

**Initial Equality Impact Assessment – Service Change.**

Department	Department of Education and Social Services
Service	Commissioning preventative services from the Voluntary and Community services (VCS)
People involved	Clare O'Connor, Rob Persey

**1. What are the aims of the service and what changes are being proposed?**

The Council currently commissions a number of preventative services from the VCS. These services include specialist and Open Access Day Services and grants to a number of organisations providing: a handy person service, online grocery shopping, social opportunities, a social care advice line, advice and support service and an older people's forum. It is proposed to begin work, during the Summer 2016, with the CCG and VCS to develop an integrated health and social care programme for the collaborative commissioning of preventative services, in the medium to longer term, under the requirements of the Care Act 2014. We do not know the future design of the service but will be undertaking consultation with all affected stakeholders including those with protected characteristics to ensure they are fully engaged in the process.

**2. What is the rationale behind these changes?**

Whilst the current VCS services support the Council to fulfil its preventative duties under the Care Act, it is recognised that these services need re-modelling and market testing. A primary objective of future commissioning will be to support delivery of a preventative framework supporting health and wellbeing. Working closely with Public Health colleagues and key stakeholders external to the Council and CCG, this framework is currently being developed.

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### 3. What information do you have on the service and the potential impact of your service change in relation to the following?

	List information you have.
Race	<p><u>Census data</u></p> <p>28.6% of residents are BME according to the 2011 Census</p> <p><u>Provider data</u></p> <ul style="list-style-type: none"> <li>• DASCAS – based on quarter 4 return 2015-16 44% of service users are BME. This is above the borough profile for BME residents.</li> <li>• AGE UK – based on the Quarter 3 return 2015-16 21% of service users were BME. This is slightly below the borough profile.</li> <li>• Mushkil Assaan – provides a service for older Asian residents. Based on the quarter 4 return for 2015-16 71% of service users are Asian/Asian British. This is significantly above the borough profile of 10.9%</li> <li>• Older People's Forum– not reported</li> <li>• Generate – not reported</li> </ul>
Gender	<p><u>Census data</u></p> <p>52% of residents are female according to the 2011 Census.</p> <p><u>Provider data</u></p> <ul style="list-style-type: none"> <li>• DASCAS - 57% of clients are female. This is just above the borough average.</li> <li>• AGE UK- based on the Quarter 3 return 2015-16 77% are female. This is above the borough profile.</li> <li>• Mushkil Assaan - based on the quarter 4 return 2015-16 61% are female. This is above the borough profile.</li> <li>• Older People's Forum- not reported</li> </ul>

	<ul style="list-style-type: none"> <li>• Generate not reported</li> </ul>
Disability	<p><u>Census data</u></p> <p>According to the 2011 Census the day to day activities of 4.8% of residents are limited a lot with a further 5.8% seeing day to day activities limited a little. The Royal National Institute for the Blind (RNIB) estimate that there were 5,470 people living with sight loss, of which 610 were living with severe sight loss, in Wandsworth in 2011. They forecast that the number of partially sighted and blind people will increase to 6200 living with sight loss, of which 720 will be living with severe sight loss, by 2020.</p> <p><u>Provider data</u></p> <ul style="list-style-type: none"> <li>• DASCAS – Provides service to people with disabilities. In 15/16 The key presenting disabilities were 35% - muscular and skeletal problems, 16% mental health and 18% Neurological conditions</li> <li>• AGE UK - not reported</li> <li>• Mushkil Assaan - not reported</li> <li>• Older People's Forum- not reported</li> <li>• Generate – not reported</li> </ul>
Age	<p><u>Census data</u></p> <p>12.24% of residents are aged 60+ according to the 2011 Census.</p> <p><u>Provider data</u></p> <ul style="list-style-type: none"> <li>• DASCAS – 45% are aged 60+. This is significantly above the borough profile.</li> <li>• AGE UK – provides services for older residents. Where age is recorded 100% are aged 60+. This is significantly above the borough profile.</li> <li>• Mushkil Assaan - provides services for older residents. Where age has been recorded, based on the</li> </ul>

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	<p>quarter 4 return 2015-16 86% are aged 60+</p> <ul style="list-style-type: none"> <li>• Older People's Forum – the forum is for older residents</li> <li>• Generate – not reported</li> </ul>
Faith	<p><u>Census data:</u> In 2011, 53.0% of residents in Wandsworth were Christian. A further 27.0% stated that they had no religion, whilst 8.1% were Muslim</p> <p><u>Provider data:-</u> Data not collected, except for Mushkil Assaan who reported in quarter 4 of 2015-16 that 66% of service users were Muslim. This is above the borough average, 10% were Hindu and 5% were Christian.</p>
Sexual Orientation	<ul style="list-style-type: none"> <li>• Data not collected</li> </ul>

### 4. Thinking about each group below please list the impact that the service change will have.

	<u>Positive</u> impacts	Possible <u>negative</u> impacts
Disability	<p>The aim is to ensure that residents have access to integrated health and social care services which have been reviewed and reflect current and future needs.</p>	<p>The new services may be delivered in a different way to current services to achieve better outcomes. There may be a negative impact and the aim is to mitigate this by ensuring that tenders set out how providers will engage the hard to reach, disabled, older and BME residents. Stakeholders including service users and providers will be consulted on preventative framework and contract specification, building in requirements to target certain groups and ensure support for providers being able to tender and allowing appropriate notice period during the</p>

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		process. The % of disabled service users will be monitored to ensure that there is no unintended negative impact. The aim would be to ensure minimal impact on Wandsworth residents.
Age	The aim is to ensure that residents have access to integrated health and social care services which have been reviewed and reflect current and future needs.	The new services may be delivered in a different way to current services to achieve better outcomes. There may be a negative impact and the aim is to mitigate this by ensuring that tenders set out how providers will engage the hard to reach, disabled, older and BME residents. Stakeholders including service users and providers will be consulted on preventative framework and contract specification, building in requirements to target certain groups and ensure support for providers being able to tender and allowing appropriate notice period during the process. The age profile of service users will be monitored to ensure that there is no unintended negative impact. The aim would be to ensure minimal impact on Wandsworth residents.
Race	<p>The aim is to ensure that residents have access to integrated health and social care services which have been reviewed and reflect current and future needs.</p> <p>All new service specifications will ensure that hard to reach groups are engaged and supported by new services.</p>	The services currently funded support above the borough average for the BME community. The new services may be delivered in a different way to current services to achieve better outcomes. There may be a negative impact and the aim is to mitigate this by ensuring that tenders set out how providers will engage the hard to reach and BME residents. Stakeholders including service users and providers will be consulted on preventative framework and contract specification, building in requirements to target certain

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		groups and ensure support for providers being able to tender and allowing appropriate notice period during the process. The % of BME service users will be monitored to ensure that there is no unintended negative impact. The aim would be to ensure minimal impact on Wandsworth residents.
Gender	The aim is to ensure that residents have access to integrated health and social care services which have been reviewed and reflect current and future needs.	The new services may be delivered in a different way to current services to achieve better outcomes. The aim would be to ensure minimal impact on Wandsworth residents.
Faith	The aim is to ensure that residents have access to integrated health and social care services which have been reviewed and reflect current and future needs.  All new service specifications will ensure that hard to reach groups are engaged and supported by new services.	The new services may be delivered in a different way to current services to achieve better outcomes. The aim would be to ensure minimal impact on Wandsworth residents.
Sexual orientation	The aim is to ensure that residents have access to integrated health and social care services which have been reviewed and reflect current and future needs.  All new service specifications will ensure that hard to reach groups are engaged and supported by new services.	The new services may be delivered in a different way to current services to achieve better outcomes. The aim would be to ensure minimal impact on Wandsworth residents.

**5. Is a full EIA required? No.**

- Is the service a frontline service? Yes
- Is it clear what impact the service change will have on all the equality groups? Yes, as there is good data about groups and service users and providers will be consulted on preventative framework and contract specification, building in requirements to target certain groups and ensure support for providers being able to tender and allowing appropriate notice period during the process
- Overall will the change have a negative impact on any of the equality groups? No.

**Comments - Please give the rationale here for not undertaking a full EIA**

A full EIA will be undertaken once the outcome is known and the proposed work, during the Summer 2016, with the CCG and VCS and stakeholders to develop an integrated health and social care programme for the collaborative commissioning of preventative services, has been concluded. The work during the Summer 2016 will include consultation with service users and carers. The outcome of this will inform the full EIA.

**6. Through the initial EIA have you identified any actions that needed to be implemented to improve access to the service or monitoring of the service? (please list)**

The mitigating actions will aim to ensure that tenders set out how providers will engage the hard to reach, disabled, older and BME residents. Stakeholders including service users and providers will be consulted on preventative framework and contract specification, building in requirements to target certain groups and ensure support for providers being able to tender and allowing appropriate notice period during the process. The % and profile of service users will be monitored to ensure that there is no unintended negative impact.

Approved by: Clare O'Connor

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