



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.	
Lead Officer	
i.	Full Name: Mike Boyle
ii.	Position: Interim Director, ASC Commissioning and Enterprise
iii.	Department: Adult Social Care
iv.	Contact Details: mike.boyle@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	
18 th October 2014	
11 th November 2015	
Version number and date of update	
Version 3.0: 19 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>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.</p> <p>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 that moves away from funding outputs or activities and focuses more on outcomes based commissioning, personalisation, joint commissioning and lead provider partnerships. Services will be designed around individual needs and care plans and involve a wider range of collaborative partnerships. The approach will be applied across key customer pathways e.g. the mental health recovery pathway and associated 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</p>

	<p>procurement plan is now in place. The plan covers all categories of service; prevention, re-enablement, community and residential services.</p> <p>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.</p> <p>Efficiency work has involved:</p> <ul style="list-style-type: none"> i. Renegotiation of residential and nursing placements that have been let as ‘spot’ contracts (i.e. purchased on a per customer basis) ii. Renegotiation and contract variation on existing framework and block contracts iii. Re-procurement of services on a tri-borough basis. This will include: <ul style="list-style-type: none"> • 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, • 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 i.e. savings achieved by taking a more consistent and proportionate approach.
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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-commission will required 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	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	part of a process of gender 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?	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>		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 No X 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. Following work undertaken in the last year continuing savings are planned to be delivered through negotiated savings on block contracts agreed through CoCo board and targeted work to review business models and care package costs with spot contract placement providers where value and costs are high, particularly in the area of LD. The focus of this work therefore is improving value for money and promoting independence (wherever possible) respectively. An EIA may be required for any major major re-commissioning projected that is added to the above noted detailed procurement plan . If major changes to services and contracts are required there will be close consultation and involvement with customers.</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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	to pregnancy/maternity)				
	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>ii. How did you consult? (<i>inc meeting dates, activity undertaken & groups consulted</i>)</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
	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	

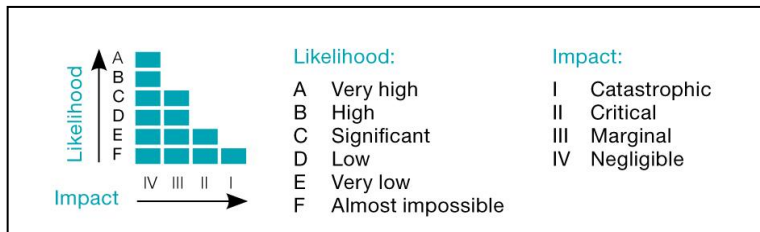
4.4	How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?	

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

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> 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	Review EIAs required following the development and agreement of a detailed procurement plan.	All	Avoid or limit adverse impact and ensure diversity of needs are understood and met.	In place	Helen Worwood – Interim AD ASC Commissioning	Completed	Green
2	Continue to monitor the scope of the procurement plan, paying particular attention to any major re or decommissioning projects that will be added to it that will require an EIA.	-	-	In Place	Mike Boyle, Interim Head of Commissioning	Ongoing	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	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:

Full Name: Liz Bruce, Executive Director, Adult Social Care and Health

Email: liz.bruce @lbhf.gov.uk

Date of Completion: 14th December 2016

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.

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SEB will monitor compliance with the requirement to complete EIAs.

Title of Proposal	
<p>This EIA covers three closely related ASC Westminster Savings proposals;</p> <p>3.3ii Commissioned well-being and prevention services – including Assitive Technology including the Community Alarm Service.</p>	
Lead Officer	
v.	Full Name: Mike Boyle
vi.	Position: Interim Director, ASC Commissioning and Enterprise
vii.	Department: Adult Social Care
viii.	Contact Details: mike.boyle@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>18th October 2014 11th November 2015</p>	
Version number and date of update	
Version 3.0: 19 th September 2016	

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	<p>enablement, community and residential services.</p> <p>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.</p> <p>Efficiency work has involved:</p> <ul style="list-style-type: none"> iv. Renegotiation of residential and nursing placements that have been let as ‘spot’ contracts (i.e. purchased on a per customer basis) v. Renegotiation and contract variation on existing framework and block contracts vi. Re-procurement of services on a tri-borough basis. This will include: <ul style="list-style-type: none"> • 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, • 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 i.e. savings achieved by taking a more consistent and proportionate approach.
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1.2	<p>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?</p> <p>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.</p> <p>Transformation work: Position is not clear; each transformational re-commission will required 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.</p>				
		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"/>

Adult Social Services and Public Health Care

	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?
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	Yes No X see approach below
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1.5	How have you come to this decision?
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	<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. Following work undertaken in the last year continuing savings are planned to be delivered through negotiated savings on block contracts agreed through CoCo board and targeted work to review business models and care package costs with spot contract placement providers where value and costs are high, particularly in the area of LD. The focus of this work therefore is improving value for money and promoting independence (wherever possible) respectively. An EIA may be required for any major major re-commissioning projected that is added to the above noted detailed procurement plan . If major changes to services and contracts are required there will be close consultation and involvement with customers.</p>
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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 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	
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	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?				
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Men or women (include impacts due to pregnancy/maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adult Social Services and Public Health Care

	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>iii. Who have you consulted with?</p> <p>iv. How did you consult? <i>(inc meeting dates, activity undertaken & groups consulted)</i></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)
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	Disabled people
	Particular ethnic groups
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	People in particular age groups
	Groups with particular faiths and beliefs

	Other excluded individuals and groups	
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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	
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4.4	How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?	
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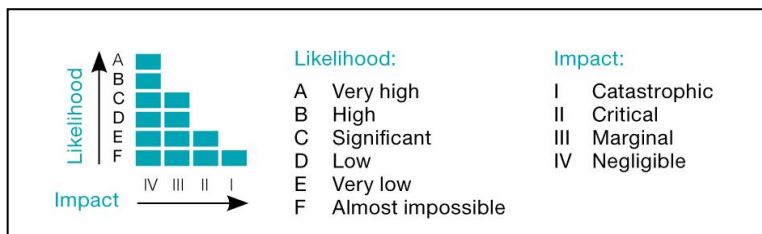
4.5	Conclusion <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact</i>	
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SECTION 5: Next Steps

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	Review EIAs required following the development and agreement of a detailed procurement plan.	All	Avoid or limit adverse impact and ensure diversity of needs are understood and met.	In place	Helen Worwood – Interim AD ASC Commissioning	Completed	Green
2	Continue to monitor the scope of the procurement plan, paying particular attention to any major re or decommissioning projects that will be added to it that will require an EIA.	-	-	In Place	Mike Boyle, Interim Head of Commissioning	Ongoing	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	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:

Full Name: Liz Bruce, Executive Director, Adult Social Care and Health

Email: liz.bruce@lbhf.gov.uk

Date of Completion: 14th December 2016

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
3.5 -Adult Social Care- High Cost High Need Placements
Adult Social Care Westminster Savings Proposals – High Cost, High Needs Packages Review (Ref 3.5)
<ul style="list-style-type: none"> 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.
<p>Yes</p> <p>18th October 2014</p> <p>15th November 2015</p>
Version number and date of update
<p>Version 3.0:</p> <p>19th September 2016</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>This proposal is focused on the continued systematic review of all high cost/high needs homecare packages that have a net cost of £500/week or greater (i.e. more than 30 hours of care and support per week and/ or those that include the use of two care workers for ‘double up’ care (where two carers are required to meet needs). The key focus of this ongoing work will be focused on improving review processes</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 consistently 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 e.g. a sit down shower or a more personalised care package provided through a direct payment (i.e. where the customer is given control of their own personal budget). <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</p>

	focus on enabling customers to maximie their independence and functionality. However, the management of transitional changes and associated customer satisfaction, understanding and adjustment requires careful handling.				
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"/>	<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 (as home care services charges and services are subject to financial assessment and ability to pay)	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"/>	<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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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. As such if the change and associated risks continue to be managed well there will be no detrimental impact.

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"> 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?	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. Transitions are managed through a joint pathway with Children's services with preparatory work starting at 14 and fully involving the young person and their family.
	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	

Adult Social Services and Public Health Care

	People in particular age groups	Older people with severely compromised physical functionality are a key group impacted. Care is taken to manage change and focus on the overarching aim of better promoting independence. Any changes to care packages, risks and intended outcomes will be carefully monitored to ensure success.
	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>
	v. Who have you consulted with?

	<p>Consultation will be through business as usual case management and annual reviews i.e. affected customers and their families/carers where involved. Further the annual ASC customer survey which is based on a national data set assesses key satisfaction measures.</p> <p>vi. How did you consult? <i>(inc meeting dates, activity undertaken & groups consulted)</i></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	Adverse impact on satisfaction, anxiety and/or decline in mental health if changes 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 changes 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. There are clear and exacting standards for assessment and review work including the need for customers to understand and

		agree their support plans.
	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 through annual user satisfaction survey.	Older People Disabilities Ethnicity	Assurance	In Place	Busines Analysis Team	31 st July 2016 and annually.	

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	Reviews and management of changes are not delivered to the required quality.	Detrimental impact.	Quality assurance system for delivering assessments and reviews including customer and management sign off and supervision.	Very low: Critical	



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: 14th December 2016

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
3.6 Adult Social Care Westminster Savings Proposals Better Care Fund – Health Integration Benefit Share)
Lead Officer
<ul style="list-style-type: none"> ix. Full Name: Liz Bruce x. Position: Executive Director xi. Department: Adult Social Care xii. 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
		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?
	<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	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"/>
	Particular ethnic groups	<input checked="" 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"/>
	People of particular sexual orientations	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	<input checked="" 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"/>	

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>vii. 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>viii. How did you consult? <i>(inc meeting dates, activity undertaken & groups consulted)</i></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	
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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.	

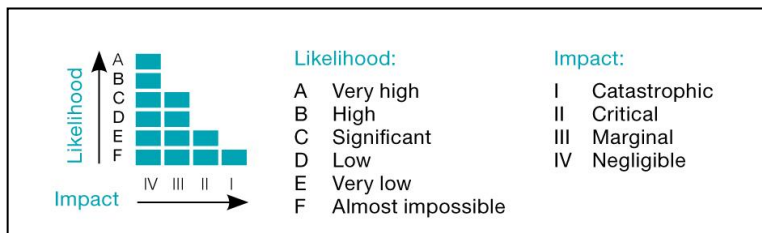
4.4	How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?	
	Contiued monitoring and evaluation.	

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>	

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

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; 3.8 Public Health Funding of ASC Services (use of public health funding to voluntary and community services that tackle social isolation)
xiii. Full Name: Liz Bruce xiv. Position: Executive Director, Adult Social Care xv. Department: Adult Social Care xvi. 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.
12 th November 2015
Version number and date of update
20 th November 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?				
	Utilise Public Health Funding to support continuity and development of voluntary sector and community services that address social isolation.				
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 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 or particular sexual orientation/s	<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"/>

Adult Social Services and Public Health Care

	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 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"/>	

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 or minimal impact would be where there is <u>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"/>

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?
	No <input checked="" type="checkbox"/>
1.5	How have you come to this decision?
	This is a funding transfer saving to the ASC budget that supports continuity of existing services. Social isolation is a major risk to physical and mental health and well being and loss of independence.

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"> • 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 <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i>	
	ix.	Who have you consulted with?
	x.	How did you consult? <i>(inc meeting dates, activity undertaken & groups consulted)</i>
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	
	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: [Dissatisfaction and/or anxiety associated with managing change and transition]	
	Impact 2: [Inequitable approach to making changes were customers]	

	refuse/complain/appeal]	
	Impact 3: [Decline in physical and/or mental health following changes due to poor adjustment]	
	Impact 4: [Insert impact here]	
	Impact 5: [Insert impact here]	

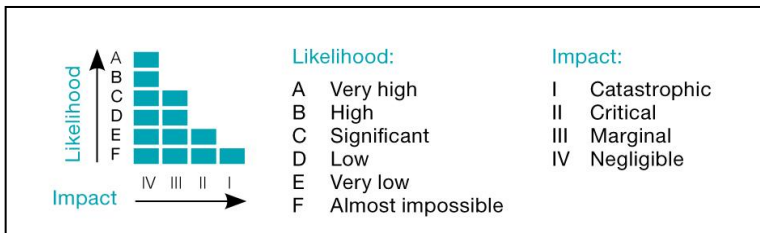
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?
	No major change (no impacts identified) <input checked="" type="checkbox"/>
	Adjust the policy <input type="checkbox"/>
	Continue the policy (impacts identified) <input type="checkbox"/>
	Stop and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

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
						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]



THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

Signature:

Full Name: Liz Bruce, Tri-Borough Executive Director of Adult Social Care

Unit: ASC Transformation

Email & Telephone Ext: Liz.Bruce@lbhf.gov.uk

Date of Completion: 20/08/16

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 – 3.12 Mental Health Placements (Residential) – up to 17/18
Lead Officer
xvii. Full Name: Stella Baillie xviii. Position: Tri-Borough Director of Provided Services xix. Department: Adult Social Care xx. 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 18 th October 2014 and 15 th November 2015
Version number and date of update
Version 3.0: 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>Continued work to review of people with substantial and severe and enduring mental illness (SEMI) in higher cost supported housing and spot purchased (on a per customer basis) high cost residential placements, to identify scope for alternative packages of care.</p> <p>This work focuses on two associated key transition management pathways:</p> <ul style="list-style-type: none"> • transition from higher cost supported housing services to more independent and lower cost services carefully managing throughput and provision across a care and support pathway that requires the level to be stepped up or down. • use of supported living provision and community support packages (this is support provided within designated housing or across tenures respectively) to enable more people to be transitioned into independent accommodation and in-Borough placements.
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"/>	<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. 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 No X

1.5 How have you come to this decision?

Changes to care packages will be based on the outcome of a care plan review and will be mutually agreed with the customer and reflect their eligible needs. The focus is therefore on identifying the best solution to meeting eligible needs as opposed to any change to eligibility which must meet the national standard set out in the Care Act 2014. Whilst a consideration of impact will be undertaken through the annual review process (a facilitated annual stock take of how well outcomes are being delivered) to obtain a picture of actual impact the focus of this change is on delivering more appropriate services.

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?	The service supports approx 1100 service users in community and residential settings at any one time which is 0.48% of the population.
	Disabled people	<p>The services are targeting people with substantial and severe MH illness many of whom have long term and enduring needs. Independent living solutions will be determined through an assessment of needs and preferences and for most service users is the best solution for meeting needs and promoting independence.</p> <p>The focus of this saving is on moving people to the most appropriate service setting and independent living as part of a planned pathway. This is the preference of most customers and is consistent with our 'Like Minded' Strategy for Mental Health and Well Being across North West London</p>
	Particular ethnic groups	<p>In Westminster there are population characteristics which mean that the number of people with mental health disorders and specifically serious mental health problems is much greater than in other parts of the country. These characteristics include:</p> <p><input type="checkbox"/> <i>Deprivation</i> –evidence suggests that people from lower social classes are at an increased risk of schizophrenia. Furthermore, they are also at a greater risk of delayed recovery, which can result in a poorer responses to treatment. Neurotic disorders have similarly been linked with social class.</p> <p>As a whole Westminster is ranked as the 69th most deprived borough (out of 354) in the country. Westminster has areas experiencing considerable deprivation, which are ranked within the most deprived 10% in the country. These are located in the north west and south of the borough;</p> <p><input type="checkbox"/> <i>Age structure and gender</i> – the first presentation of serious mental</p>
	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	

<p>Any other groups who may be affected by the proposal?</p>	<p>illness is usually before the age of 45, and the average age of the first episode of major depression is often in the mid 20s (in about half there is no recurrence). Westminster has a proportionally larger population in this younger age group than elsewhere in the country and, therefore, there are likely to be a greater number of people who have depression or experience psychosis in Westminster than elsewhere in the country;</p> <p><input type="checkbox"/> <i>Ethnic mix</i> – rates of psychotic disorder differ by ethnic group. The prevalence has been found to be highest in Black Caribbean and Black African populations. The reasons for this are thought to be a complex interaction of social and environmental factors and issues around accessing the right care in a timely manner. Overall in Westminster there is a larger, more diverse BME population than elsewhere in the country;</p> <p><input type="checkbox"/> <i>Unemployment</i> – unemployment can have an adverse effect on mental health and mental health issues can also prevent people accessing employment. There is a clear relationship between unemployment and common mental health disorders. Westminster has a higher than average rate of unemployment;</p> <p><input type="checkbox"/> <i>Housing and Homelessness</i> - mental illness is associated with overcrowding and homelessness. This is thought to be an independent factor of deprivation, although linked. In Westminster 30% of housing is overcrowded, which is the third highest in the country. Additionally, Westminster has the largest rough sleeping population in the country. Among other statistics it is estimated that there is approximately twice the rate of neurotic disorders amongst rough sleeper than the general population;</p> <p><input type="checkbox"/> <i>Substance Misuse</i> – substance misuse is associated with mental illness, particularly personality disorder. The rate of people accessing treatment services for substance misuse in Westminster is above the national and London averages. Consequently greater levels of mental illness are expected. It is also estimated that 67.6% of the drug treatment population and 80.6% alcohol treatment population have depression and/or anxiety disorder. There have been various models produced to provide comparative indices of need for mental health services. These indices all suggest that Westminster has greater levels of mental health disorders (both severe and common) than other areas and consequently a greater need for services.</p> <p>source 2010 Joint Service Needs Assessment: http://www.jsna.info/sites/default/files/JSNA%20Westminster%202010%20Mental%20Health.pdf</p>
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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>xi. Who have you consulted with? Consultation takes place through business as usual care management work.</p> <p>xii. How did you consult? <i>(inc meeting dates, activity undertaken & groups consulted)</i></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)	There could be an adverse response and/or motivation to the identified change of service by

Adult Social Services and Public Health Care

		some customers initially. This would require careful management through their full involvement in the care management process and a focus on the positive aspects of what is being proposed and how it promotes independence and security.
	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	Prospective changes to services will need to consider the meeting of culturally specific needs – this is core business for adult social care.
	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: [Varying appetite, motivation and/or security with the recommended changes]	Reviewing services and making changes so that they are more appropriate to needs is a core business as usual function for care managers. Social workers and health professionals work closely with service users and where appropriate their carers and families through all key changes.
	Impact 2: [Proposed change or move from a service that is providing services to meet culturally specific needs]	Carefully managed change in order to assure continuing of service to meet needs and preferences including culturally specific needs. This will be done through the assessment and support planning process that underpins all mental health work.

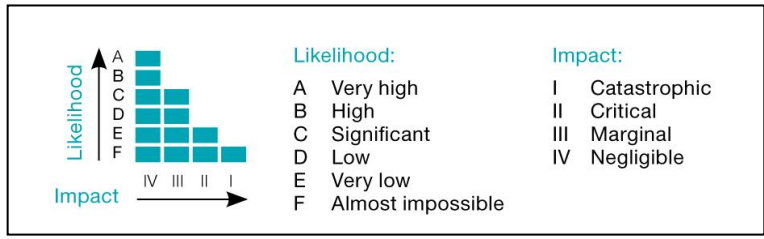
4.2	Now that you have considered the potential or actual effect on equality, what
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action are you taking?	
No major change (no impacts identified)	<input checked="" type="checkbox"/>
Adjust the policy	<input type="checkbox"/>
Continue the policy (impacts identified)	<input type="checkbox"/>
Stop and remove the policy	<input type="checkbox"/>
4.3	Please document the reasons for your decision
4.4	How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?
	Business as usual review and case management.
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>
	<p>This saving is driven by the services aim to provide the most appropriate service to meet needs, promoting independence and successful recovery wherever possible.</p> <p>Changes will be implemented with care and impact on changes to placements and support packages will be monitored, paying particular attention to specific cultural needs.</p>

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	Continuing work to consider impact and satisfaction analysis of customers who have experienced change as a result of this policy. This will be undertaken based on annual satisfaction survey work.	Disabilities Ethnicity	Assurance	In Place	Busines Analysis – July Annually	Annually in July	

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	Potential pattern of inequality regarding satisfaction with changes.	Marginal Appeals/deterioration in health and well being – small scale.	Careful management on a case by case basis and impact monitoring through the review process.	6	



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: 14th December 2016

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
3.14 - Adult Social Care - Line by Line LD Supplies Services
Adult Social Care Westminster Savings Proposals; Line by line review of all supplies and services including placements (LD) & line by line review of all supplies and services/contracts (all other service areas) – ref 3.14
xxi. Full Name: Stella Baillie xxii. Position: Tri-borough Director of Integrated Services xxiii. Department: Adult Social Care xxiv. 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.
15th November 2015
Version number and date of update
26th 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?				
	Tactical review and reduction to budgets covering all supplies and services as follows; LD - £600k reduction between 2016 – 18 (1.9% reduction on 15/16) Other areas- £200k reduction 2017-18 (0.7% reduction on 16/17) All planned budgets for supplies and services including recruitment, agency staff and commissioned care and support services will be reduced by this amount and the service will need to deliver the service within this limit. Flexibility may be applied to reduce impact on front line care and support services by extending reductions in other areas.				
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 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 or particular sexual orientation/s	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adult Social Services and Public Health Care

	part of a process of gender reassignment				
	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 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"/>	

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"/>

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?
	No <input checked="" type="checkbox"/>
1.5	How have you come to this decision?
	The levels of reduction as detailed above are small and there will be no impact on the continuity of the core front line services. The focus is on continuing to deliver services within a slightly reduced cash envelope.

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"> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	undergo, are undergoing or have undergone a process or part of a process of gender reassignment				
	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>xiii. Who have you consulted with?</p> <p>xiv. 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
	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: [Dissatisfaction and/or anxiety associated with managing change and transition]	
	Impact 2: [Inequitable approach to making changes were customers refuse/complain/appeal]	
	Impact 3: [Decline in physical and/or mental health following changes due to poor adjustment]	
	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	

	<p>Potential for detrimental impacts has been catered for in the policy and approach to implementation.</p>
<p>4.4</p>	<p>How will the impact of the project, policy or proposal and any changes made to reduce the impact be monitored?</p>
	<p>Follow up monitoring shortly after changes and annual review process.</p>
<p>4.5</p>	<p>Conclusion <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact</i></p>

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

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]



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: 14th December 2016

WHAT NEXT?

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



City of Westminster

EQUALITY IMPACT ASSESSMENT TOOL

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

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

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

When you should undertake an EIA:

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

Who should undertake the EIA:

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

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

<https://officesharedservice.sharepoint.com/sites/intranet/wcc-comms/Pages/Equality-Impact-Assessments-.aspx>

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

www.learningpool.com/westminster/course/view.php?id=159

When you have completed an EIA, please send the final copy to Equalities@westminster.gov.uk

It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by EMT.

All EIAs for proposed changes to levels of service arising from budget proposals must be completed by 2 September 2016.

Title
3.232i Re-procurement of Sexual and Reproductive Health Services
What are you analysing?
<ul style="list-style-type: none"> • What is the purpose of the policy/project/activity/strategy? • In what context will it operate? • Who is it intended to benefit? • What results are intended? • Why is it needed?
<p>Investment in adult community sexual health services has been inconsistent and based on historical agreements. The redesign and re-commissioning of services will provide the sustainability needed to achieve the local authority's ambition of reducing the cost of acute Genito-Urinary Medicine (GUM) services, improving outcomes for residents and to commission a model that is based on local need. It is intended to deliver improvements in quality and move the balance of care away from the GUM services to more accessible and responsive community based services for the residents of Hammersmith and Fulham.</p> <p>Reshaping the provision of adult community and reproductive sexual health service is a priority for the three Local Authorities to ensure that services meet the needs of our residents and we achieve the Public Health Outcomes by:</p> <ul style="list-style-type: none"> • reducing inequalities and improving sexual health outcomes • building an open and transparent model where everyone is able to make informed and responsible choices about relationships and sex • providing accessible services in a way that meets the need of the local population and those at highest risk
Details of the lead person completing the screening/EIA
<p>(i) Full Name: Helen Byrne</p> <p>(ii) Position: Senior Commissioning Manager</p> <p>(iii) Unit: Public Health Substance Misuse and Sexual Health Commissioning Team</p> <p>(iii) Contact Details: Email: hbyrne@westminster.gov.uk Telephone No: 020 7641 1240</p>
Date sent to Equalities@westminster.gov.uk
08/09/2016
Version number and date of update
Version 2 08/09/2016



Microsoft Word 97 -
2003 Document

Version 1 20/11/2015

Please note a full EIA has been completed as part by the London Sexual Health Transformation Programme Board and will be revisited and updated as part of the new proposals for service provision.

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 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?				
	None	Positive	Negative	Not sure
Disabled people	X			
Particular ethnic groups		X		
Men or women (include impacts due to pregnancy/ maternity)		X		
People or particular sexual orientation/s	X			
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X			
People on low incomes	X			
People in particular age groups		X		
Groups with particular faiths and beliefs	X			
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?	X			
If the answer is “negative” or “unclear” consider doing a full EIA				
1.2 What do you think that the overall NEGATIVE impact on groups and communities will be?				
None/ Minimal		Significant		
✓		<input type="checkbox"/>		
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.		Significant impact would be where there is an impact is identified that has substantial impact on any groups.		
If the answer is “significant” consider doing a full EIA				

1.3	Using the screening information in questions 2.1 and 2.2, should a full EIA be carried out on the project, policy or proposal
	No
1.4	How have you come to this decision?
	Outcomes are neutral (“None” in the above table) or Positive. The proposed new model will focus on services delivering from within the three boroughs and therefore can be more accessible and responsive to local residents and identified needs.

EQUALITY IMPACT ASSESSMENT

SECTION 2: BUILDING AN EVIDENCE BASE

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> • <i>A baseline of data is available here</i> 	
	How many people use the service currently? What is this as a % of Westminster’s population?	<p>It is not possible to identify activity made by unique individuals due to the confidential and open access nature of these services.</p> <p>A new contract monitoring system was introduced in 2015-16, coupled with streamlining our service offer, will enhance our ability to capture this information in 2017-18.</p>
	Age	The proposed remodelling of services will continue to offer open access and ensure that the services for young people and older people are consistent.
	Disability	The proposed remodelling of services will continue to offer open access and ensure that the services are accessible to all, therefore there should be no impact on changes.
	Gender	The proposed remodelling of services will continue to offer open access and ensure that the services are accessible. The new model will ensure female residents have access to all methods of contraception.
	Race	The proposed re modelling and service design should not impact on the changes. By re-aligning the services with the need of our residents will ensure those are not impacted

	Religion or belief	The proposed re modelling and service design should not impact on the changes. By re-aligning the services with the need of our residents will ensure those are not impacted
	Sexual orientation	The best practice identified by service users within our current model have fed into the new service offer to ensure our services remain accessible. The proposed re modelling and service design should not impact on the changes.
2.2	Are there any equality groups that are overrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service. Information about Westminster's population is on the Equalities page on the WIRE.</i>	
	<p>Gay men, sex workers and young people are disproportionately impacted by poor sexual health and therefore, from targeted and tailored initiatives, tend to be overrepresented within services.</p>	
2.3	Are there any equality groups that are underrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.</i>	
	<p>Lesbian and bisexual women and some BME populations are underrepresented within the current service model.</p>	

SECTION 3: ASSESSING THE 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.

<p>3.1</p>	<p>Consultation Information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i></p>
	<p>Stakeholder and service user events have been held to build upon the model and the re-design of services. Service users and stakeholder questionnaires are in the process of being developed for further consultation</p> <ul style="list-style-type: none"> • Supplier engagement event • Stakeholder engagement event • Current provider engagement • Service User Questionnaire • Service User focus groups.
<p>3.2</p>	<p>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></p>
	<p>The new service model will improve access, we would therefore anticipate the remodelling to have a positive impact and ensure our services are aligned with local need.</p> <p>The providers will ensure that services are accessible to all residents requiring them and engage with different community groups to develop inclusive policies and local practices which consider the different needs of the resident population.</p> <p>The socio-demographics of those accessing the service will be monitored quarterly to ensure our ambitions for the new model are realised.</p>

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? (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).													
<p>The procurement has identified risks around staffing and estates. There will be a financial impact on other boroughs, outside H&F, RBKC and WCC, as cross charging will be introduced within community contracts. This will require each Local Authority to pay for activity related to their residents on a pricing structure aligned with London wide GUM provision. This has been communicated to other local authorities via the London Transformation Board.</p>														
<p>No issues or barriers have been identified around equality as the revised model will enhance the current offer through a more flexible and responsive service.</p>														
<table border="1"> <thead> <tr> <th data-bbox="245 846 732 987">Column A – Issues or barriers, things to take into account</th> <th data-bbox="737 846 1517 987">Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).</th> </tr> </thead> <tbody> <tr> <td data-bbox="245 994 732 1077">Not applicable</td> <td data-bbox="737 994 1517 1077">Not applicable</td> </tr> <tr> <td data-bbox="245 1084 732 1167"></td> <td data-bbox="737 1084 1517 1167"></td> </tr> <tr> <td data-bbox="245 1173 732 1256"></td> <td data-bbox="737 1173 1517 1256"></td> </tr> <tr> <td data-bbox="245 1263 732 1346"></td> <td data-bbox="737 1263 1517 1346"></td> </tr> <tr> <td data-bbox="245 1352 732 1451"><i>Enter additional rows if require</i></td> <td data-bbox="737 1352 1517 1451"></td> </tr> </tbody> </table>			Column A – Issues or barriers, things to take into account	Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).	Not applicable	Not applicable							<i>Enter additional rows if require</i>	
Column A – Issues or barriers, things to take into account	Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).													
Not applicable	Not applicable													
<i>Enter additional rows if require</i>														
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?													
<table border="1"> <tbody> <tr> <td data-bbox="245 1659 357 1816" style="text-align: center;">✓</td> <td data-bbox="362 1659 700 1816">1. No major change (no impacts identified)</td> <td data-bbox="705 1659 1517 1816">Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.</td> </tr> <tr> <td data-bbox="245 1823 357 1897" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="362 1823 700 1897">2. Adjust the policy</td> <td data-bbox="705 1823 1517 1897">You will take steps to remove barriers or to better advance equality.</td> </tr> <tr> <td data-bbox="245 1904 357 2011" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="362 1904 700 2011">3. Continue the policy (impacts identified)</td> <td data-bbox="705 1904 1517 2011">You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.</td> </tr> <tr> <td data-bbox="245 2018 357 2087" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="362 2018 700 2087">4. Stop and remove the policy</td> <td data-bbox="705 2018 1517 2087">There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </tbody> </table>			✓	1. No major change (no impacts identified)	Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.	<input type="checkbox"/>	2. Adjust the policy	You will take steps to remove barriers or to better advance equality.	<input type="checkbox"/>	3. Continue the policy (impacts identified)	You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.	<input type="checkbox"/>	4. Stop and remove the policy	There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.
✓	1. No major change (no impacts identified)	Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.												
<input type="checkbox"/>	2. Adjust the policy	You will take steps to remove barriers or to better advance equality.												
<input type="checkbox"/>	3. Continue the policy (impacts identified)	You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.												
<input type="checkbox"/>	4. Stop and remove the policy	There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.												

4.3	Please document the reasons for your decision
	<p>The proposed new model will focus on services delivering from within our local areas and therefore can be more accessible and responsive to local residents and identified needs.</p>

SECTION 5: ACTION PLAN

This section is for actions related any of the 9 protected characteristic: Age, Disability, Gender, Gender reassignment; Pregnancy & maternity, Race, Sexual Orientation or Religion/Belief

<p>5.1</p> <p>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.</p> <p><i>Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.</i></p> <p>NB. Add any additional rows, if required.</p>								
	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG	
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	<i>Enter additional rows if required</i>							



City of Westminster

EQUALITY IMPACT ASSESSMENT TOOL

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

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

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

When you should undertake an EIA:

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

Who should undertake the EIA:

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

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

<https://officesharedservice.sharepoint.com/sites/intranet/wcc-comms/Pages/Equality-Impact-Assessments-.aspx>

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

www.learningpool.com/westminster/course/view.php?id=159

When you have completed an EIA, please send the final copy to Equalities@westminster.gov.uk

It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by EMT.

All EIAs for proposed changes to levels of service arising from budget proposals must be completed by **2 September 2016**.

Title
3.23ii Re-commissioning of Substance Misuse and Alcohol Specific Interventions
What are you analysing?
<ul style="list-style-type: none"> • What is the purpose of the policy/project/activity/strategy? • In what context will it operate? • Who is it intended to benefit? • What results are intended? • Why is it needed?
<p>The treatment system is not sustainable in its current form. Redesign must take place in order to meet the needs of all drug and alcohol users and to innovate the treatment system. Drug using trends are changing and this group has been a population that the current service model has failed to engage.</p> <p>To ensure improved outcomes for service users, streamline systems and make efficiencies to bring added value to Hammersmith and Fulham (H&F), Royal Borough Kensington and Chelsea (RBKC) and Westminster City Council (WCC) tenders have been sought for two services:</p> <ul style="list-style-type: none"> • Substance Misuse Treatment Service • Alcohol Specific Treatment Interventions Service <p>The main aims of the re-procurement are to reduce the harms caused by drug and alcohol use and support the successful completion of treatment by being more responsive to changing drug trends. The new service will:</p> <ul style="list-style-type: none"> • manage a wide range of substances • increase satellite and outreach working • increase home treatment • engage more service users earlier • increase numbers accessing alcohol treatment • increase the focus on employability • reduce hospital admissions.
Details of the lead person completing the screening/EIA
<p>(i) Full Name: Katherine Reid</p> <p>(ii) Position: Senior Commissioner</p> <p>(iii) Unit: Public Health Commissioning Team</p> <p>(iii) Contact Details: Email: kreid@westminster.gov.uk Telephone No: 020 7641 4666</p>
Date sent to Equalities@westminster.gov.uk
09/09/2016
Version number and date of update

Version 2: 08/09/2016

Version 1: 07/08/2015



Microsoft Word 97 -
2003 Document

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 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?				
	None	Positive	Negative	Not sure
Disabled people		X		
Particular ethnic groups		X		
Men or women (include impacts due to pregnancy/ maternity)		X		
People or particular sexual orientation/s		X		
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment		X		
People on low incomes		X		
People in particular age groups		X		
Groups with particular faiths and beliefs		X		
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?	X			
If the answer is “negative” or “unclear” consider doing a full EIA				
1.2 What do you think that the overall NEGATIVE impact on groups and communities will be?				
None/ Minimal		Significant		
X				
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.		Significant impact would be where there is an impact is identified that has substantial impact on any groups.		
If the answer is “significant” consider doing a full EIA				

1.3	Using the screening information in questions 2.1 and 2.2, should a full EIA be carried out on the project, policy or proposal
	No
1.4	How have you come to this decision?
	<p>The remodelling of this provision will enhance the current service offer and enhance the reach these services have through :</p> <ul style="list-style-type: none"> • managing a wide range of substances • increase satellite and outreach working • increase home treatment • engage more service users earlier • increase numbers accessing alcohol treatment

EQUALITY IMPACT ASSESSMENT

SECTION 2: BUILDING AN EVIDENCE BASE

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> • <i>A baseline of data is available here</i> 	
	How many people use the service currently? What is this as a % of Westminster’s population?	1,649 Westminster residents in 2015-16
	Age	<p>The services will work with over 18 year olds only.</p> <p>Common age of service users is 30-40. Many of this cohort have been in treatment for long periods of time. Re-commissioning services will renew focus on the recovery agenda with the development of recovery centres. Service users engaging early on in using career can make positive changes without the debilitating long term effects of addiction such as Blood Borne Viruses, criminal records, debt, housing issues. Focus on engaging older drinkers shown to be massively cost effective by avoiding long term care and health interventions.</p>

<p>Disability</p>	<p>Redesigning services provides opportunity to strive for disabled friendly premises and will enable disabled friendly refurbishment. Inclusion of ramps, wide door frames, info in brail, U-loop, Lifts or wheelchair friendly design.</p> <p>Difficulty surrounding finding suitable buildings may mean complete disabled access is not possible. Services are able to address this through in reach to community services that have better accessibility in line with the project principles. However every effort will be made to commission disabled friendly buildings if new buildings are leased. Many existing premises will still be part of the treatment system. These have differing levels of disability access.</p>
<p>Gender</p>	<p>Services are commissioned with specific focus on engaging women through initiatives such as women only drop ins, women groups, access to other services that on consultation with female service users, address their needs. Service user groups which will continue in the new services are also consulting on male only groups.</p> <p>Predominately male treatment population means that women will remain the minority gender group within services. Staff encouraged to be aware of the issues this present to vulnerable women who may have experienced abuse by men in the past. Domestic abuse training is available to all staff across the three boroughs.</p> <p>There is a small trans population in treatment and numbers are very low. Services will need to develop service user involvement with any potential groups in order to find out views of trans populations in treatment.</p> <p>Re-commissioning will not negatively affect this population.</p>
<p>Race</p>	<p>The prevalence of substance misuse issues amongst some of the more marginalised ethnic groups, accompanied by cultural stigma and shame associated with substance misuse, has led to commissioned services which focus on engaging BME substance misusers into treatment. Services will be provided on an inreach basis at venues best suited to meet the needs of this group and staff members will be</p>

		<p>knowledgeable in the cultures individuals are from. Service information and advice will be available in a wide range of languages.</p> <p>The new services will have more of an outreach focus and will therefore be able to go work with communities with specific needs.</p>
	Religion or belief	Not applicable – religion is asked as part of the assessment however, there are no religion specific groups. Religious belief is not a factor in starting and continuing treatment.
	Sexual orientation	There are currently specific LGBT groups in services that can be accessed by residents of all three boroughs. These include lesbian specific groups and MSM groups for high risk injectors involved in sex parties. These groups will continue in the new services.
2.2	<p>Are there any equality groups that are overrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service. Information about Westminster's population is on the Equalities page on the WIRE.</i></p>	
	<p>Although there is a universal service offer, the service has a number of outreach initiatives to ensure equitable access. These have been outline in 2.1.</p>	
2.3	<p>Are there any equality groups that are underrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.</i></p>	
	<p>Female residents, younger and older residents along with residents from different ethnic backgrounds.</p>	

SECTION 3: ASSESSING THE 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>Formal consultation was not conducted. However we met with council departments, service users and held supplier engagement in order to gain views on the proposed service model.</p> <ul style="list-style-type: none"> • Council department event - presentation on model and feedback • Supplier engagement event • Service user event – presentation on new model and feedback session • Service User Questionnaire
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>
	<p>The remodelled service will enhance the current treatment system by delivering a more flexible and responsive offer. The providers will ensure that services are accessible to all residents requiring them and engage with different community groups to develop inclusive policies and local practices which consider the different needs of the resident population.</p> <p>The socio-demographics of the treatment population will be monitored quarterly to ensure our ambitions for the new model are realised.</p>

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? (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).													
	<p>Consider what actions can be put in place to remove or reduce your identified impact(s). Record all potential actions to show you have considered all options. Please note if no mitigating actions have been identified.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #F4C49E;"> <th style="width: 50%; padding: 5px;">Column A – Issues or barriers, things to take into account</th> <th style="width: 50%; padding: 5px;">Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Not applicable</td> <td style="padding: 5px;">Not applicable</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"><i>Enter additional rows if require</i></td> <td style="padding: 5px;"> </td> </tr> </tbody> </table>		Column A – Issues or barriers, things to take into account	Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).	Not applicable	Not applicable			<i>Enter additional rows if require</i>					
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Not applicable	Not applicable													
<i>Enter additional rows if require</i>														
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr style="background-color: #FFFF00;"> <td style="width: 10%; text-align: center; vertical-align: middle;"><input checked="" type="checkbox"/></td> <td style="width: 30%; padding: 5px;">5. No major change (no impacts identified)</td> <td style="padding: 5px;">Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="padding: 5px;">6. Adjust the policy</td> <td style="padding: 5px;">You will take steps to remove barriers or to better advance equality.</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="padding: 5px;">7. Continue the policy (impacts identified)</td> <td style="padding: 5px;">You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.</td> </tr> <tr style="background-color: #FFFF00;"> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="padding: 5px;">8. Stop and remove the policy</td> <td style="padding: 5px;">There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </tbody> </table>		<input checked="" type="checkbox"/>	5. No major change (no impacts identified)	Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.	<input type="checkbox"/>	6. Adjust the policy	You will take steps to remove barriers or to better advance equality.	<input type="checkbox"/>	7. Continue the policy (impacts identified)	You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.	<input type="checkbox"/>	8. Stop and remove the policy	There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.
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<input type="checkbox"/>	7. Continue the policy (impacts identified)	You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.												
<input type="checkbox"/>	8. Stop and remove the policy	There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.												
4.3	Please document the reasons for your decision													
	<p>This re-procurement will deliver positive changes, offering a more comprehensive, inclusive and flexible model.</p>													

SECTION 5: ACTION PLAN

This section is for actions related any of the 9 protected characteristic: Age, Disability, Gender, Gender reassignment; Pregnancy & maternity, Race, Sexual Orientation or Religion/Belief

<p>5.1</p> <p>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.</p> <p><i>Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.</i></p> <p>NB. Add any additional rows, if required.</p>								
	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG	
	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	<i>Enter additional rows if required</i>							



City of Westminster

EQUALITY IMPACT ASSESSMENT TOOL

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

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

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

When you should undertake an EIA:

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

Who should undertake the EIA:

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

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

<https://officesharedservice.sharepoint.com/sites/intranet/wcc-comms/Pages/Equality-Impact-Assessments-.aspx>

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

www.learningpool.com/westminster/course/view.php?id=159

When you have completed an EIA, please send the final copy to Equalities@westminster.gov.uk

It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by EMT.

All EIAs for proposed changes to levels of service arising from budget proposals must be completed by **2 September 2016**.

Title
3.23iii Families and Children- Public Health
What are you analysing?
<ul style="list-style-type: none"> • What is the purpose of the policy/project/activity/strategy? • In what context will it operate? • Who is it intended to benefit? • What results are intended? • Why is it needed?
<ol style="list-style-type: none"> 1. We are analysing the impact of reduction in budgets of commissioned services to address public health outcomes relating to families and children such as health visiting, school nursing and oral health and services that specifically target mental health promotion, physical activity, domestic violence /Violence Against Women and Girls prevention (VAWG), social isolation and community cohesion and access to services. 2. This is in the context of delivery of savings across the department and the Council 3. Savings made as a result of this exercise will be redirected to other Council departments in order to deliver on a range of Public Health outcomes. 4. This will ensure that the responsibility for delivery on Public health outcomes is shared across the council and its workforce as appropriate.
Details of the lead person completing the screening/EIA
<p>(iii) Full Name: Mary Russell, Pete Westmore, Elizabeth Dunsford</p> <p>(ii) Position: Public Health commissioner, Senior Public Health Officer, Public Health Commissioner (respectively)</p> <p>(iii) Unit: Public Health part of Adult Social Care</p> <p>(iii) Contact Details: mrussell@westminster.gov.uk, pwestmore@westminster.gov.uk, edunsford@westminster.gov.uk</p>
Date sent to Equalities@westminster.gov.uk
21.09.2016
Version number and date of update
<p>Version 1, 21/09/2016</p> <p><i>You will need to update your EIA as you move through the decision-making process. Record the version number here and the date you updated the EIA. Keep all versions so you have evidence that you have considered equality throughout the process.</i></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 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?				
	None	Positive	Negative	Not sure
Disabled people	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups		<input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>
Men or women (include impacts due to pregnancy/ maternity)		<input type="checkbox"/>	<input type="checkbox"/>	x <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 (children and young people)		<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?	x	<input type="checkbox"/>	<input type="checkbox"/>	
If the answer is “negative” or “unclear” consider doing a full EIA				
1.2 What do you think that the overall NEGATIVE impact on groups and communities will be?				

		None/ Minimal	Significant
		x	<input type="checkbox"/>
		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.	Significant impact would be where there is an impact is identified that has substantial impact on any groups.
If the answer is “significant” consider doing a full EIA			
1.3	Using the screening information in questions 2.1 and 2.2, should a full EIA be carried out on the project, policy or proposal		
	Yes <input type="checkbox"/> No x		
1.4	How have you come to this decision?		
	<p>We have come to this decision as the majority of savings have been achieved as efficiencies through re-commissioning of services that is either under way or yet to commence.</p> <p>We expect negative impact to be mitigated by efficiencies found in decommissioning and contract management, ensuring that impact is kept below significant levels. We will therefore register and review this risk during the process.</p>		

EQUALITY IMPACT ASSESSMENT

SECTION 2: BUILDING AN EVIDENCE BASE

2.1	<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"> • <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> • <i>A baseline of data is available here</i>
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<p>How many people use the service currently? What is this as a % of Westminster's population?</p>	
<p>Age</p>	
<p>Disability</p>	
<p>Gender</p>	
<p>Race</p>	
<p>Religion or belief</p>	
<p>Sexual orientation</p>	
<p>2.2</p>	<p>Are there any equality groups that are overrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service. Information about Westminster's population is on the Equalities page on the WIRE.</i></p>
	<p><i>If yes, provide details.</i></p>
<p>2.3</p>	<p>Are there any equality groups that are underrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.</i></p>
	<p><i>If yes, provide details.</i></p>

SECTION 3: ASSESSING THE 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.

<p>3.1</p>	<p>Consultation Information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i></p>
	<p><i>It is helpful to identify whether you have conducted any consultations for your proposal, in some cases a statutory consultation is required. If your proposal has not required a consultation, please highlight this here. Consultations will help you identify what the potential impact of your proposal might be.</i></p>
<p>3.2</p>	<p>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></p>
	<p><i>Using the evidence gathered in section 2 and any consultation activity highlighted in 3.1; explain what the potential impact of your proposal might be on the groups you have identified. You may wish to further supplement the evidence you have gathered in order to properly consider the impact. Please state when no impact has been identified.</i></p>

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? (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).	
	<p>Consider what actions can be put in place to remove or reduce your identified impact(s). Record all potential actions to show you have considered all options. Please note if no mitigating actions have been identified.</p>	
	<p>Column A – Issues or barriers, things to take into account</p>	<p>Column B – what changes can be made to remove or reduce barriers or negative impacts (Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).</p>
	<p><i>Enter additional rows if require</i></p>	
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?	
<input type="checkbox"/>	<p>9. No major change (no impacts identified)</p>	<p>Your analysis demonstrates that the policy is robust and the evidence shows no potential for discrimination and you have taken all appropriate steps to advance equality & foster good relations between groups.</p>
<input type="checkbox"/>	<p>10. Adjust the policy</p>	<p>You will take steps to remove barriers or to better advance equality.</p>
<input type="checkbox"/>	<p>11. Continue the policy (impacts identified)</p>	<p>You will adopt your proposal, despite any adverse effect provided you are satisfied that it does not unlawfully discriminate and it is justified.</p>
<input type="checkbox"/>	<p>12. Stop and remove the policy</p>	<p>There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</p>

4.3	Please document the reasons for your decision

SECTION 5: ACTION PLAN

This section is for actions related any of the 9 protected characteristic: Age, Disability, Gender, Gender reassignment; Pregnancy & maternity, Race, Sexual Orientation or Religion/Belief

<p>5.1</p> <p>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.</p> <p><i>Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.</i></p> <p>NB. Add any additional rows, if required.</p>								
	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG	
	<i>Enter additional rows if required</i>							

EQUALITY IMPACT ASSESSMENT TOOL

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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?

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- You are reducing the budget of a service, which will affect front-line services
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- 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
3.34 - Adult Social Care - Line by Line Supplies Services -Contract Reviews
Adult Social Care Westminster Savings Proposals; Line by line review of all supplies and services– ref 3.34
xxv. Full Name: Stella Baillie xxvi. Position: Tri-borough Director of Integrated Services xxvii. Department: Adult Social Care xxviii. 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.
15 th November 2015
Version number and date of update
19 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?				
	Tactical review and reduction to budgets covering all supplies and services and contracts to deliver a £200k saving across all budgets (excluding those relating to Learning Disabilities which are subject to a comparable exercise) . The emphasis is on taking a considered position on what is required to deliver services within a reduced budget envelope across the business. The detail regarding target reductions and management has yet to be finalised although protection of front line services for delivering statutory requirements will be assured.				
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 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 or particular sexual orientation/s	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adult Social Services and Public Health Care

	part of a process of gender reassignment				
	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 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"/>	

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"/>

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?
	No <input checked="" type="checkbox"/>
1.5	How have you come to this decision?
	The levels of reduction as detailed above are small (less than 0.3%) and there will be no impact on the continuity of the core front line services.

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"> • 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	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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	beliefs				
	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>xv. Who have you consulted with?</p> <p>xvi. 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
	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? (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).
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	Impact 1: [Dissatisfaction and/or anxiety associated with managing change and transition]	
	Impact 2: [Inequitable approach to making changes were customers refuse/complain/appeal]	
	Impact 3: [Decline in physical and/or mental health following changes due to poor adjustment]	
	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>	

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
						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]



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

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
3.35 Introduction of the ASC Council Tax Precept
Adult Social Care Westminster Savings Proposals; Line by line review of all supplies and services (LD) – ref 3.15
xxix. Full Name: xxx. Position: xxxi. Department: xxxii. Contact Details:
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.
No
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?				
	Introduction of the discretionary additional council tax charge 'the adult social care precept' from 2017/18 which is to be used on a ringfenced basis to support delivery of adult social care services. The Secretary of State for Communities and Local Government has made an offer to adult social care authorities. The offer is the option of an adult social care authority being able to charge a "precept" of up to 2% on its council tax for the financial year beginning in 2016 without holding a referendum, to assist the authority in meeting expenditure on adult social care. Subject to the annual approval of the House of Commons, the Secretary of State intends to offer the option of charging the "precept" in relation to each financial year up to and including the financial year 2019-20. WCC has chosen to apply the precept.				
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 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 or particular sexual orientation/s	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adult Social Services and Public Health Care

	part of a process of gender reassignment				
	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 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"/>	

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"/>

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?
	No <input checked="" type="checkbox"/>
1.5	How have you come to this decision?
	The additional charge will be introduced equitably to all Council Tax payers and within the wider existing system for charging based on income and ability to pay. Further the charge is limited to 2% of Council Tax charges.

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"> 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)				
	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>xvii. Who have you consulted with?</p> <p>xviii. How did you consult? <i>(inc meeting dates, activity undertaken & groups consulted)</i></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
	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?

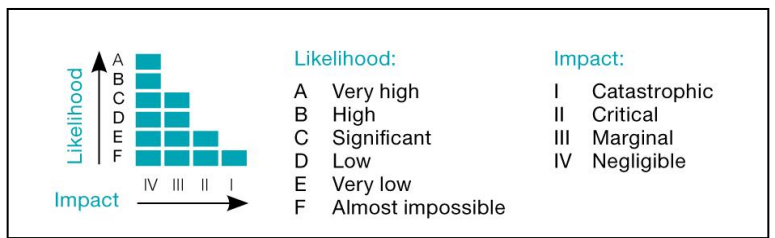
4.1	Where you have identified an impact, what can be done to reduce or mitigate the impact? <i>(Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).</i>	
	Impact 1: [Dissatisfaction and/or anxiety associated with managing change and transition]	
	Impact 2: [Inequitable approach to making changes were customers refuse/complain/appeal]	
	Impact 3: [Decline in physical and/or mental health following changes due to poor adjustment]	
	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>	

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

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]



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: 14th December 2016

WHAT NEXT?

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