



City of Westminster

Committee Agenda

Title:

Budget and Performance Task Group

Meeting Date:

Tuesday 9th February, 2016

Time:

6.30 pm

Venue:

**Rooms 1A & 1B - 17th Floor, City Hall, 64 Victoria Street,
London, SW1E 6QP**

Members:

Councillors:

Brian Connell
Ian Adams
Iain Bott

Guthrie McKie
Gotz Mohindra



Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.00pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Anne Pollock.

Email: apollock@westminster.gov.uk

Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

- | | |
|---|------------------------|
| 1. TERMS OF REFERENCE - AGREED ON 8 FEBRUARY 2016 - FOR NOTING | (Pages 1 - 2) |
| 2. BUDGET 2016/17 | (Pages 3 - 40) |
| 1. Corporate & Commercial Services – Nick Dawe (6.30pm – 7pm) | |
| 2. Policy, Performance and Communications – Julia Corkey (7pm – 7.30pm) | |
| 3. Adult Social Care – Liz Bruce & Rachel Wigley (7.30pm – 8pm) | |
| 4. Public Health – Eva Hrobonova & Rachel Wigley (8pm – 8.30pm) | |
| 3. EQUALITY IMPACT ASSESSMENTS | (Pages 41 - 84) |
| Reports attached for information. | |

Charlie Parker
Chief Executive
Date: 4 February 2016

Terms of Reference of the Budget and Performance Task Group

The Westminster Scrutiny Commission agreed in July 2007 to set up a Budget and Performance Task Group as a standing group, with the following terms of reference:

“To consider, on behalf of the Policy and Scrutiny Committees, budget options and draft business plans and estimates at the appropriate stages in the business planning cycle and to submit recommendations / comments to the cabinet and/or Cabinet Members.”

Members are asked to agree these Terms of Reference for 2016/17 as the first item of business.

Cabinet *must take into account* and *give due regard* of any views and recommendations from the Budget and Performance Task Group in drawing up firm budget proposals for submission to the Council, and the report to Council must reflect those comments (and those of other Task Groups and Committees, if any) and the Cabinet’s response.

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**Budget & Performance Task Group
Budget Scrutiny Slides
Tuesday 9th February 2016**

Agenda Item 2



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Budget & Performance Task Group Corporate Services

Nick Dawe

Executive Director

Executive Summary

In 2015/16 Corporate Services was allocated a gross controllable expenditure budget of £20.89m and a gross income budget of £6.28m (net £14.61m)

The projected outturn variance for 2015/16 is a surplus £0.10m.

The directorate has identified transformation, efficiencies, financing and commercial proposals totalling £2.43m



2016/17 Key Issues

Stabilising and optimising the Managed Service Contract will eliminate waste and inefficiency and generate greater capacity towards achieving the Council's strategic objectives.

Developing a unified corporate service that is responsive and innovative will require both restructures as in HR and further development of skills and capabilities.

Broadening and deepening sharing and joint working within and outside the Authority is essential in delivering most of the efficiencies especially in terms of staff and IT savings. The estimated pressure if this does not occur is £1.40m.



Corporate Services Budget

The key controllable service area budgets for 2015/16 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Human Resources	(0.55)	3.99	3.44
Legal Services	(3.97)	2.25	(1.72)
Information Services	(0.86)	10.47	9.61
Strategic Procurement	(0.22)	2.11	1.89
Executive Director of Shared Corporate Services	(0.00)	0.08	0.08
Managed Services Framework ICF	(0.68)	1.99	1.31
TOTAL BUDGET 2015/16	(6.28)	20.89	14.61



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals

Service Area	Key Initiatives	Value £m
Human Resources	Restructure & Contract Reviews	(0.87)
Legal Services	Net increased income and headcount reduction	(0.26)
Strategic Procurement	Organisation Restructure (Shared Services) & headcount reduction	(0.43)
Strategic Procurement	Print and Document Management	(0.22)
Strategic Procurement	Commercial Operating Model income (Traded Services)	(0.05)
Managed Services Framework ICF	Contract reviews	(0.60)
TOTAL		(2.43)



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals (1)

Additional information on the key initiatives is provided below:

Restructure and Contract Reviews (£0.87m) HR department will look to undertake a review of its structure to develop a more agile workforce in order to meet the strategic needs of the Council (£0.37m). The **contract reviews** (£0.50m) undertake a review of all HR contracts such as the Occupational Health, Comensura, and BT.

Net increased Income and headcount reduction the increased income will be generated from insourcing of the Devonshire legal contract (£0.15m). As the increased income is a net saving, additional Legal FTEs will be required to deliver this efficiency. The (£0.05m) is WCC's share of the reduction of two Business Support FTEs.

Organisation Restructure and headcount reduction - establish a single Shared Services Strategic Procurement team to comprises of a bi-borough procurement service across Westminster City Council and Royal Borough of Kensington & Chelsea and a tri-borough capitalEsourcing platform on behalf of all three boroughs (£0.37m) and releasing one FTE (£0.06m)

Print and Document Management (£0.22m) Consolidation of a number of services relating to Print and Document Management, such as Parking, Planning, MFD's, Print Management and Reprographics under a single supplier framework agreement.



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals (2)

Additional information on the key initiatives is provided below:

Contract Reviews (£0.60m) savings will be achieved through a new managed Service Contract that covers transactional Finance, HR and Payroll activities. The saving is made through the reduction in contract costs.



2016/17 Estimated Pressures

No recurrent pressures.



Corporate Services Budget

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Human Resources	(0.55)	3.12	2.57
Legal Services	(4.17)	2.20	(1.97)
Information Services	(0.86)	10.47	9.61
Strategic Procurement	(0.27)	1.46	1.19
Executive Director of Shared Corporate Services	(0.00)	0.08	0.08
Managed Services Framework ICF	(0.68)	1.39	0.71
TOTAL BUDGET 2016/17	(6.53)	18.72	12.19



2016/17 Capital Expenditure

The capital expenditure forecast for 2015/16 is £0.69m.

The budget proposed for 2016/17 is £1.68m, including the following major projects:

Capital Projects	Gross Expenditure £m	Income £m	Net Budget £m
Datacentre Refresh	0.45	(0.00)	0.45
Corporate Software Licences	0.05	(0.00)	0.05
Parking and Integrated Street Management	0.23	(0.00)	0.23
End User Computing Refresh	0.70	(0.00)	0.70
Data Network Refresh	0.25	(0.00)	0.25
TOTAL BUDGET 2016/17	1.68	(0.00)	1.68





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Budget & Performance Task Group Policy, Performance and Communications

Julia Corkey
Executive Director

Executive Summary

In 2015/16 Policy, Performance and Communications was allocated a gross controllable expenditure budget of £15.79m and a gross income budget of £(5.58m). Therefore the net budget is £10.21m.

The projected outturn variance for 2015/16 is a break even position.

The budget envelope for 2016/17 is £6.93m.

The directorate has identified transformation, efficiencies, financing and commercial proposals totalling £3.28m.



2016/17 Key Issues

- Manage the anticipated income from Community Infrastructure Levy. This is a demand led income and non recurrent savings will need to be found if anticipated income does not materialise.
- Stabilisation of the Managed Service Programme to allow enhanced financial management by budget managers.
- Outdoor Media income is both market dependent and dependent on the capital project relating to Piccadilly underpass being completed so any delays in the project may impact on anticipated returns.
- An increase in work activity due to legislation changes or policy development may have resource implication.



Policy, Performance and Communications Budget 2015/16

The key controllable service area budgets for 2015/16 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
PPC Management and Directorate Support	(0.21)	0.39	0.18
Cabinet Secretariat and Member Services including ward budgets	(0.00)	1.48	1.48
Communication and Campaigns	(1.94)	1.94	0.00
Digital and Customer services	(0.00)	2.10	2.10
Change and Programme Management Unit	(0.01)	1.28	1.27
City Promotions, Events and Filming	(1.03)	1.12	0.09
Evaluation and Performance	(0.00)	1.28	1.28
Policy and Strategy	(0.60)	2.44	1.84
Cross River Partnership hosted by WCC	(1.74)	1.79	0.05
Voluntary Sector Support	(0.05)	1.97	1.92
TOTAL BUDGET 2015/16	(5.58)	15.79	10.21



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals (1)

Key Initiatives	£m
Outdoor Media – Phase 1 + 2	(1.56)
Digital Programme	(0.30)
Business Intelligence	(0.20)
Additional Events and Filming income	(0.15)
Community Infrastructure Levy	(1.00)
Voluntary and Community Based Services	(0.07)
TOTAL	(3.28)



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals

Additional information on the key initiatives is provided below:

Outdoor Media Phase 1 + 2 (£1.56m) *The Council has identified potential sites to take to the market. Two key sites already identified are the underpass at Piccadilly and Bishops Bridge roundabout.*

Community Infrastructure Levy (£1.0m) *this additional income will be generated from the introduction of the levy on developments that obtain planning permission from the 1st May 2016. The income will be used to offset existing administration costs.*

Digital Programme (£0.3m) – *this saving is a proportion of the wider Digital Programme saving of £3.4m that is expected to be realised from other directorates. £0.3m savings will be achieved through the reduction in the contract price for the contact centre that is managed by Agilisys.*



2016/17 Estimated Pressures

No pressures to report for 2016/17.



Policy, Performance and Communications Budget 2016/17

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
PPC Management and Development Support	(0.21)	0.39	0.18
Cabinet Secretariat and Member Services including ward budgets	(0.00)	1.48	1.48
Communication and Campaigns	(1.94)	1.94	0.00
Digital and Customer services	(0.00)	1.80	1.80
Change and Programme Management Unit	(0.01)	1.28	1.27
City Promotions, Events and Filming	(2.74)	1.12	(1.62)
Evaluation and Performance	(0.00)	1.08	1.08
Policy and Strategy	(1.60)	2.44	0.84
Cross River Partnership hosted by WCC	(1.74)	1.79	0.05
Voluntary Sector Support	(0.05)	1.90	1.85
TOTAL BUDGET 2016/17	(8.29)	15.22	6.93



2016/17 Capital Expenditure

The budget proposed for 2016/17 is £7.83m, including the following major projects:

Capital Projects	Gross Expenditure £m	Income £m	Net Budget £m
Digital Transformation	2.98	(0.00)	2.98
Piccadilly Underpass Redevelopment	5.35	(1.50)	3.85
The Flame Advertising structure	0.90	(0.00)	0.90
Events and Filming	0.05	(0.00)	0.05
Business Intelligence	0.05	(0.00)	0.05
TOTAL BUDGET 2016/17	9.33	(1.50)	7.83





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Budget & Performance Task Group Adult Social Care

Rachel Wigley

Deputy Executive Director, Director of Finance and
Resources

Executive Summary

- In 2015/16 Adults Social Care was allocated a gross controllable expenditure budget of £99.1m and a gross income budget of £35.6m (net £63.5m)
- The projected outturn variance for 2015/16 is nil
- The budget envelope for 2016/17 includes transformation, efficiencies, financing and commercial proposals amounting to £6.0m and budget pressures of £3.4m



2016/17 Key Issues

- Demographic growth due to ageing population
- Cost of high needs packages
- Increasing service costs due to the introduction of the living wage
- Customer journey and service re-design
- Reduced opportunities for commissioning and contract efficiencies
- State of the care market
- Working more closely with Health partners on integration and service transformation
- Focusing on preventative activities including cross-council focus



Adult Social Care Budget

The key controllable service area budgets for 2015/16 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Assistive Equipment and Technology	(1.2)	2.2	1.0
Commissioning and Service Delivery	(1.4)	7.2	5.8
Information and Early Intervention	(0.7)	1.1	0.4
Expenditure on Social Care Activities	(4.5)	12.5	8.0
Learning Disability Support	(5.6)	23.4	17.8
Mental Health Support	(4.4)	10.8	6.4
Physical Support	(16.6)	38.0	21.4
Social Support	(1.1)	1.5	0.4
Support with Memory and Cognition	(0.1)	2.4	2.3
TOTAL BUDGET 2015/16	(35.6)	99.1	63.5



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals (1)

Key Initiatives	£m
A – Assistive technology	0.5
B – Commissioning and Contract efficiencies	1.2
C – Customer Journey	1.3
D – BCF : Health Integration Benefit Share	0.5
E – High Costs High Needs packages review and LD placements review	0.8
F – Increase to Social Care to Benefit Health	0.2
G – Public Health investment in reduction in social isolation	0.2
H – Line by line review of supplies and services	0.3
I – Mental Health : Supported Housing and Placements review	0.3
J – Managing growth from within existing budget	0.7
TOTAL	6.0



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals (2)

Additional information on the key initiatives is provided below

Commissioning and Contract efficiencies (£1.2m) consists of a programme of 46 work-streams, resulting in a combination of maximising value out of existing contract, re-procurement, contract reductions, renegotiation with existing providers and harmonising contracts where beneficial. This saving will not result in service reduction as ASC customers will still have their assessed needs met as per the Council's statutory duties.

Customer Journey (£1.3m) consists of work to redesign the entire process for ASC customer and case management through a full managed and resourced programme of work. This covers all key customer pathways including front door information, advice and initial screening, hospital discharge, community independence (reablement and recovery) services and complex care management. The approach is 'one department' working, improve the customer experience and outcomes, achieve substantial efficiency and demand management savings and to deliver a step change toward a fully integrated and whole systems service model for health and social care services.



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals (3)

Additional information on the key initiatives is provided below

High Costs High Needs packages review and LD placements review (£0.8m).

This proposal is focused on the systematic review of all high cost/high needs homecare packages that have a net cost of £500/week or greater or include the use of two care workers for double up care. It also focuses on Learning disability customers who are eligible for NHS Continuing Healthcare. This proposal is delivering savings through the implementation of a more targeted review process and enhancements to current care practice. The current review process also considers whether the persons support plan goals could be achieved at lower cost through the greater use of assistive technology, use of equipment and adaptations or a more personalised care package provided through a direct payment.



2016/17 Budget Pressures

Estimated pressures affecting 2016/17 that are built into the proposed budget are as follows:

Estimated Pressures	£m
New Homecare contract	0.7
Demographic pressures	0.4
Independent Living Fund	0.4
TUPE pension costs	0.3
Care Home Lease Rental*	0.6
Care Act Grant (rolled into RSG therefore funded as part of base budget)	1.0
TOTAL	3.4

* This is a payment to GPH directorate and hence will be a net nil impact to the Council overall



Adult Social Care Budget 2016/17

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Assistive Equipment and Technology	(1.2)	2.2	1.0
Commissioning and Service Delivery	(1.4)	7.3	5.9
Information and Early Intervention	(0.8)	1.0	0.2
Expenditure on Social Care Activities	(4.5)	11.1	6.6
Learning Disability Support	(5.8)	23.2	17.4
Mental Health Support	(4.4)	10.6	6.2
Physical Support	(16.3)	37.2	20.9
Social Support	(1.1)	1.5	0.4
Support with Memory and Cognition	(0.1)	2.4	2.3
TOTAL BUDGET 2016/17	(35.6)	96.5	60.9



2016/17 Capital Expenditure

The capital expenditure forecast for 2015/16 is £0.3m.

The budget proposed for 2016/17 is £0.8m, including the following major projects:

Capital Projects	Gross Expenditure £m	Income £m	Net Budget £m
Carlton Dene	0.5	(0.0)	0.5
Westmead	0.3	(0.0)	0.3
Framework-I upgrade to Mosaic	0.2	(0.2)	0.0
Barnard Lodge and Florey Reconfiguration	0.2	(0.2)	0.0
Residential Asset replacement (Fixtures & Fittings at Westmead)	0.4	(0.4)	0.0
TOTAL BUDGET 2016/17	1.6	(0.8)	0.8





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Budget & Performance Task Group Public Health

Eve Hrobonova
Deputy Director of Public Health

Executive Summary

- In 2015/16 Public Health was allocated an approved grant income budget of £33.6m
- An in-year grant reduction of £2.1m and lower than expected 0-5 years Health Visitors Programme (funding and contract costs) of £0.1m brought the budget down to £31.4m
- The projected outturn for 2015/16 is a balanced budget, i.e. the grant will be allocated/spent in full.
- The draft budget envelope for 2016/17 reflects a ring-fenced Department of Health grant of £32.3m which is expected to be fully spent/allocated. This includes both additional funds of £2.2m for a full year of the 0-5 Health Visitors Programme and expected further grant reductions of £1.3m.
- In addition to the Public Health Grant, we intend to drawdown £4.3m of Public Health Reserves to cover the in year grant reduction and the additional investment in public health outcomes.



2016/17 Key Issues

- Further reductions in the Public Health Grant.
- Identifying ways to achieve and fund Public Health outcomes in other Council Departments to improve health and wellbeing and reduce health inequalities across the life course.
- It remains essential that funds are only spent on activities whose main or primary purpose is to improve the public health of local populations.
- Significant re-procuring and redesigning services in light of reducing resources.



Public Health Budget 2015/16

The key controllable service area budgets for 2015/16 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Department of Health Grant	(33.6)		(33.6)
Dietetics funding return	0.9		0.9
Sexual Health		8.1	8.1
Behaviour Change		3.8	3.8
Family and Children		7.5	7.5
Intel and Social Determinants		0.2	0.2
Substance Misuse		9.3	9.3
Overheads		2.2	2.2
Ambition Projects/PHIF		3.2	3.2
Transfer from PH Reserves	(1.6)		(1.6)
TOTAL BUDGET 2015/16	(34.3)	34.3	0.0



2016/17 Transformation, Efficiencies, Financing and Commercial Proposals

- Public Health has identified £3.6m of transformation, efficiencies, financing and commercial proposals. These are reflected in the commissioned services budgets below.

Commissioned Services	2015/16 Budget £m	Savings £m	Additional Funds £m	2016/17 Budget £m
Sexual Health	8.1	(0.7)		7.4
Behaviour Change	3.8	(1.1)		2.7
Family and Children	7.5	(0.3)	2.2	9.4
Intel and Social Determinants	0.2	(0.1)		0.1
Substance Misuse	9.3	(1.4)		7.9
Total	28.9	(3.6)	2.2	27.5

- Public Health has a rolling programme of contract review for the services provided with the aim of delivering efficiencies, improving health and value for money while reducing inequalities.



2016/17 Estimated Pressures

- Significant reductions to other Council departments who are performing public health work, may result in Public Health needing to fund these activities.
- Unknown impact of Housing Benefit reforms, including:
 - Effects on mental health
 - Fuel poverty
 - Child poverty
- Growing demand on School Nursing from:
 - Free schools
 - Changes to Children and Family Bill
 - Increased numbers of children with complex needs
- Access to dual diagnosis, substance misuse.



Public Health Budget 2016/17

The budget for 2016/17 is broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Department of Health Grant	(32.3)		(32.3)
Dietetics Funding Return	0.9		0.9
Commissioned Services		27.5	27.5
Overheads		2.0	2.0
Ambition Projects/PHIF		2.6	2.6
New Substitution Funding		3.6	3.6
Transfer from PH Reserves	(4.3)		(4.3)
TOTAL BUDGET 2016/17	(35.7)	35.7	0.0



2016/17 Capital Expenditure

- There are no capital projects planned by the Public Health Directorate either for the current year or 2016/17





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 Equality Impact Assessment (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 should you 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)
- **Section 1 of the EIA Tool: Initial Screening**, will help you decide whether a full EIA is necessary

Who should undertake the EIA?

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

Further Guidance

- [Step-by-Step Guidance to the questions](#)
- An EIA e-learning module is available for all Westminster staff: www.learningpool.com/westminster/course/view.php?id=159

Please contact the Equalities lead to inform them when you begin and then complete an EIA: equalities@westminster.gov.uk

SEB will monitor compliance with the requirement to complete EIAs.

Title of Proposal

This EIA covers three closely related ASC Westminster Savings proposals;

3.1 Commissioning Transformation and Contract Efficiencies – including work with public health and children’s services.

3.3ii Commissioned well-being and prevention services – including AT.

3.16 Re-provide or refund the shopping Service

Lead Officer

- i. Full Name: Selina Douglas
- ii. Position: Director, ASC Commissioning and Enterprise
- iii. Department: Adult Social Care
- iv. Contact Details: 020 7641 2165, selina.douglas@lbhf.gov.uk

Has this project, policy or proposal had an EIA carried out on it previously? If yes, please state date of original and append to this document for information.

Yes

Date of original EIA: 18th October

Version number and date of update

Version 2.0:
11th November 2015

SECTION 1: Initial screening: Do you need to complete an Equality Impact Assessment (EIA)?

Not all proposals will require an EIA, this initial screening will help you decide if your project or policy requires a full EIA by looking at the potential impact on any equality groups.

1.1 What are you analysing?

Reduction of the cost of Adult social care services currently commissioned through external providers. The following dual approach is being taken Contract Efficiencies (continuation of work undertaken in 2015/16 and Transformational Re-Commissioning.

This proposal has been developed substantially over 2015/16 following initial review and efficiency management work undertaken in 2015. This has concluded that the scope of further savings through efficiencies (i.e. negotiations on price and service levels and harmonising contracts) will not meet the full savings targets. A more transformational approach is also required. This will apply a progressive strategy including outcomes based commissioning, personalisation, joint commissioning and lead provider partnerships. The approach will be applied across key customer pathways that are linked to portfolios of contracts e.g. prevention services. A second level review to validate the scope for contract

efficiencies across all Adult Social Care provider contracts and set out a programme for transformational re-commissioning is underway and is due for completion in mid February 2016. Following this a detailed procurement plan will be developed by the end of March 2016.

Savings in 2016-18 will be more focused on the transformational approach described. Work with Public Health and Children's Services will be included in the next level analysis and planning process described.

Efficiency work has involved.

- i. Renegotiation of residential and nursing placements that have been let as 'spot' contracts
- ii. Renegotiation and contract variation on existing framework and block contracts
- iii. Re-procurement of services on a tri-borough basis. This will include:
 - Benchmarking against the market to ensure contracts represent the best value for money and are competitively priced,
 - Renegotiation of contract terms and re-procurement of services where necessary to secure the best value and minimise concentration of risk,
 - Reduction in the number of contracts to ensure these can be effectively managed within available contract management resources,
 - Harmonisation of contract management processes and systems to deliver staffing efficiencies.

1.2 Does the project, policy or proposal have the potential to disproportionately impact on any of the following groups? If so, is the impact positive or negative?

Efficiency work: disproportionate impact is not expected as there is a commitment to maintaining or improving service levels. Any negotiations on price or service level that are related to the provision of culturally specific services will be negotiated with a commitment to maintaining aspects that meet specific cultural needs.

Transformation work: Position is not clear; each transformational re-commissioning will require its own detailed EIA and the programme will not be established until Q4 of 2015/16. The focus will be on continuation of services that deliver priority outcomes.

	None	Positive	Negative	Not sure
Disabled people	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy/ maternity)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People or particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	reassignment				
	People on low incomes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If the answer is “negative” or “unclear” consider doing a full EIA

1.3	What do you think that the overall NEGATIVE impact on groups and communities will be? <u>None or minimal impact would be where there is no negative impact identified, or where there will be no change to the services for any groups.</u> Wherever a negative impact has been identified you should consider undertaking a full EIA by completing the rest of the form.	None / Minimal	Significant
		x	<input type="checkbox"/>
		This relates to the current scope of what is being delivered i.e. efficiencies.	

1.4	Using the screening and information in questions 1.2 and 1.3, should a full assessment be carried out on the project, policy or proposal?
	Yes X No <input type="checkbox"/> see approach below

1.5	How have you come to this decision?
	<p>There is no value in undertaking an overarching EIA for this proposal at this stage. This is because;</p> <p>The renegotiation of existing contracts is not expected to directly impact services or specific customer groups. Any impact would be specific to contract; the requirement for an EIA will therefore be reviewed on a case by case basis, as part of re-negotiation and re-procurement of individual contracts. Specific attention will be paid to negotiations that are focused on services that aim to meet culturally specific needs and/or where service levels are substantially reduced.</p> <p>An EIA may be required for each major re-commissioning project that is agreed within the above noted detailed procurement plan by end March 2016. The plan will be sectioned into four themes; front door and prevention, reablement, community based care and support services and accommodation based care and support services.</p>

SECTION 2: EQUALITY IMPACT ASSESSMENT

Building an Evidence Base: What do you know?

This section will help you build your evidence base and interpret what the likely impact will be of your service.

Sections 2 - 5 will be completed on a case-by-case basis, as individual contracts are reviewed and re-commissioning projects are planned. The following sections have not been completed.

2.1 Build up a picture of who uses/will use your service or facility and identify who are likely to be impacted by the proposal	
<ul style="list-style-type: none"> 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 (indicate where this is the case). Please attempt to complete all boxes. 	
How many people use the service currently? What is this as a % of Westminster's population?	
Disabled people	
Particular ethnic groups	
Men or women (include impacts due to pregnancy/maternity)	
People of particular sexual orientations	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
People on low incomes	
People in particular age groups	
Groups with particular faiths and beliefs	
Any other groups who may be affected by the proposal?	

2.2 Summary (to be completed following analysis of the evidence above)				
	None	Positive	Negative	Not sure
Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?				
Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy/maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People of particular sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think this proposal may affect negatively or positively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: Assessing Impact

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.

3.1 Consultation Information

This section should record the consultation activity undertaken in relation to this project, policy or proposal

i. Who have you consulted with?

ii. How did you consult? *(inc meeting dates, activity undertaken & groups consulted)*

3.2 What might the potential impact on individuals or groups be?

Consider disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups

Generic impact (across all groups)	
Men or women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
Disabled people	
Particular ethnic groups	
People on low incomes	
People in particular age groups	
Groups with particular faiths and beliefs	
Other excluded individuals and	

groups	
--------	--

SECTION 4: Reducing & Mitigating Impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

4.1	Where you have identified an impact, what can be done to reduce or mitigate the impact? <i>(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).</i>	
	Impact 1: [Insert impact here]	Consider options as to what we can do to reduce the impact
	Impact 2: [Insert impact here]	
	Impact 3: [Insert impact here]	
	Impact 4: [Insert impact here]	
	Impact 5: [Insert impact here]	

4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?	
	No major change (no impacts identified)	<input type="checkbox"/>
	Adjust the policy	<input type="checkbox"/>
	Continue the policy (impacts identified)	<input type="checkbox"/>
	Stop and remove the policy	<input type="checkbox"/>

4.3 Please document the reasons for your decision

--	--

4.4 How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?

--	--

4.5 Conclusion
This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact

--	--

SECTION 5: Next Steps

5.1

Action Plan

Complete the action plan if you need to reduce or remove the negative impacts you have identified, gaps.

NB. Add any additional rows, if required.

	Action Required	Equality Groups Targeted	Intended Outcome	Resources Needed	Name of Lead Unit & Contact Details
1	Review EIAs required following the development and agreement of a detailed procurement plan (including whether the shopping service will be re-provided or re-funded)	All	Avoid or limit adverse impact and ensure diversity of needs are understood and met.	In place	Helen Worwood Interim AD AS Commissioning

5.2 Risk Table

Ref	Risk	Impact	Actions in place to mitigate the risk	Current risk score	Further actions to be developed
R1.1	[Enter risk here]	[Enter here the likely impact if the risk came to pass]	[Record here any actions already in place to reduce the risk]	[Using the key below, enter the current risk score]	[Enter here any actions that can be developed in future to reduce the risk identified]
1	Scale of savings required means that cuts to services may be required.	Critical	Focus on all opportunities to assure continuity of services to deliver priority outcomes	12	
2	Value of culturally specific services may not be aligned to additional costs.	Critical	Clear negotiation, robust consultation and negotiation to assure continuity of vital services at the right price.	9	



THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

Signature: *M. Boyle*

Full Name: Mike Boyle, Interim Director of Commissioning

Unit: *Adult Social Care, Commissioning*

Email & Telephone Ext: mike.boyle@lbhf.gov.uk

Date of Completion (15/10/15)..... *25/1/16*

WHAT NEXT?

Please email your completed EIA to the Equalities Lead: equalities@westminster.gov.uk



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 Equality Impact Assessment (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 should you 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)
- **Section 1 of the EIA Tool: Initial Screening**, will help you decide whether a full EIA is necessary

Who should undertake the EIA?

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

Further Guidance

- [Step-by-Step Guidance to the questions](#)
- An EIA e-learning module is available for all Westminster staff: www.learningpool.com/westminster/course/view.php?id=159

Please contact the Equalities lead to inform them when you begin and then complete an EIA: equalities@westminster.gov.uk

SEB will monitor compliance with the requirement to complete EIAs.

Title of Proposal
<p>3.3 (i)Adult Social Care Westminster Savings Proposals – Customer Journey (Operations Alignment)</p> <p>This programme includes 3.7 Hospital Discharge Savings and cross references with 3.6 Better Care Fund/CIS Savings.</p>
Lead Officer
<p>i. Full Name: Stella Baillie</p> <p>ii. Position: SRO Customer Journey, Tri-borough Director of Integrated Care</p> <p>iii. Department: Adult Social Care</p> <p>iv. Contact Details: Stella.Baillie2@lbhf.gov.uk</p>
Has this project, policy or proposal had an EIA carried out on it previously? If yes, please state date of original and append to this document for information.
<p>Yes</p> <p>Date of original EIA: 13th October 2014</p>
Version number and date of update
<p>Version 2.0: 11th November 2015</p>

SECTION 1: Initial screening: Do you need to complete an Equality Impact Assessment (EIA)?

Not all proposals will require an EIA, this initial screening will help you decide if your project or policy requires a full EIA by looking at the potential impact on any equality groups.

1.1	What are you analysing?
	<p>Programme to design and implement a single Tri-Borough ASC operating model and organisation structure which will include a core service offer that can be fine-tuned to meet local service requirements.</p> <p>Tri-Borough ASC currently has three different borough operating models and team structures for assessment and care management services. These could be more efficiently managed through a single Tri-Borough operating model. This would increase the scope and capacity to implement improvements to the core service offer, improve the customer experience, streamline processes and make the best use of the operations staff.</p> <p>Work to redesign the entire process for ASC customer and case management has been undertaken over the last year through a full managed and resourced programme of work. This includes piloting and evaluation work working closely with health. The programme covers all key customer pathways including front door information, advice and initial screening, hospital discharge, community independence (reablement and recovery) services</p>

	and complex care management. The re-design has four key and interrelated aims which are to; further consolidate tri-borough 'one department' working, improve the customer experience and outcomes, achieve substantial efficiency and demand management savings and to deliver a step change toward a fully integrated and whole systems service model for health and social care services.				
1.2	Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
		None	Positive	Negative	Not sure
	Disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *^	<input type="checkbox"/>
	Particular ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/ maternity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People or particular sexual orientation/s	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
	People in particular age groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *^	<input type="checkbox"/>
	Groups with particular faiths and beliefs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Customers: Potential negative impact relates to key re-design principle to extend self service via the web; people with disabilities, older people and people on low incomes could be impacted negatively.

^Staff: Training and development will be required to support large scale change to business processes. In particular there will be increased focus on use of IT and mobile working support and smarter working.

If the answer is “negative” or “unclear” consider doing a full EIA

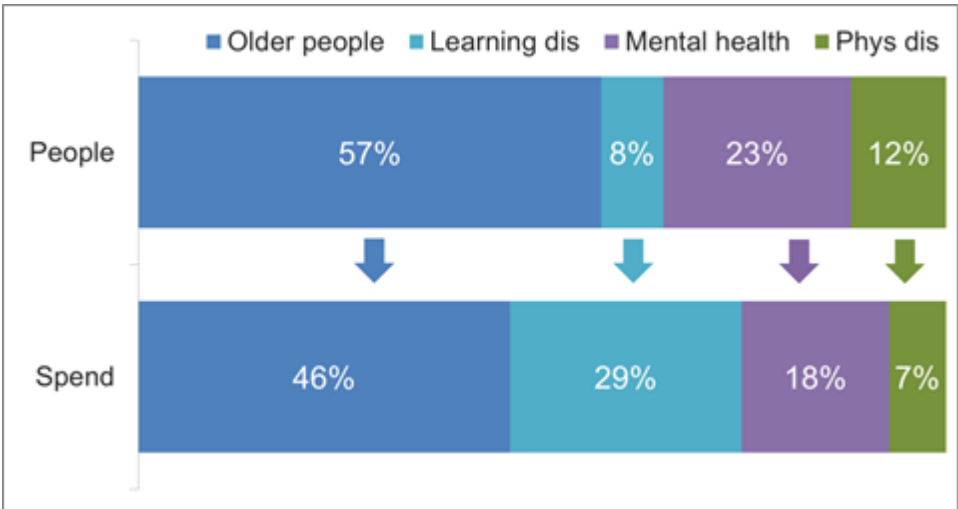
1.3	What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
		x	<input type="checkbox"/>
	<p><u>None or minimal impact would be where there is no negative impact identified, or where there will be no change to the services for any groups.</u> Wherever a negative impact has been identified you should consider undertaking a full EIA by completing the rest of the form.</p>		

1.4	Using the screening and information in questions 1.2 and 1.3, should a full assessment be carried out on the project, policy or proposal?		
	Yes x		
1.5	How have you come to this decision?		
	<p>The focus of this programme is on offering a better customer experience and means for staff to work more efficiently. Using the web to access services and technology to support mobile working is about and improved service offer and working environment.</p> <p>Alternative channels to access services will be maintained and care must be taken to ensure staff and customers can equitably take advantage of new digital capabilities.</p>		

SECTION 2: EQUALITY IMPACT ASSESSMENT
Building an Evidence Base: What do you know?

This section will help you build your evidence base and interpret what the likely impact will be of your service.

Sections 2 - 5 will be completed following the design phase of this work. This is scheduled to be completed by the end of February 2016 when the EIA will be revised.

<p>2.1</p>	<p>Build up a picture of who uses/will use your service or facility and identify who are likely to be impacted by the proposal</p> <ul style="list-style-type: none"> 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 (indicate where this is the case). Please attempt to complete all boxes. 															
<p>How many people use the service currently? What is this as a % of Westminster's population?</p>	<p>Customers across tri-borough include 1,650 in residential and nursing care and 10,500 receiving community services (at 31st March 2014), as well as those providing unpaid care and accessing local information, services and advice)</p> <p>The proportion of customers and spend is as follows;</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Older people</th> <th>Learning dis</th> <th>Mental health</th> <th>Phys dis</th> </tr> </thead> <tbody> <tr> <td>People</td> <td>57%</td> <td>8%</td> <td>23%</td> <td>12%</td> </tr> <tr> <td>Spend</td> <td>46%</td> <td>29%</td> <td>18%</td> <td>7%</td> </tr> </tbody> </table>	Category	Older people	Learning dis	Mental health	Phys dis	People	57%	8%	23%	12%	Spend	46%	29%	18%	7%
Category	Older people	Learning dis	Mental health	Phys dis												
People	57%	8%	23%	12%												
Spend	46%	29%	18%	7%												
<p>Disabled people</p>	<p>All groups are represented by our customers.</p>															
<p>Particular ethnic groups</p>																
<p>Men or women (include impacts due to pregnancy/maternity)</p>																
<p>People of particular sexual orientations</p>																
<p>People who are proposing to undergo, are undergoing or have</p>																

	undergone a process or part of a process of gender reassignment	
	People on low incomes	
	People in particular age groups	
	Groups with particular faiths and beliefs	
	Any other groups who may be affected by the proposal?	

2.2 Summary (to be completed following analysis of the evidence above) – as set out in 1.3					
	Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?	None	Positive	Negative	Not sure
	Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People of particular sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think this proposal may affect negatively or positively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: Assessing Impact

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.

3.1	Consultation Information	
	<i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i>	
	<p>i. Who have you consulted with?</p> <p style="text-align: center;">Staff and customers at the pre-design stage of the programme.</p> <p>ii. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p> <p style="text-align: center;">Through Charteris Consultancy work undertaken in 2013. (full report available)</p>	
3.2	What might the potential impact on individuals or groups be?	
	<i>Consider disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups</i>	
	Generic impact (across all groups)	
	Men or women (include impacts due to pregnancy/maternity)	
	People of particular sexual orientation	
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
	Disabled people	Key issue for customers and staff as relates to web self service and mobile working accessibility respectively .
	Particular ethnic groups	
	People on low incomes	Key issue for customers and staff as relates to web self service and mobile working accessibility respectively .
	People in particular age groups	
	Groups with particular faiths and beliefs	
	Other excluded individuals and groups	

SECTION 4: Reducing & Mitigating Impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

4.1	Where you have identified an impact, what can be done to reduce or mitigate the impact? <i>(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).</i>	
	Impact 1: [Insert impact here]	Reasonable adjustments for staff so they can use mobile working technology.
	Impact 2: [Insert impact here]	Adopt recognised standards for web access.
	Impact 3: [Insert impact here]	Retain other channels of service for customers (phone and face to face)
	Impact 4: [Insert impact here]	
	Impact 5: [Insert impact here]	

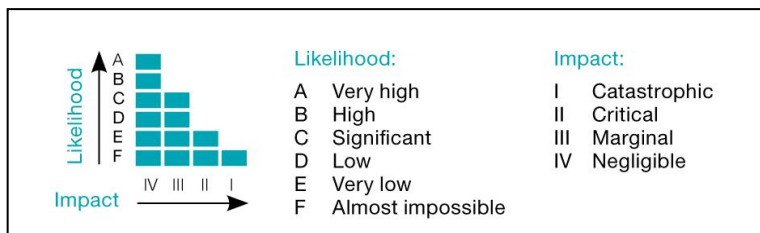
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?	
	No major change (no impacts identified)	X
	Adjust the policy	<input type="checkbox"/>
	Continue the policy (impacts identified)	<input type="checkbox"/>
	Stop and remove the policy	<input type="checkbox"/>
4.3	Please document the reasons for your decision	
	Required actions are in our existing policy.	
4.4	How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?	
	Staff and customer feedback. Monitoring of web use.	
4.5	Conclusion <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact</i>	
	No substantial impact is expected, other than potential barriers to web channel for customers and using mobile technology for staff. Existing policy and management measures will cater for this.	

SECTION 5: Next Steps

5.1 Action Plan <i>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.</i> <i>NB. Add any additional rows, if required.</i>							
	Action Required	Equality Groups Targeted	Intended Outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
1	Following completion of re-design work confirm and undertake EIA(s) including specific assessments for a) development plan for web self-service for customer and mobile technology for staff.	All	TBC	In place	Matthew Castle, Programme Manager	30/02/2015	Green

5.2 Risk Table

Ref	Risk	Impact	Actions in place to mitigate the risk	Current risk score	Further actions to be developed
R1.1	[Enter risk here]	[Enter here the likely impact if the risk came to pass]	[Record here any actions already in place to reduce the risk]	[Using the key below, enter the current risk score]	[Enter here any actions that can be developed in future to reduce the risk identified]
1	Variable appetite and or capability amongst staff to apply new ways of working including use of IT and mobile working and guides for smarter working and time management.	Critical	Training, development and strong operational support. Peer coaching,	12	
2	Inequity in access to and/or functionality of self service on the Web	Critical	Other channels maintained. Web development accommodates specific needs. Promote free access points, training and guided use.	12	
3	See also EIA for 3.6 which is within the scope of this programme				



THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

Signature:

Full Name: Stella Baillie, Tri-Borough Director of Integrated Care

Unit:

Email & Telephone Ext: Stella.Baillie@lbhf.gov.uk

Date of Completion (DD/MM/YY): 28/1/16

WHAT NEXT?

Please email your completed EIA to the Equalities Lead: equalities@westminster.gov.uk



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 Equality Impact Assessment (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 should you 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)
- **Section 1 of the EIA Tool: Initial Screening**, will help you decide whether a full EIA is necessary

Who should undertake the EIA?

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

Further Guidance

- [Step-by-Step Guidance to the questions](#)
- An EIA e-learning module is available for all Westminster staff: www.learningpool.com/westminster/course/view.php?id=159

Please contact the Equalities lead to inform them when you begin and then complete an EIA: equalities@westminster.gov.uk

SEB will monitor compliance with the requirement to complete EIAs.

Title of Proposal	
Adult Social Care Westminster Savings Proposals – High Cost, High Needs Packages Review (Ref 3.5)	
i.	Full Name: Stella Baillie
ii.	Position:
iii.	Department: Adult Social Care
iv.	Contact Details: Stella.Baillie2@lbhf.gov.uk
Has this project, policy or proposal had an EIA carried out on it previously? If yes, please state date of original and append to this document for information.	
Yes Date of original EIA: 18 th October 2014	
Version number and date of update	
Version 2.0: 15 th November 2015	

SECTION 1: Initial screening: Do you need to complete an Equality Impact Assessment (EIA)?

Not all proposals will require an EIA, this initial screening will help you decide if your project or policy requires a full EIA by looking at the potential impact on any equality groups.

1.1	What are you analysing?
	<p>This proposal is focused on the systematic review of all high cost/high needs homecare packages that have a net cost of £500/week or greater, or include the use of two care workers for ‘double up’ care. Opportunities:</p> <ul style="list-style-type: none"> • The current review process is typically carried out on an annual basis, and is not able to quickly identify changes in the customers needs that could lead to a reduction in the level of support required • The current review process does not automatically consider whether the persons support plan goals could be achieved at lower cost through the greater use of assistive technology, use of equipment and adaptations, or a more personalised care package provided through a direct payment. <p>Savings will be delivered through the implementation of a more targeted review process and enhancements to current care practice. There will be no detrimental impact on the continuity of services in line with national (Care Act 2014) eligibility criteria and associated focus on promoting independence. However, the management of transitional changes and associated customer satisfaction, understanding and adjustment requires careful handling.</p>

1.2 Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?					
		None	Positive	Negative	Not sure
	Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	Particular ethnic groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/ maternity)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People or particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	Groups with particular faiths and beliefs	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If the answer is “negative” or “unclear” consider doing a full EIA

1.3 What do you think that the overall NEGATIVE impact on groups and communities will be?		None / Minimal	Significant
		x	<input type="checkbox"/>
<p><u>None or minimal impact would be where there is no negative impact identified, or where there will be no change to the services for any groups. Wherever a negative impact has been identified you should consider undertaking a full EIA by completing the rest of the form.</u></p>			

1.4 Using the screening and information in questions 1.2 and 1.3, should a full assessment be carried out on the project, policy or proposal?

Yes **X**

1.5 How have you come to this decision?

This proposal relates to High Cost High Needs home care packages which are largely provided to older people and adults with physical disabilities. There will be no detrimental impact on the continuity of services in line with national (Care Act 2014) eligibility criteria and associated focus on promoting independence. However, the management of transitional

	changes and associated customer satisfaction, understanding and adjustment requires careful handling.
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SECTION 2: EQUALITY IMPACT ASSESSMENT

Building an Evidence Base: What do you know?

This section will help you build your evidence base and interpret what the likely impact will be of your service.

Sections 2 - 5 will be completed following the design phase of this project

2.1	Build up a picture of who uses/will use your service or facility and identify who are likely to be impacted by the proposal	
	<ul style="list-style-type: none"> <i>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 (indicate where this is the case). Please attempt to complete all boxes.</i> 	
	How many people use the service currently? What is this as a % of Westminster’s population?	Up to 200 customers receive intensive home care packages at any one time which is less than 1% of the population.
	Disabled people	People with physical disabilities and additional learning disabilities are a key group impacted. Care is taken to manage transitions and focus on the overarching aim of better promoting independence.
	Particular ethnic groups	
	Men or women (include impacts due to pregnancy/maternity)	
	People of particular sexual orientations	
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
	People on low incomes	Older people with severely compromised physical functionality are a key group impacted. Care is taken to manage transitions and focus on the overarching aim of better promoting independence
	People in particular age groups	
	Groups with particular faiths and beliefs	
	Any other groups who may be affected by the proposal?	

2.2 Summary (to be completed following analysis of the evidence above)					
		None	Positive	Negative	Not sure
	Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?				
	Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People of particular sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think this proposal may affect negatively or positively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: Assessing Impact

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.

3.1 Consultation Information	
<i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i>	
<p>i. Who have you consulted with?</p> <p>Consultation will be through business as usual case management and annual reviews i.e. affected customers and their families/carers where involved.</p> <p>ii. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p>	
3.2 What might the potential impact on individuals or groups be?	
<i>Consider disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups</i>	
Generic impact (across all groups)	
Men or women (include impacts due	

	to pregnancy/maternity)	
	People of particular sexual orientation	
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
	Disabled people	Adverse impact on satisfaction, anxiety and/or decline in mental health if transitions are not managed carefully.
	Particular ethnic groups	There may be variations in resistance which could lead to inconsistencies in application of the policy.
	People on low incomes	
	People in particular age groups	Adverse impact on satisfaction, anxiety and/or decline in mental health if transitions are not managed carefully.
	Groups with particular faiths and beliefs	
	Other excluded individuals and groups	

SECTION 4: Reducing & Mitigating Impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

4.1	Where you have identified an impact, what can be done to reduce or mitigate the impact? <i>(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).</i>	
	Impact 1: [Dissatisfaction and/or anxiety associated with managing change and transition]	Careful management of the change process including negotiation with the customer.
	Impact 2: [Inequitable approach to making changes were customers refuse/complain/appeal]	Consistent approach applied.
	Impact 3: [Decline in physical and/or mental health following changes due to poor adjustment]	Monitor through follow up shortly after changes take place and annual review.
	Impact 4: [Insert impact here]	
	Impact 5: [Insert impact here]	

4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?	
	No major change (no impacts identified)	<input checked="" type="checkbox"/>
	Adjust the policy	<input type="checkbox"/>
	Continue the policy (impacts identified)	<input type="checkbox"/>
	Stop and remove the policy	<input type="checkbox"/>
4.3	Please document the reasons for your decision	

	Potential for detrimental impacts has been catered for in the policy and approach to implementation.
4.4	How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?
	Follow up monitoring shortly after changes and annual review process.
4.5	Conclusion <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact</i>
	Through the careful management approach being taken, particularly where changes to care plans are identified adverse impact should be mitigated. Changes are not about reducing services but maximising independence and assuring a consistent and equitable approach is taken across all customers.

SECTION 5: Next Steps

5.1 Action Plan <i>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.</i> <i>NB. Add any additional rows, if required.</i>							
	Action Required	Equality Groups Targeted	Intended Outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
1	Undertake impact and satisfaction analysis of customers who have experienced change as a result of this policy.	Older People Disabilities Ethnicity	Assurance	In Place	Busines Analysis Team	31/03/16	

5.2 Risk Table

Ref	Risk	Impact	Actions in place to mitigate the risk	Current risk score	Further actions to be developed
R1.1	[Enter risk here]	[Enter here the likely impact if the risk came to pass]	[Record here any actions already in place to reduce the risk]	[Using the key below, enter the current risk score]	[Enter here any actions that can be developed in future to reduce the risk identified]

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THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

Signature:

Full Name: Stella Baillie

Unit: ASC Department

Email & Telephone Ext: Stella.Baillie2@lbhf.gov.uk

Date of Completion 28/11/16

WHAT NEXT?

Please email your completed EIA to the Equalities Lead: equalities@westminster.gov.uk



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 Equality Impact Assessment (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 should you 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)
- **Section 1 of the EIA Tool: Initial Screening**, will help you decide whether a full EIA is necessary

Who should undertake the EIA?

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

Further Guidance

- [Step-by-Step Guidance to the questions](#)
- An EIA e-learning module is available for all Westminster staff: www.learningpool.com/westminster/course/view.php?id=159

Please contact the Equalities lead to inform them when you begin and then complete an EIA: equalities@westminster.gov.uk

SEB will monitor compliance with the requirement to complete EIAs.

Title of Proposal
Adult Social Care Westminster Savings Proposals Better Care Fund – Health Integration Benefit Share (Ref 3.6)
Lead Officer
<ul style="list-style-type: none"> i. Full Name: Chris Neill ii. Position: Director, Whole Systems iii. Department: Adult Social Care iv. Contact Details: chris.neill @lbhf.gov.uk
Has this project, policy or proposal had an EIA carried out on it previously? If yes, please state date of original and append to this document for information.
Yes
Date of original EIA: 13 th October 2014
Version number and date of update
Version 2.0: 11 November 2015

SECTION 1: Initial screening: Do you need to complete an Equality Impact Assessment (EIA)?

Not all proposals will require an EIA, this initial screening will help you decide if your project or policy requires a full EIA by looking at the potential impact on any equality groups.

1.1	What are you analysing?
	<p>The Better Care Fund Programme is driving the closer integration of health and social care services and associated investment. The main focus of the programme in terms of savings is increased investment in Community Independence Service (CIS) providing better reablement and recovery to support hospital discharge and to avoid hospital admissions.</p> <p>The CIS will deliver more rapid and responsive out of hospital care for people with acute needs which will be provided by health and social care teams working together in a co-ordinated way. The CIS initiative is a critical piece of whole system change which will enable and support the shift of activity from expensive acute settings into the community, bringing better organised care and services as close as possible to people’s homes. The service is largely focused on the needs of adults, including older people with physical needs, although mental health needs, including those that are associated with life changing events, also need to be catered for.</p> <p>As the focus of the programme is on improving services and outcomes it does not have the potential to disproportionately impact on any key group. There is however an need to monitor access to CIS services and delivery of outcomes across key equalities groups particularly ethnicity and patterns of need associated with isolation and depression which can have an impact on outcomes.</p>

1.2 Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?					
		None	Positive	Negative	Not sure
	Disabled people	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Particular ethnic groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/ maternity)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People or particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If the answer is “negative” or “unclear” consider doing a full EIA

1.3 What do you think that the overall NEGATIVE impact on groups and communities will be?		None / Minimal	Significant
		x	<input type="checkbox"/>
<p><u>None or minimal impact would be where there is no negative impact identified, or where there will be no change to the services for any groups.</u> Wherever a negative impact has been identified you should consider undertaking a full EIA by completing the rest of the form.</p>			

1.4 Using the screening and information in questions 1.2 and 1.3, should a full assessment be carried out on the project, policy or proposal?	
Yes	X No <input type="checkbox"/>

1.5 How have you come to this decision?	
There is no plan to negatively impact any group, however as operational changes are extensive and there is increased investment on CIS, an EIA as part of the monitoring	

	and evaluation work being undertaken will provide an opportunity to review and ensure that the benefits of these changes in terms of access and outcomes are considered.
--	--

SECTION 2: EQUALITY IMPACT ASSESSMENT

Building an Evidence Base: What do you know?

This section will help you build your evidence base and interpret what the likely impact will be of your service.

Sections 2 - 5 will be completed as part of the evaluation of the CIS service which is taking place in Q3 and Q4 of 2016/17.

2.1	<i>Build up a picture of who uses/will use your service or facility and identify who are likely to be impacted by the proposal</i> <ul style="list-style-type: none"> <i>• 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 (indicate where this is the case). Please attempt to complete all boxes.</i> 	
	How many people use the service currently? What is this as a % of Westminster's population?	5,234 residents are expected to receive one or more rapid response, in-reach, rehabilitation or reablement service in 2015/16. This is 2.3% of the population.
	Disabled people	<p>The service is focused on people with physical needs – either temporary or long term. The proposal is aiming to improve services and outcomes. The service also needs to respond to the needs of residents with mental health needs – both ongoing aspects particularly Alzheimer's, and needs associated with trauma and loss.</p> <p>Residents may express a need to have services provided by a carer or therapist of a particular agenda which would need to be catered for.</p>
	Particular ethnic groups	The service is provided on a population wide basis. It will need to take into account and cater for patterns of need and health inequalities that are fully described in the local Joint Strategic Needs Assessment. This does not impact on the approach taken to individual case management however.
	Men or women (include impacts due to pregnancy/maternity)	See above.
	People of particular sexual orientations	See above
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	See above
	People on low incomes	See above
	People in particular age groups	See above
	Groups with particular faiths and beliefs	See above
	Any other groups who may be affected by the proposal?	

2.2 Summary (to be completed following analysis of the evidence above)				
	None	Positive	Negative	Not sure
Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?				
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy/maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other groups that you think this proposal may affect negatively or positively?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: Assessing Impact

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.

3.1 Consultation Information	
<i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i>	
<p>i. Who have you consulted with? A evaluation of the CIS service is currently being conducted which is looking at access and outcomes. This is being led by Imperial with the close involvement of the Council. The evaluation will incorporate available patient feedback.</p> <p>ii. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p> <p>The evaluation work that will be carried out by the end of 2015 comprises;</p> <p>Existing or currently commissioned work</p> <ul style="list-style-type: none"> • ASC Reablement review • Deloitte Report • Capita Patient Experience Report 	

- HFCCG CIS evaluation report
- Lead Provider staffing and investment documentation
- Lead Provider Oversight Group (LPOG) minutes
- Monthly Joint Provider Reports
- Nationally mandated surveys

Additional data collection

- GP interviews
- CIS and Lead Provider staff surveys
- Interviews with key Lead Providers
- Interviews with key joint-commissioners
- Performance of CIS case file audits for the three boroughs

Further consultation and evaluation, including work to assess the experience and potential impacts that need to be managed, will be considered following completion of this phase of the evaluation.

3.2 What might the potential impact on individuals or groups be?

Consider disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups

Generic impact (across all groups)	
Men or women (include impacts due to pregnancy/maternity)	
People of particular sexual orientation	
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
Disabled people	Patients with mental health needs may require an adjusted approach to the reablement and recovery support that they receive including particular techniques to explain and reinforce what is required to support good outcomes.
Particular ethnic groups	
People on low incomes	Poor housing and/or poverty including fuel poverty may limit delivery of good outcomes.
People in particular age groups	
Groups with particular faiths and beliefs	
Other excluded individuals and groups	

SECTION 4: Reducing & Mitigating Impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

4.1 Where you have identified an impact, what can be done to reduce or mitigate the impact? <i>(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).</i>	
Impact 1: [Potential adverse impact on achieving reablement and recovery outcomes associated with mental health]	
Impact 2: [Potential adverse impact on achieving reablement and recovery outcomes associated with homelessness, poor housing and/or poverty] I	
Impact 3: [Insert impact here]	
Impact 4: [Insert impact here]	
Impact 5: [Insert impact here]	

4.2 Now that you have considered the potential or actual effect on equality, what action are you taking?	
No major change (no impacts identified)	<input type="checkbox"/>
Adjust the policy	<input type="checkbox"/>
Continue the policy (impacts identified)	<input checked="" type="checkbox"/>
Stop and remove the policy	<input type="checkbox"/>

4.3 Please document the reasons for your decision	
The current policy caters for identified needs and is committed to further consultation and evaluation.	

4.4 How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?	
Continued monitoring and evaluation.	

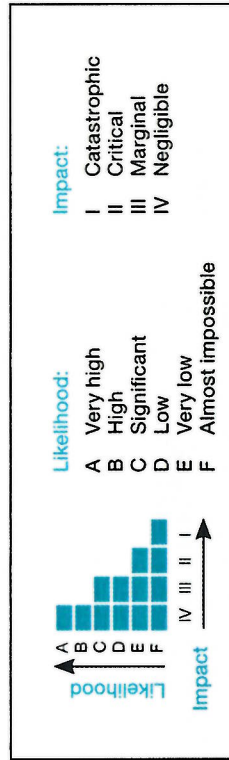
4.5 Conclusion <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact</i>	
Overall adverse impact is not expected, though there is a need to consider potential inequalities in access and successfully outcomes particularly as relates to mental health needs and low income/ housing. These needs are catered for through the multi-disciplinary approach that is taken.	
There is a need for further monitoring, evaluation and consultation which will be considered following the current evaluation phase.	

SECTION 5: Next Steps

5.1 Action Plan						
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.						
NB. Add any additional rows, if required.						
Action Required	Equality Groups Targeted	Intended Outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
1 Complete current evaluation.	All	Obtain broad understanding of CIS model established in April 15	Secured	Davey Thomason Associate Director – Community Services Programme Team NHS Central London Clinical Commissioning Group	31/01/2016	Green
2 Agree equalities monitoring and evaluation approach to be taken going forward.	All - particularly those relating to Mental Health and Housing as barrier to effective reablement.	Development of EIA	Secured	James Hebblethwaite, Senior Business Analyst.	28/02/2016	Green
3 Refresh EIA	All	Development of EIA	Secured	James Hebblethwaite, Senior Business Analyst.	30/03/2016	Green

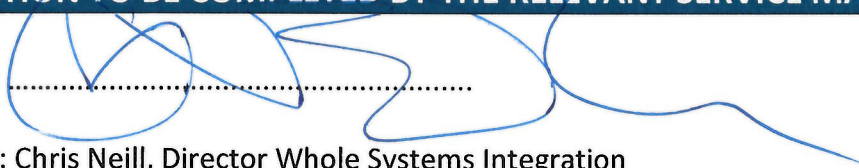
5.2 Risk Table

Ref	Risk	Impact	Actions in place to mitigate the risk	Current risk score	Further actions to be developed
R1.1	[Enter risk here]	[Enter here the likely impact if the risk came to pass]	[Record here any actions already in place to reduce the risk]	[Using the key below, enter the current risk score]	[Enter here any actions that can be developed in future to reduce the risk identified]
	Health buy in and support	Critical	Put on the agenda and focus on the business case (better outcomes and associated savings)	8	
	Completion of equalities information across two systems	Critical	Promote compliance	8	
	Patient voice including equalities aspects is not sufficiently promoted	Critical	Continue to develop evaluation working with key partners including Health Watch	8	



THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

Signature:



Full Name: Chris Neill, Director Whole Systems Integration

Unit: ASC Department

Email & Telephone Ext: Chris.Neill@lbhf.gov.uk

Date of Completion: 11/11/2015

WHAT NEXT?

Please email your completed EIA to the Equalities Lead: equalities@westminster.gov.uk

