

Equality Analysis Evidence Document					
Title: What are you completing an Equality Analysis on?					
User Engagement in Adult Care					
Why are you completing the Equality Analysis? (please tick any that apply)					
Proposed New Policy or Service	Change to Policy or Service X	MTFS (Medium Term Financial Strategy)	Service Review		
Version Control					
Version control number	1	Date	24/07/17	Reason for review (if appropriate)	
Risk Rating Score (use Equalities Risk Matrix and guidance)					
<p>**If any of these are 3 or above, an Impact Assessment must be completed. Please check with equalities@wiltshire.gov.uk for advice</p>					
Criteria	Inherent risk score on proposal		Residual risk score after mitigating actions have been identified		
Legal challenge	6				
Financial costs/implications	2				
People impacts	3				
Reputational damage	12				
Section 1 – Description of what is being analysed					
<p>Wiltshire Council currently funds three User Led Organisations (ULOs)</p> <ul style="list-style-type: none"> • Wiltshire Centre for Independent Living (WCIL) • Wiltshire People First (WPF) • Wiltshire and Swindon Users' Network (WSUN) <p>And Healthwatch Wiltshire to provide the Council's customers with a variety of opportunities to have input into adult care work. The contracts for all these organisations end on 31st March 2018.</p> <p>Commissioners have been working with the above organisations to co-produce services using a range of methods; such as consultation, workshops, user testing and helping with tender evaluations, so that services reflect what the people who use them want</p> <p>Commissioners recognise that there are several activities funded in user organisation contracts that are provided for elsewhere and could be removed from future service specifications to achieve savings and provide a more focused service.</p> <p>Commissioners are keen to ensure that the ethos of co-production is protected and developed within any future service specification(s) for service user engagement.</p> <p>All Local Authorities are required, under the Health and Social Care Act 2012 to commission a local Healthwatch organisation.</p> <p>Therefore, it is proposed that Wiltshire Council and CCG commission a single lead provider to provide both the Healthwatch functions and additional functions as outlined within the Cabinet paper 'User engagement with adult care'</p>					

<p>Section 2A – People or communities that are currently targeted or could be affected by any change (please take note of the Protected Characteristics listed in the action table).</p> <p>All residents of Wiltshire are potentially affected by any changes to user engagement. In particular, the active members of the three ULO's, whom have the following membership numbers:</p> <p>WSUN: 650 WPF : 142 WCIL: 100</p> <p>WSUN have a 'large membership across Wiltshire who identify as having physical or sensory impairments, mental health issues, learning disabilities, being on the autistic spectrum, long term conditions, complex needs and older people, many of whom are also living with these same conditions which may include Dementia. Many of these are in effect the most vulnerable residents of Wiltshire.'</p> <p>Wiltshire People First is ' a user-led self advocacy organization that promotes the rights and inclusion of young people and adults with learning disabilities, autism and those with communication needs across the county.</p> <p>Wiltshire CIL are a membership organisation managed and led by disabled people, supporting people to achieve their aspirations in Independent Living and acting as a collective voice on issues affecting them.</p>
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<p>Section 2B – People who are delivering the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)</p> <p>There is potential that the three ULOs could see a significant or total reduction in funding from the Council and Wiltshire Clinical Commissioning Group if Cabinet approves the recommended option of commissioning a single lead provider to provide both the Healthwatch functions and additional functions as outlined with the Cabinet paper 'User engagement with adult care'. It is unknown at this point what the potential impact would be as this would depend on which organisations choose to bid for the proposed tender and whether they chose to bid as a consortium.</p> <p>Details of the number of staff affected would be ascertained once the tender process begins and the relevant staffing spreadsheets have been returned by the organisations.</p>

<p>Section 3 –The underpinning evidence and data used for the analysis (Attach documents where appropriate)</p> <p>Prompts:</p> <ul style="list-style-type: none"> • What data do you collect about your customers/staff? • What local, regional and national research is there that you could use? • How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty? • What are the issues that you or your partners or stakeholders already know about? • What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services? • Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

<p>Wiltshire Council Commissioners undertook a seven-week consultation (26 June – 14 August 2017), in line with corporate recommendations, with Wiltshire residents. A total of 307 people completed the questionnaire, 276 individuals and 31 people via a group response.</p> <p>The aims of the Wiltshire Health and Social Care User Voice Survey were as follows:</p> <ul style="list-style-type: none"> • To seek views on how the Council engages with people who use adult health and social

care services.

- To ascertain how service users would like to engage with the Council and the organisations it commissions to undertake these functions in the future
- To understand the types of support service users, require to enable them to share their views on the services they access
- To determine how the Council and service users can better work together to co-produce services

A full report on the consultation has been produced 'Wiltshire Council Health and Social Care User Voice Consultation'

The key findings of the consultation were:

- 70% (192) of respondents would like to have the opportunity to comment on the services they receive
- Respondents wished to give their views in several ways rather than choosing one singular option. On average respondents picked three different methods in which they would like to give their views, the most popular being:
 - Being part of a group of people that provides a group response
 - Speaking direct to a service provider
 - Post
 - Online via an email survey or feedback from
- Respondents indicated that on average they would require 4-5 different methods of support to enable them to give their views on the services they receive. The most popular forms of support were:
 - Transport to an event
 - Help to fill in any forms
 - Help to understand the questions
 - Help to communicate my views
 - Support at an event from a care/support worker
- Respondents valued, making sure the voice of service users is heard, getting better information and advice, improving the local services on offer and enabling people with similar experiences to meet together as the most important aspects of the different organisations work.
- Respondents listed a number of re-occurring themes that they would change about how they make views known, these were:

Feedback

- Feedback is given to service users at the end of consultation exercises
- Service users don't have to repeat their feedback to different organisations
- Reassurance that service users are giving feedback correctly

To be listened to

- That service users are listened to

Being heard

- That service users are heard

Valued

- Service user's involvement is valued

Confidence

- Service users would like to have the confidence to speak out and take part

The results of the consultation will be used to inform the service specification/s to ensure that service users voices are heard and that they have a variety of methods available to them

***Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

The commissioning decision will impact upon the ULOs and their members, some of whom are vulnerable adults

Commissioners will need to ensure that the findings from the consultation are reflected in any future service specification/s to ensure that service users voices are heard and have the support they require to enable them to be heard.

Having the required transition period from the current to the new Provider will help to mitigate service users concerns as they will be informed within plenty of time of any changes that may occur as a result of the new service model coming into place on 1 April 2018.

Commissioners will work closely with the new Provider/s to ensure a smooth transition of service.

***Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Commissioners will ensure that there is an adequate transition period from the current providers to the new to ensure that any members affected will be notified and any changes will be gradual to ensure a smooth transition for all concerned.

The service specification will also contain all the elements outlined within the consultation report that service users required, to enable as many people as possible to have their voice heard. Commissioners will also monitor the contract to ensure that the Provider/s is adhering to the specification.

***Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Completed by:	Jessica Chapman
Date	21 August 2017
Signed off by:	
Date	
To be reviewed by:	
Review date:	

Equality Impact Issues and Action Table (for more information on protected characteristics, see page 7)					
Identified issue drawn from your conclusions (only use those characteristics that are relevant)	Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?	Who is responsible for the actions?	When will the action be completed?	How will it be monitored?	What is the expected outcome from the action?
Age					
Disability					
Gender Reassignment					
Marriage and Civil Partnership					
Pregnancy and Maternity					
Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)					
Religion and Belief					
Sex					
Sexual Orientation					
Other (including caring responsibilities, rurality, low income, Military Status etc)					

Calculating the Equalities Risk Score

You will need to calculate a risk score twice:

1. On the inherent risk of the proposal itself (without taking into account any mitigating actions you may identify at the end of the Equality Analysis (EA) process)
2. On the risk that remains (the residual risk) after mitigating actions have been identified

This is necessary at both points to:

- Firstly, identify whether an EA needs to be completed for the proposal and;
- Secondly, to understand what risk would be left if the actions identified to mitigate against any adverse impact are implemented

Stage 1 - to get the inherent risk rating:

1. Use the [Equalities Risk Criteria Table](#) below and score each criterion on a scale of 1 - 4 for the impact and 1 – 4 on their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get a score for that criterion (this will range from 1 – 16).
2. Record each of these scores in the [table](#) at the beginning of this document
3. Assess whether you need to carry out an EA using the guidance box below (stage 2).

Stage 2 - to identify whether an EA needs to be carried out:

If your inherent risk score (for any criteria) is:

12 – 16 or Red = High Risk. **An Equality Analysis must be completed.** Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.

6 – 9 or Amber = Medium Risk. **An Equality Analysis must be completed.** Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.

3 – 4 or Green = Low Risk. **An Equality Analysis must be completed**

1 – 2 or Green = Low Risk. **An Equality Analysis does not have to be completed**

Stage 3 - to get the residual risk rating:

1. Repeat the process above when mitigating actions have been identified and evidenced in the [table](#) on page 3 to calculate the **residual risk**
2. Make a note of the residual risk score in the [table](#) on the first page of the EA template

Equalities Risk Criteria Table

Impact Criteria	Low 1	Moderate 2	Substantial 3	Critical 4
Legal challenge to the Authority under the Public Sector Equality Duty	Complaint/initial challenge may easily be resolved	Internal investigation following a number of complaints or challenges	Ombudsman complaint following unresolved complaints or challenges	Risk of high level challenge resulting in Judicial Review
Financial costs/implications	Little or no additional financial implication as a result of this decision or proposal	Medium level implication with internal legal costs and internal resources	High financial impact - External legal advice and internal resources	Severe financial impact - legal costs and internal resources
People impacts	No or Low or level of impact on isolation, quality of life, achievement, access to services. Unlikely to result in harm or injury. Mitigating actions are sufficient	Significant quality of life issues i.e. Achievement, access to services. Minor to significant levels of harm, injury, mistreatment or abuse OR, low level of impact that is possible or likely to occur with over 500 people potentially affected	Serious Quality of Life issues i.e. Where isolation increases or vulnerability is greatly affected as a result. Injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility OR, a medium level of impact that is likely to occur with over 500 people potentially affected	Death of an individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges OR High level of impact that is likely to occur, with potentially over 500 people potentially affected
Reputational damage	Little or no impact outside of the Council	Some negative local media reporting	Significant to high levels of negative front page reports/editorial comment in	National attention and media coverage

Equalities Risk Matrix

		Acceptable		Actively managed	
Impact	Critical (4)	4	8	12 Significant risk	16 Significant risk
	Substantial (3)	3	6	9	12 Significant risk
	Moderate (2)	2	4	6	8
	Low (1)	1	2	3	4
		Very unlikely (1)	Unlikely (2)	Likely (3)	Very likely (4)
		Likelihood of occurrence			

The protected characteristics:

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). This includes all ages, including children and young people and older people.

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment - The process of transitioning from one gender to another.

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Marriage and civil partnership - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships' and from 29th March 2014, same-sex couples can also get married at certain religious venues. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity - Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

Sex (this was previously called 'gender') - A man or a woman.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

You are also protected if you are discriminated against because you are **perceived** to have, or are **associated** with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)