



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: Liz Bruce ii. Position: Executive Director iii. Department: Adult Social Care iv. Contact Details: Liz.Bruce@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.
<p>Yes</p> <p>13th October 2014 11 November 2015</p>
Version number and date of update
29 th September 2016

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
	<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>	x

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?
	<p>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. This work has been delayed as a new jointly commissioned provider of health CIS services was appointed in July 16 and it must be delivered in partnership.</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 as part of the evaluation of the CIS service which is taking place in Q3 and Q4 of 2016/17.

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?	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. These services are delivered on the basis of an assessment of needs.
	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. A holistic approach to assessing needs is taken in order to achieve this, where necessary undertaking a multi-disciplinary assessment.</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	<p>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.</p>
	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?</p> <p>A evaluation of the CIS service has been conducted; this focused most closely on delivery of intended health and financial outcomes and the patient experience. Further work is required to consider experience and outcomes against key groups. However it is important to understand that access to services are determined by a clinical assessment of need which is applied to a clear set of criteria.</p> <p>ii. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p> <p>The evaluation work undertaken to date comprised;</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 <p>Additional data collection</p> <ul style="list-style-type: none"> • 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 <p>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.</p>
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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	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?	
	Contiued 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 <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	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 - completed	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	Senel Arkut, Interim Head of Service – TriBorough	30/09/2016 – delayed due to Joint CIS Commission	Amber
3	Refresh EIA	All	Development of EIA	Secured	Martin Calleja, Head of Transformation	01/04/2017	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: Liz Bruce, Executive Director, Adult Social Care and Health

Email: liz.bruce @lbhf.gov.uk

Date of Completion: 26th September 2016

WHAT NEXT?

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