

Appendix A

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Chief Executive's Group
Service Area	Community and Partnerships
Service/policy/function being assessed	Local Healthwatch Services
Which borough (s) does the service/policy apply to	Wandsworth
Staff involved	Melissa Watson and Bruce Murdoch
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	

SUMMARY

Healthwatch Wandsworth (HWW) services are due for re-commissioning from 1st April 2018. The current provider is Wandsworth Care Alliance who was first awarded the contract on 1st April 2013. The service has been increasing its reach, contact and membership since being established, seeking the views of a wide range of residents and community organisations about the quality of adult health and social care across the borough. Work has been undertaken to target Seldom Heard Groups, including young people, those with English as a Second Language and people with physical and mental health issues. Specific equality data of the service users is lacking, with most protected characteristics having no data.

An EINA was undertaken as part of the commissioning process as a result within the new specification, both individual and organisational membership will be asked to provide more detailed equality data in order to show how representative the service users are with regards to the local population and specifically, with those with protected, and sometimes multiple, protected characteristics. Regular monitoring of information gathered will also be required and actions to address any under-representation will be agreed with the provider. Service user data will be monitored annually to ensure any negative changes in the profile of service users are identified and actions agreed with the providers.

The EINA was updated to reflect the decision to direct award the contract to Healthwatch.

1. Background

Briefly describe the service/policy or function:

Healthwatch Wandsworth (HWW) services are due for re-commissioning from 1st April 2018. The local Healthwatch service was established under the provision of the Adult and Social Care Act 2012 and has a range of statutory duties to perform for the encouragement of local people in the commissioning, provision and scrutiny of health and social services. These arrangements also include reporting arrangements to Healthwatch England. Local Healthwatch also provide or signpost people to information to help them make choices about health and social care services. The local provider should be a social enterprise organisation.

The current Local Healthwatch service contract was awarded to Wandsworth Care Alliance on 01 April 2013 for a period of three years, until March 2016. A 12 month extension was agreed between 01 April 2016 and 31 March 2017, with a further 12 month extension agreed from 01 April 2017 and 31 March 2018.

The re-commissioning of the local Healthwatch services is taking place within the shared staffing arrangement between Richmond and Wandsworth Councils and the service will be procured by Direct Award (subject to a negotiation which identifies savings in the region of 10%). A new service will be commissioned from Wandsworth Care Alliance with an amended specification and more appropriate reporting requirements. A reduced monitoring requirement will enable the service to absorb some of these savings by not requiring extensive staff input on gathering data.

2. Analysis of need and impact

Protected group	Findings
Age	<p><u>Population data</u></p> <p>Of the population in Wandsworth approximately 16% are aged 0-15 year, 75% working age (16-64 years) and 9% are aged 65+.</p> <p>Wandsworth has a large percentage of younger people and the mean age for the borough is 34.5 years. The wards of West Putney, East Putney and St Mary's Park have the highest percentage of older people (aged 65+). The number of people aged 65+ in the ward of West Putney makes up just 12.9% of the total population. There are more females within all older age groups but particularly within the 80 to 84 age range (almost 60 per cent female) and the 85 and over age range (66 per cent female). 25% of people over 75 are Council tenants (Census 2011).</p> <p>The age structure of the population in the UK is getting older and in Wandsworth the proportion of those aged 65+ is estimated to increase by 9% from 2015 to 11% by 2030.</p> <p><u>Service User data</u></p> <p>HWW specifically undertake 'Enter and View' activities to adult care</p>

	<p>and nursing homes. During 2016/17 they have undertaken 7 of these. They have also submitted 5 specific reports relating to older people and have attended 4 Adult Services OSC to report back on services for older residents.</p> <p>They have not conducted any visits to children's care homes. Data collected by the incumbent on local patients/service user is limited, with 9% in the previous year being under 21 years following some limited targeted work with organisations whose membership was under 21. Other targeted work to reach the over 65 years was undertaken, but no further specific data is available.</p>
Disability	<p><u>Population data</u> From the 2011 Census data there are 34,386 people in Wandsworth with a health problem or disability that limits their daily activity (11.2% of the borough's population). Across London 14.16% have a health problem or disability that limits their daily activity. The wards of Roehampton and Putney Heath (15.5%) and West Putney (14.4%) have higher numbers of people with a health problem or disability that limits their daily activity. The percentage of people in the borough with a limiting long term health condition or disability who are from an ethnic minority is 47.3%.</p> <p><u>Service User data</u> Residents wishing to seek signposting and information from HWW are able to do so by telephone, email and web channels. The web site has a web accessibility function supporting a change of font size and colour.</p> <p>The service undertook a number of outreach events in 2016/17 with a number of targeted Seldom Heard groups with learning and/or physical disabilities but no specific data is available. This element of their service is not funded by the Council contract but by a different funder.</p>
Gender (sex)	<p><u>Population data</u> Of the total population of 315,134 in Wandsworth, this is made up of 48% males and 52% females.</p> <p><u>Service User data</u> The service spoke with 1120 local patients/service users in 2016/17, but no further data is available with regards to this element.</p>
Gender reassignment	<p><u>Population data</u> There is no current population data for this element.</p> <p><u>Service User data</u> There is no current service data for this element.</p>
Marriage and civil partnership	<p><u>Population data</u> There is no current population data for this element.</p>

	<p><u>Service User data</u> There is no current service data for this element.</p>
Pregnancy and maternity	<p><u>Population data</u> There is no current population data for this element.</p> <p><u>Service User data</u> There is no current service data for this element.</p>
Race/ethnicity	<p><u>Population data</u> Wandsworth is quite a diverse borough. Approximately 28.7% of the population are from a black or ethnic minority background, compared with 40% in London as a whole. The wards of Tooting, Graveney, Latchmere and Furzedown have the highest numbers of BME residents in Wandsworth. For 11.6% of people in the borough English is the First Language of no one in the household.</p> <p>Census data shows that a quarter (25.3%), some 7,160, of the 2014 population aged 65 years and older, are from Black and Minority Ethnic (BME) groups. This is slightly lower than the proportion for all ages which is just under 30%. Further breakdown of the BME population reveals that the Black population account for 12.0%, Asian 10.3% and Other (including mixed ethnicity) 3.0% of the older population in Wandsworth. It is acknowledged that some specific ethnic groups have particular health needs and relevant culturally appropriate social care needs.</p> <p><u>Service User data</u> Through the support of the 'Seldom Heard Groups' grants, a group of ESOL students were met to discuss their health needs. Further data about this or other service users in this element is not available.</p>
Religion and belief, including non belief	<p><u>Population data</u> From the 2011 Census data 53% of people in Wandsworth identified themselves to be of the Christian faith. This was greater than the average for London (48.42%). There were small numbers of people in Wandsworth who identify themselves as Muslim (8.1%) or Hindu (2.1%). 27% of the population of the borough indicated no religious belief and 7.9% did not state their religion. Religious belief may be an element which impacts on the choices some individuals make on their health and social care needs and should be taken into consideration.</p> <p><u>Service User data</u> The service consulted with the Wandsworth Community Empowerment Network, whose membership covers a wide range of religious and cultural organisations. No further specific data is available in this element.</p>
Sexual orientation	<p><u>Population data</u> There is no formal data on the Lesbian, Gay, Bisexual or Trans</p>

	<p>population in Wandsworth.</p> <p>In 2015, the population of London had the largest percentage who identified themselves as Lesbian, Gay or Bisexual at 2.6%. This may be associated with a young age structure or the ethnic diversity of the population of London.</p> <p>2.6% of the Wandsworth population is 7,878 and the borough does have a young and fairly diverse population, which could influence numbers.</p> <p>The LGBTQ community may have specific advice needs, particularly around the issues of discrimination and future health and social care provision needs to take into account their needs and be accessible.</p> <p><u>Service User data</u> The service did have some contact with a LGBTQ group for young people. No further data is available in this element.</p>
Across groups i.e older LGBT service users or bme young men	<p>According to WBC website, 'All Housing and care homes'ⁱ there are 47 care and nursing homes within the borough. Support is available to the elderly, people with dementia, learning difficulties, mental health and sensory issues. These issues cross above all groups, many with complex needs which have a high need of the adult health and social care services.</p>

Data gaps.

Data gap(s)	How will this be addressed?
<p>In all elements, data on service users is general with some distinction (by organisation/membership type) to those with protected status. The data does not show a breakdown which measures proportion within protected groups (by individuals) and whether local patients/service users are representative of the borough population.</p>	<p>Within a new specification, both individual and organisational membership should be asked to provide more detailed equality data in order to show how representative the service users are with regards to the local population and specifically, with those with protected, and sometimes multiple, protected characteristics.</p> <p>Regular monitoring of information gathered would also indicate if further work was required to reach under-represented groups.</p>

3. Impact

Protected group	Positive	Negative
Age	Whilst elements of the work	The current service is accessed by a

	<p>is aimed at targeting the 65+ years and older age group, as well as the under 21 years age group, the proportion of those reached in relation to the total local population overall, is not known.</p> <p>Children and young people have their own specific issues and with prevention a key strategy for improving adult health in later years, and local HW already recognise the important of targeting this age group. With a growing older population, with increasing complex needs, reaching out to this broad group in a measurable way would seem to be ever more important.</p> <p>This will all be reflected in the new specification and work plan agreed with the new provider.</p> <p>Maintaining continuity of provider will mean minimal disruption to the services and the groups and individuals who engage with it</p>	<p>limited number of young people, more with specifically older people through the 'Enter and View' visits. Increasing engagement with younger residents will be an area of focus for the new contract.</p> <p>Within a new specification, both individual and organisational membership will be asked to provide more detailed equality data in order to show how representative the service users are with regards to the local population and specifically, with those with protected, and sometimes multiple, protected characteristics. Regular monitoring of information gathered will also be required and actions to address any under-representation will be agreed with the provider.</p> <p>The Council is working with the provider on understanding the impact of different service models and budget forecasts to achieve the desired savings. In order to mitigate any possible negative impact a final award will be recommended on the basis of their ability to continue supporting priority groups and deliver the core statutory service.</p>
Disability	<p>A number of local patient groups and community organisations have been recorded as representing service users with some type of disability. Other service users may fall into this category but be under-reported if not declared particularly when the service is health related. The new specification will continue to focus on identifying if the needs of disabled residents</p>	<p>Impact and mitigating actions as above</p>

	<p>are met and on engaging with disabled residents.</p> <p>Residents wishing to seek signposting and information from HWW are able to do so by telephone, email and web channels. The web site has a web accessibility function supporting a change of font size and colour. This will be maintained under the new service.</p>	
Gender (sex)	<p>Gender data is collected amongst the membership of the service. Though there is no current distinction between other service users by this element. Knowing this could help to identify any imbalance and provide the data for a targeted approach to one sex or another, particularly if concerned with a particular health issue associated e.g. expectant mothers, carers, men's health. This will be addressed in the new specification</p>	Impact and mitigating actions as above
Gender reassignment	<p>Service providers will collect this information where it is relevant for service delivery</p> <ul style="list-style-type: none"> • Additional research will be undertaken e.g. through surveys if there is evidence anecdotally that this group is being discriminated against or being disadvantaged in their access to services 	Impact and mitigating actions as above
Marriage and civil partnership	<p>Service providers do not systematically collect data on marriage or civil partnership status.</p> <ul style="list-style-type: none"> • Service providers will be encouraged to collect this 	Impact and mitigating actions as above

	<p>information where it is relevant for service delivery.</p> <ul style="list-style-type: none"> • Additional research will be undertaken e.g. through surveys if there is evidence anecdotally that this group is being discriminated against or being disadvantaged in their access to services 	
Pregnancy and maternity	<p>Service providers do not systematically collect data on pregnancy and maternity status</p> <ul style="list-style-type: none"> • Service providers will be encouraged to collect this information where it is relevant for service delivery. e.g. expectant mothers, family planning services • Additional research will be undertaken e.g. through surveys if there is evidence anecdotally that this group is being discriminated against or being disadvantaged in their access to services 	Impact and mitigating actions as above
Race/ethnicity	<p>Current data is very weak in this element, not being representative of the diverse nature of the local population. Having an increased awareness of the nature of service users and of specific barriers they face due to this element could provide valuable data on targeting needs e.g. ESOL, service users who have specific health needs due to their race/ethnicity. Improving data collection and also increasing engagement with BME residents will therefore be a focus of the new specification.</p>	Impact and mitigating actions as above
Religion and	Service providers will be	Impact and mitigating actions as above

<p>belief, including non belief</p>	<p>encouraged to collect this information where it is relevant for service delivery. Additional research will be undertaken e.g. through surveys if there is evidence anecdotally that this group is being discriminated against or being disadvantaged in their access to services Service providers will be required to adhere to the Equality Act and to ensure all service users are treated fairly and equally and are welcomed to access the service.</p>	
<p>Sexual orientation</p>	<p>Any estimates of the lesbian, gay and bisexual population are likely to be under-estimates. Some people still feel that being open about their sexuality, puts them at risk of harassment or discrimination. Research shows that homophobic bullying is particularly prevalent in schools, and there is concern about homophobic and discriminatory practices in the NHS, social care and the workplace generally.</p> <p>Service providers will be encouraged to collect this information where it is relevant for service delivery. Additional research will be undertaken e.g. through surveys if there is evidence anecdotally that this group is being discriminated against or being disadvantaged in their access to services</p> <p>Service providers will be</p>	<p>Impact and mitigating actions as above</p>

	required to adhere to the Equality Act and to ensure all service users are treated fairly and equally and are welcomed to access the service.	
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4. Actions

Action	Lead Officer	Deadline
<p>Within a new specification, both individual and organisational membership will be asked to provide more detailed equality data in order to show how representative the service users are with regards to the local population and specifically, with those with protected, and sometimes multiple, protected characteristics.</p> <p>Regular monitoring of information gathered will also be required and actions to address any under-representation will be agreed with the provider.</p> <p>Service user data will be monitored annually to ensure any negative changes in the profile of service users are identified and actions agreed with the providers</p>	Melissa Watson	January 2018
<p>Any changes to the service will be communicated to all current service users in advance of any changes.</p>	Melissa Watson and Healthwatch Wandsworth	January 2018

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http://www.wandsworth.gov.uk/site/scripts/home_info.php?homepageID=148&directoryCategoryID=679&offset=0&refineGroup=keywords&refineBy=care+and+nursing+homes