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

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

SEB will monitor compliance with the requirement to complete EIAs.

SECTION 1: DETAILS OF EQUALITY ANALYSIS

1.1	Title of EIA
	ESTABLISHING TRI-BOROUGH INTEGRATED HEALTH AND SOCIAL CARE COMMUNITY SERVICES – UPDATE AND NEXT STEPS
1.2	What are you analysing? • What is the purpose of the policy/project/activity/strategy? • In what context will it operate? • Who is it intended to benefit? • What results are intended? • Why is it needed?
	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. 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. 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. 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.
1.3	Details of the lead person completing the EIA
	(i) Full Name: Phillip Berechree (ii) Position: Programme Manager, Caldicott Guardian (iii) Unit: Adults Services Operations (iii) Contact Details: pberechree@westminster.gov.uk, 020 7641 2048
1.4	Date sent to Strategy Unit
1.5	Version number and date of update
	V2, 17/10/12

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	
20 - 64	130000	88.80%	109900	85.06%	153700	86.30%
65 - 74	9100	6.22%	11000	8.51%	13200	7.41%
75 - 84	5300	3.62%	5800	4.49%	8200	4.60%
85+	2000	1.37%	2500	1.93%	3000	1.68%
Total	146400	100.00%	129200	100.00%	178100	100.00%

Number of Males			Number of Females			Total Number of Adults		
LBHF	RBKC	WCC	LBHF	RBKC	WCC	LBHF	RBKC	WCC
70700	63100	90300	75700	66100	87800	146400	129200	178100
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
LBHF	88.9	5.1	14.7	1.1	0.6	1.1	1.0
	63.0%	3.6%	10.4%	0.8%	0.4%	0.8%	0.7%
RBKC	81.9	4.0	20.8	1.0	0.7	1.1	1.2
	57.5%	2.8%	14.6%	0.7%	0.5%	0.8%	0.8%
WCC	120.8	5.7	27.5	1.4	1.2	2.1	2.0
	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
LBHF	6.2	2.3	1.4	1.9	5.4	5.8
	4.4%	1.6%	1.0%	1.3%	3.8%	4.1%
RBKC	8.4	2.5	1.4	2.1	3.4	4.7
	5.9%	1.8%	1.0%	1.5%	2.4%	3.3%
WCC	14.2	5.2	4.3	3.7	5.7	8.0
	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
	2.2	**2.5**
LBHF	1.6%	1.8%
	4.2	**4.3**
RBKC	2.9%	3.0%
	8.2	**6.8**
WCC	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			% of population 65+
	Female	2,046	
	Male	1,088	
	18-64	535	65+
	Over 65	2,599	11%

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

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

RBKC - 2,004 (1.6 of the population)

Gender and Age			% of population 65+
	Female	1347	
	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	**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.*
	No
2.4	**What other evidence can you use to assess impact?** For example: • Results of consultation or engagement activity • Analysis of enquiries or complaints • Benchmarking monitoring information with other local authorities • National research *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).*
	National research is in support of the proposals: "The lack of joined-up care is the biggest frustration for patients, service users and carers" (National Voices) "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) **Local consultation** strongly supports the proposed integration: 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. Table 1 sets out the responses to the consultation question about integration, indicating overwhelming public support for better co-ordination. Table 1 - Responses by consultation question.

	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%

2.5	**Will people from all equality groups be able to access the council service in question?** 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). *Separate guidance on identifying barriers is available on the WIRE.*
	The proposals will improve access to care and health community services through better co-ordination, closer working with GPs, and less duplication. 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. 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.
2.6	**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 & indirect discrimination, victimisation and harassment)?** *If there is any discrimination the action must stop immediately and advice sought.*
	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.
2.7	**Is there anything you can do to promote equality of opportunity? This means the need to:** • Remove or minimise disadvantages suffered by equality groups • Take steps to meet the needs of equality groups • Encourage equality groups to participate in public life or any other activity where participation is disproportionately low • Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary

	Is there anything you can do to foster good relations between people who share a protected characteristic and those who do not? This means: • Tackle prejudice • Promote understanding
	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. 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.
2.8	**Are there changes proposed in related policy areas or services? How are you taking into account the combined impact of these changes?** *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)*
	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: • 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; • 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; • 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 flexibly to operate at a local level. These programmes are all considered to be of benefit and will not disadvantage equality groups.
2.9	**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.**

	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	
	Enter new rows if required	

2.10	**Now you have considered the potential or actual effect on equality, what action are you taking now? Document the reasons for your decision.**		
	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……………………………………………….

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WHAT NEXT?

Please email your completed EIA to Lucy Capron: lcapron@westminster.gov.uk