accommodation as at 26 September 2012 provided by H&F Performance and Information Team.
<b>New research</b>	No new research required.

Page 14

<b>Section 04</b>	<b>Consultation</b>
<b>Consultation</b>	Not Applicable
<b>Analysis of consultation outcomes</b>	Not Applicable

<b>Section 05</b>	<b>Analysis of impact and outcomes</b>
<b>Analysis</b>	<p>What has your analysis of data shown?</p> <p>The analysis demonstrates that reducing the use of bed and breakfast (B&amp;B) accommodation will have positive impacts. As a general principle, self contained, warm, secure accommodation that is suitable for applicants' needs and aspirations is demonstrably a better housing option than B&amp;B. The Government's own recommendations (most recently set out in <i>Making every contact count – A joint approach to preventing homelessness (Aug 2012)</i>) state that homeless families should spend no longer than 6 weeks in B&amp;B. As the report states in Section 5.1, there are 40 families who have been in B&amp;B for longer than 6 weeks: the Cabinet Briefing's recommendations are intended to reduce that number, which will need to include both reducing the number of households accessing such accommodation as well reducing the number currently in it.</p>

<b>Section 06</b>	<b>Reducing any adverse impacts and recommendations</b>
<b>Outcome of Analysis</b>	Officers do not anticipate any adverse impacts arising from the adoption of the recommendations in the Cabinet Briefing report.

<b>Section 07</b>	<b>Action Plan</b>												
<b>Action Plan</b>	Note: You will only need to use this section if you have identified actions as a result of your analysis												
	<table border="1"> <thead> <tr> <th>Issue identified</th> <th>Action (s) to be taken</th> <th>When</th> <th>Lead officer and borough</th> <th>Expected outcome</th> <th>Date added to business/service plan</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Issue identified	Action (s) to be taken	When	Lead officer and borough	Expected outcome	Date added to business/service plan						
Issue identified	Action (s) to be taken	When	Lead officer and borough	Expected outcome	Date added to business/service plan								

<b>Section 08</b>	<b>Agreement, publication and monitoring</b>
<b>Chief Officers' sign-off</b>	Name: Melbourne Barrett Position: Executive Director Housing and Regeneration Email: <a href="mailto:melbourne.barrett@lbhf.gov.uk">melbourne.barrett@lbhf.gov.uk</a> Telephone No: 0208 753 4228
<b>Key Decision Report (if relevant)</b>	Date of report to Cabinet/Cabinet Member: 15 /10 / 2012 Key equalities issues have been included: Yes
<b>Opportunities Manager (where involved)</b>	Name: Position: Date advice / guidance given: Email: Telephone No: