



City of Westminster

Committee Agenda

Title:

Budget and Performance Task Group

Meeting Date:

Thursday 2nd February, 2017

Time:

6.30 pm

Venue:

Rooms 1A, 1B & 1C - 17th Floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6 QP

Members:

Councillors:

Brian Connell (Chairman)
Ian Adams
Barbara Arzymanow

Adam Hug
Andrew Smith



Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.00pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tara Murphy, Policy and Scrutiny Officer.

Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME AND APOLOGIES

2. THE 2017-2018 BUDGET

- (a) Chief of Staff: Siobhan Coldwell
- (b) Policy, Performance and Communications: Julia Corkey
- (c) Children's Services: Clare Chamberlain
- (d) Adult Services and Public Health: Liz Bruce and Mike Robinson

3. ANY OTHER BUSINESS

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Thursday 2nd February 2017

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Agenda Item 2



City of Westminster

Budget & Performance Task Group

2nd February 2017

Chief of Staff

Siobhan Coldwell

Chief of Staff

Executive Summary

- In 2016/17 Chief of Staff was allocated a gross controllable expenditure budget of £5.379m and a gross income budget of £2.651m (net controllable budget £2.728m).
- The projected outturn variance for 2016/17 is a surplus of £0.100m.
- The budget envelope for 2017/18 contains no pressures.
- The directorate has identified transformation, efficiencies, financing and commercial proposals totalling £0.291m.

2017/18 Key Issues

- The implementation and business readiness of charging of VAT on Local Land charges income. Negative impact on Local Land Charges income from any impact of Brexit on the property economy in the borough.
- Restructures of the Corporate Complaints Team and Lord Mayor's Secretariat.
- There could be cost implications in Coroner's Service as a result of the Criminal Justice's Act resulting in additional inquests required and use of alternative location for bigger and higher profile inquests.

Chief of Staff Budget 2016/17

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Chief Executive Office	-	0.351	0.351
Chief of Staff	-	0.331	0.331
Corporate Management	-	0.246	0.246
Electoral Services, Coroners and Land Charges	(2.586)	1.870	(0.716)
Committee and Members Services	(0.065)	1.846	1.781
Complaints and Customers	-	0.221	0.221
Lord Mayor's Secretariat	-	0.514	0.514
TOTAL Controllable Budget 2016/17	(2.651)	5.379	2.728

Budgets do not include corporate costs and recharges

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (1)

The directorate is proposing a series of initiatives to support balancing the 2017/18 budget.

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Key Initiatives	£m
Review of staffing, supplies and services	0.106
Review of the complaints process	0.110
Lord Mayor's Secretariat	0.075
Total	0.291

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (2)

Additional information on the key initiatives is provided below:

Review of staffing, supplies and services (£0.106m):

Removal of underspends by focusing on miscellaneous supplies and services across the Chief of Staff directorate.

Review of the complaints process (£0.110m):

Review of the complaints process in order to reduce activity. Realignment of responsibilities within resourcing in Chief of Staff's Department to reduce headcount.

Lord Mayor's Secretariat (£0.075m):

Delivered through a reviews of T's & C's of Macebearer and a review of workload to assess whether current staffing levels can be justified.

2017/18 Budget Pressures

No pressures in 2017/18.



Chief of Staff Budget 2017/18

The key controllable service area budgets for 2017/18 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Chief Executive Office	-	0.351	0.351
Chief of Staff	-	0.331	0.331
Corporate Management	-	0.246	0.246
Electoral Services, Coroners and Land Charges	(2.586)	1.770	(0.816)
Committee and Members Services	(0.065)	1.839	1.774
Complaints and Customers	-	0.111	0.111
Lord Mayor's Secretariat	-	0.439	0.439
TOTAL Controllable Budget 2017/18	(2.651)	5.087	2.436

Budgets do not include corporate costs and recharges

Consultations on 2017/18 proposals

No consultations are required on the above savings proposals.



2017/18 Capital Expenditure

No capital projects in Chief of Staff.





City of Westminster

Budget & Performance Task Group
2nd February 2017

**Policy, Performance and
Communications**

Julia Corkey

Executive Director

Executive Summary

- In 2016/17 Policy, Performance and Communications had a net controllable budget £7.598m of which gross controllable income budget was £8.055m and gross controllable expenditure budget was £15.653m.
- The projected outturn variance for 2016/17 is a deficit of £0.689m.
- The budget envelope for 2017/18 contains pressures of £0.428m.
- The directorate has identified transformation, efficiencies, financing and commercial proposals totalling £3.108m.

2017/18 Key Issues

There are a number of challenges faced next year, which will require positive and active budget management in order to address or mitigate:

- Agreement for media sites and implementation timeline of projects.
- Community Infrastructure Levy income is building but has not yet reached the anticipated long term level.
- The business intelligence savings could be at risk if cashable savings are not established.

Policy, Performance and Communications Budget 2016/17

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
PPC Management and Development Support	-	0.995	0.995
Cabinet Secretariat and Member Services including ward budgets	-	1.416	1.416
Communication and Campaigns	(2.419)	2.419	-
Digital and Customer services	-	1.677	1.677
Change and Programme Management Unit	-	1.327	1.327
City Promotions, Events and Filming	(2.404)	1.155	(1.249)
Evaluation and Performance	-	0.875	0.875
Policy and Strategy	(1.394)	2.100	0.706
Cross River Partnership hosted by WCC	(1.838)	1.838	-
Voluntary Sector Support	-	1.851	1.851
TOTAL Controllable Budget 2016/17	(8.055)	15.653	7.598

Budgets do not include corporate costs and recharges

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (1)

The directorate is proposing a series of initiatives to support balancing the 2017/18 budget.

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Key Initiatives	£m
Outdoor media phase 2	2.250
Restructure of Change Programme and Management*	0.200
Business Intelligence	0.200
Allocation of funding for public health outcomes	0.129
Events and Filming fees	0.243
Digital transformation	0.086
Total	3.108

* Full EIA completed and provided separately with scrutiny documentation

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (2)

Additional information on the key initiatives is provided below:

➤ **Outdoor media phase 2 (£2.250m):**

A stream of revenue for Westminster City Council (WCC), utilising Council-owned assets and land for advertising and sponsorship opportunities. Projects will require initial council investment to develop, fabricate and construct, but this will be underwritten by the commercial value of the sites and the income they generate.

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➤ **Restructure of Change Programme and Management Unit (£0.200m):**

To offer support in a more lean and efficient way to help deliver the council's transformational priorities.

➤ **Business Intelligence (£0.200m):**

It is expected that the Business Intelligence tool can assist in identifying savings within the council. Potential areas are being explored to assist services with enhanced management information to enable them to reduce costs or generate additional income.

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (3)

Additional information on the key initiatives is provided below:

➤ **Allocation of funding for Public Health outcomes (£0.129m):**

Funding transfer from Public Health to offset the cost of health outcome activities currently funded through the General Fund.

➤ **Events and Filming fees (£0.243m):**

Income from fees and charges for City Promotions, Events and Filming.

➤ **Digital transformation (£0.086m):**

The programme will look to drive customer contacts online, streamline business processes, thereby avoiding unnecessary and costly contacts and deliver process efficiencies to reduce running costs of services. The outcomes will be more efficient processes, digital by default customer contacts and an enhanced customer experience overall.

2017/18 Budget Pressures

Estimated pressures affecting 2017/18 that are built into the proposed budget are as follows:

Estimated Pressures	£m
Outdoor media income pressure	0.428

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- This is anticipated to be one-off consisting of the following:-
 - The base income for outdoor media is adjusted by £0.310m due to adverse change in market conditions that has meant that income being generated from existing sites is lower than in previous years. There is expectation that market conditions will improve and further commercial opportunities will be explored to close the gap in 2018/19.
 - Expected pressure from Outdoor media phase 1 projects which commenced later than plan. This means that in 2017/18 actual income will be £0.118m lower than plan.

Policy, Performance and Communications Budget 2017/18

The key controllable service area budgets for 2017/18 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
PPC Management and Development Support	-	0.787	0.787
Cabinet Secretariat and Member Services Including ward budgets	-	1.416	1.416
Communication and Campaigns	(2.419)	2.419	-
Digital and Customer services	-	1.656	1.656
Change and Programme Management Unit	-	1.127	1.127
City Promotions, Events and Filming	(4.326)	1.155	(3.171)
Evaluation and Performance	-	0.675	0.675
Policy and Strategy	(1.394)	1.971	0.577
Cross River Partnership hosted by WCC	(1.838)	1.838	-
Voluntary Sector Support	-	1.851	1.851
TOTAL Controllable Budget 2017/18	(9.977)	14.844	4.918

Budgets do not include corporate costs and recharges

Consultations on 2017/18 proposals

No public consultations are required for the above proposals.



2017/18 Capital Expenditure

The capital expenditure forecast for 2016/17 is £4.848m. The capital expenditure proposed for 2017/18 is £1.243m and includes the following major project:

Capital Programme 2017/18	Gross Expenditure £m	Income £m	Net Budget £m
Outdoor media phase 2	1.243	-	1.243

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- The Outdoor media phase 2 project has an estimated capital cost for the development of a number of sites which once completed will create the opportunity to sell advertising space. This is linked to the income target set in 2017/18 of £1.266m.

Sites are not yet agreed. This may mean that the capital requirement is not needed but the income target may be at risk.



City of Westminster

Budget & Performance Task Group Adult Social Care

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Prakash Daryanani

Interim Director of Finance and Resources

Executive Summary

- In 2016/17 Adult Social Care was allocated a gross controllable expenditure budget of £105.090m and a gross income budget of £44.762m (net £60.328m)
- The projected outturn variance for 2016/17 at P8 is an underspend of £0.026m
- The proposed budget envelope for 2017/18 includes transformation, efficiencies, financing and commercial proposals amounting to £5.042m and net budget pressures of £0.891m

2017/18 Key Issues

- Demographic growth and an increasingly ageing population
- Increase in acuity and complexity of needs
- Workforce challenges, pressures and increasing costs due to the introduction of the living wage
- Customer journey and service re-design
- Reduced opportunities for commissioning and contract efficiencies
- Fragile state of the care market
- Focusing on preventative activities including cross-council focus
- Working more closely with Health partners on integration and service transformation. There is a National expectation that full integration has been achieved by 2020 as part of the NW London Sustainability and Transformation Plan
- Pressures in homecare linked to prevention of unnecessary hospital admissions and safe and timely discharge



Adult Social Care Budget

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Assistive Equipment and Technology	(1.219)	2.167	0.948
Commissioning and Service Delivery	(1.255)	6.667	5.412
Information and Early Intervention	(1.408)	1.483	0.075
Expenditure on Social Care Activities	(3.779)	10.768	6.989
Learning Disability Support	(7.256)	26.350	19.094
Mental Health Support	(4.753)	10.912	6.159
Physical Support	(22.714)	37.665	14.951
Social Support	(0.000)	0.237	0.237
Support with Memory and Cognition	(2.378)	8.841	6.463
TOTAL BUDGET 2016/17	(44.762)	105.090	60.328

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (1)

Key Initiatives	£m
A – Commissioning, Transformation and Contract Efficiencies	0.383
B – Well being and prevention services - including Assistive Technology	0.922
C – Placements for people with learning disabilities and supplies/services review	0.200
D – Health Integration Benefits*	0.500
E – High Costs, High Needs packages review	0.150
F – Public Health investment in reduction in social isolation	0.200
G –Line by line review of supplies and services	0.200
H – Mental Health: Supported Housing and Placements review	0.100
I – Increased funding through 2017/18 ASC precept increase of 2%	0.983
J – Allocation of funding for public health outcomes	1.404
TOTAL	5.042

* Full EIA completed and provided separately with scrutiny documentation

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (2)

Additional information on the key initiatives is provided below and on the following slides:

Commissioning and Contract efficiencies (£0.383m):

Consists of a programme of work-streams, resulting in a combination of maximising value out of existing contracts, re-procurement, contract reductions, renegotiation with existing providers and harmonising contracts where beneficial. This saving will not result in service reduction as ASC customers will still have their assessed needs met as per the Council's statutory duties.

Well being and prevention services – including Assistive Technology (£0.922m):

Consists of an evolution of work undertaken over the past two years to use Assistive Technology and other preventative services to reduce new and increasing demand for home care. Practitioners will consider the use of assistive technology, equipment, reablement and/or major adaptations before commissioning new or increasing long term home care and/or support services.

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (3)

Learning Disability placements and supplies/services review (£0.200m):

Consists of a continuation of work to manage budgets, the market, client pathways and individual placement reviews to deliver efficiency savings.

Health integration benefit share (£0.500m):

This proposal sets out the anticipated share of financial benefits that will be achieved through work with Health. This will be achieved through the implementation of integrated services within the Better Care Fund (BCF) and supporting other existing associated integration programmes.

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High cost, high needs packages review (£0.150m):

This is a continuation of work to promote independence amongst existing clients and in particular, targeting highest cost packages and placements to deliver efficiency savings.

Public Health investment in reduction in social isolation (£0.200m):

Adult Social Care delivers public health outcomes for tackling social isolation and is therefore funded via the Public Health ring fenced grant.

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (4)

Line by line review of supplies and services (£0.200m):

Consists of a continuation of work to manage budgets to deliver efficiency savings.

Mental health: supported housing and placements review (£0.100m):

Consists of a continuation of work to manage budgets, the market, client pathways and individual placement reviews to deliver efficiency savings.

Increased funding through 2017/18 ASC precept increase of 2% (£0.983m):

This represents the discretionary precept which is used to fund pressures in Adult Social Care. The corresponding budget pressures are detailed in the relevant section of this presentation.

Allocation of funding for public health outcomes (£1.404m):

Adult Social Care delivers a range of public health outcomes which are funded via the Public Health ring fenced grant.

2017/18 Budget Pressures (1)

Estimated pressures affecting 2017/18 that are built into the proposed budget are as follows:

Estimated Pressures (included in proposed budget)	£m
Demographic pressures	1.048
Effects of Living Wage	0.624
Children with learning disabilities transitioning into adults services	0.548
Complexity and acuity growth	1.374
Other <i>(Increased Demand for Homecare and Direct Payments/ILF grant shortfall/Pensions auto enrolment/asylum seekers)</i>	0.700
Improved Better Care Fund grant	(2.074)
Adult Social Care support grant 2017/18	(1.329)
TOTAL	0.891

2017/18 Budget Pressures (2)

Sustainable Transformation Programme (STP) – further information

- NHS England (NHSE) planning guidance released in December 2015 set out a requirement for local areas to develop a shared five-year Sustainability and Transformation Plan (STP), articulating how organisations in these areas would work together over the next five years to close the three identified gaps in the Five Year Forward View:
 - Health and wellbeing – preventing people from getting ill and supporting people to stay as healthy as possible
 - Care and quality – consistent high quality services, wherever and whenever they are needed
 - Finances and efficiency – making sure we run and structure our services as effectively as possible
- The STP describes a shared ambition across health and local government to create an integrated health and care system that enables people to live well and be well.
- A draft plan of NW London’s STP vision was developed with involvement from commissioners, providers, local government and patient representative groups.
- The plan recognises funding pressures in both health and social care, and plans for transformational investment in community, prevention and social care services. This includes £110m in local government commissioned services, aimed at reducing cost and activity in the acute system
- As part of the Out of Hospital (OOH) strategy the 8 local authorities in NW London are developing a financial model to capture the implications from the shift in activities between health and social care.
- To date the baseline data from NHS and the 8 local authorities has been input into the model and it is expected that by early 2017/18 all interventions will be mapped out and the financial implications will be validated.

2017/18 Budget Pressures (3)

Pressures in homecare linked to prevention of unnecessary hospital admissions and safe and timely discharge – further information

- The Council's expectation is that health funding should at least equal the levels provided in 2016/17. However, there are on-going conversations through the STP as service proposals are likely to further increase demand as we support people to avoid hospital where appropriate and people with more complex needs are supported in the community. Further bids for funding will be made where these can be evidenced.



Adult Social Care Budget 2017/18

The key controllable service area budgets for 2017/18 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Assistive Equipment and Technology	(1.240)	2.188	0.948
Commissioning and Service Delivery	(1.318)	6.730	5.412
Information and Early Intervention	(1.422)	1.497	0.075
Expenditure on Social Care Activities	(4.416)	11.391	6.975
Learning Disability Support	(7.638)	26.876	19.238
Mental Health Support	(4.989)	11.143	6.153
Physical Support	(27.506)	38.016	10.511
Social Support	(0.002)	0.239	0.237
Support with Memory and Cognition	(2.721)	9.349	6.628
TOTAL BUDGET 2017/18	(51.252)	107.429	56.177

Consultations on 2017/18 proposals

None of the transformation, efficiency, financing and commercial proposals detailed in this presentation reflect a change to Adult Social Care statutory services in 2017/18. Accordingly no public consultations are required or have been carried out.

As notified elsewhere in this presentation there are significant budget pressures and challenges that are being responded to. However beyond 2017/18 these pressures and challenges are anticipated to continue and increase in severity in complexity. In response to this the department is continuing to organise transformation, efficiency and commercial opportunities to ensure these challenges are responded to appropriately.

Page 35 The department will consult and communicate while these opportunities and proposals are being developed. These programmes focus on the Front Door, Demand Management and Prevention Services, Commissioned Care and Support Services and Whole Systems Integration. Should the possible alternative provision of services beyond 2017/18 require consultation this will be undertaken at the appropriate time.

2017/18 Capital Expenditure (1)

The capital expenditure forecast for 2016/17 is £0.43m gross.

The budget proposed for 2017/18 is £0.63m, including all of the following projects:

Capital Projects	2016/17 Forecast Net Outturn £m	2017/18 Gross Expenditure £m	2017/18 Income £m	2017/18 Net Budget £m	5yr Net Budget £m
Barnard Lodge and Florey	-	0.182	(0.182)	-	-
Framework-I upgrade to Mosaic	-	0.150	(0.150)	-	-
People First Website	-	0.100	(0.100)	-	-
Health Integration	-	0.100	(0.100)	-	-
Mobile Working	-	0.100	(0.100)	-	-
TOTAL BUDGET 2017/18	-	0.632	(0.632)	-	-

NB: Framework-I upgrade started in 2016/17 and the remaining projects are scheduled to start in 2017/18. These projects continue beyond 2017/18 and further detail can be found on the following slides

2017/18 Capital Expenditure (2)

Additional information on the key projects in 2017/18 is provided below:

Barnard Lodge and Florey (£0.182m gross): Carlton Gate comprises two adjacent ground floor properties (Florey and Barnard) situated in the Carlton Gate Complex in north Westminster. The project supports the statutory deregistration of this service from residential care to a shared Supported Accommodation unit. The works involve sound proofing, creation of office space in Barnard Lodge, refurbishment of kitchens and improved lighting, refurbishment of bathrooms and replacement of door frames. The gross budget of £0.182m is fully funded from capital grants with works scheduled for completion in 2017/18. The net capital budget requirement is £Nil.

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Framework-I upgrade to Mosaic (£0.900m gross): This is a key component in meeting ASC's statutory responsibilities under the Care Act 2014. It will increase the range of choice available to our customers, enable them to have a greater degree of control over their care and provide a digital platform to allow them to exercise it, in line with the City of Choice goals set out in the City for All Strategy.

In addition the system will also provide the base for working with health partners to develop a shared care record to meet the vision of a fully integrated, health and social care delivery system as articulated in the North West London Sustainability and Transformation Plan (STP). The gross budget of £0.900m is fully funded from capital grants with works scheduled for completion in 2020/21 (5 years in total). The net capital budget requirement is £Nil.

2017/18 Capital Expenditure (3)

Additional information on the key projects in 2017/18 is provided below:

People First Website (£0.200m gross): This will enable service users to retain their independence by providing a mechanism for an individual to complete activities relating to their needs themselves or in a supported manner. This portal will not only encourage people to self-assess but also allow them to view and interact with information held within the council's social care system. The gross budget of £0.200m is fully funded from capital grants with works scheduled for completion in 2018/19. The net capital budget requirement is £Nil.

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Health Integration (£0.200m gross): This project will specifically facilitate the development of interoperability between Mosaic, a Care Information Exchange and our largest Health Partners (SystemOne) in anticipation of pan-London and national integration. The gross budget of £0.200m is fully funded from capital grants with works scheduled for completion in 2018/19. The net capital budget requirement is £Nil.

Mobile Working (£0.200m gross): This project draws on technologies widely available in the market place (ie. iPad's and email) and adds additional functionality that is specific to front line staff and our service users. The gross budget of £0.200m is fully funded from capital grants with works scheduled for completion in 2018/19. The net capital budget requirement is £Nil.

2017/18 Capital Expenditure (4)

The following projects are managed within the Growth, Planning and Housing capital budget, and make a material contribution to delivering the strategic aims of Adult Social Care:

Beachcroft House (£4.465m gross), Carlton Dene (£0.950m gross) and Westmead (£0.450m gross): These schemes are managed by the Major Projects team in Growth, Planning and Housing, but will provide a benefit to Adults Social Care. These developments will increase specialist housing services in the City by providing 137 care beds and 48 extra care flats. This equates to an increase of 53 care beds and 48 extra care flats, moving from having residential care units to having flexible facilities that are adaptable to a resident's changing care needs and well-being.





City of Westminster

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Budget & Performance Task Group Public Health

Mike Robinson

Director of Public Health

Executive Summary

- Public Health was allocated an approved grant income budget of £32.9m in 2016/17
- The Public Health Grant allocation is £0.6m greater than the original budget (estimate) set (£32.3m) due to a delay in the announcement of the funding levels from the Department of Health.
- The projected outturn for 2016/17 is a balanced budget, i.e. the grant will be allocated/spent in full, including an anticipated drawdown of £0.5m from the PH ring-fenced reserve.
- The draft budget for 2017/18 reflects a ring-fenced Department of Health grant of £32.1m which is expected to be fully spent/allocated. This reduction of £0.8m reflects the Department of Health's plans to reduce the Public Health Grant by 2.5% per annum until the end of this Parliament.
- If the service spends to budget the reserves drawdown would be £5.7m.

2017/18 Key Issues

- Further reductions in the Public Health Grant allocation from Central Government.
- Identifying ways to achieve and fund Public Health outcomes in other Council departments to improve health and wellbeing and reduce health inequalities across the life course.
- It remains essential that funds are only spent on activities whose main or primary purpose is to improve the public health of local populations.
- Significant re-procuring, staff restructure and redesigning services in light of reducing resources.

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Public Health Budget 2016/17

- The key controllable service area budgets for 2016/17 are broken down as

Service Area	Income £m	Expenditure £m	Net Budget £m
Department of Health Grant	(32.3)	-	(32.3)
Dietetics funding return (<i>funds awarded to LA in error – returned to NHS</i>)	0.9	-	0.9
Commissioned Services	-	27.5	27.5
Salaries & Overheads	-	2.0	2.0
Contribution to other Council departments with Public Health outcome objectives	-	6.2	6.2
Budget deficit before transfer from reserves	-	-	4.3
Transfer from PH Reserves	(4.3)	-	(4.3)
TOTAL BUDGET 2016/17	(35.7)	35.7	0.0

- The transfer from PH reserves is forecast to be £0.5m in 2016/17, not £4.3m as budgeted above. This is due to in-year contract efficiencies of £3.2m and additional grant income of £0.6m.

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals

- Public Health has identified £3.2m from efficiencies, savings and reserves to support other Council departments that meet Public Health outcomes. These are reflected in the commissioned services / reserves budgets as detailed below.

Commissioned Services	2016/17 Budget £m	Savings £m	2017/18 Budget £m
Sexual Health	7.4	(0.4)	7.0
Behaviour Change	2.9	(0.2)	2.7
Family and Children	9.3	(0.7)	8.6
Intel and Social Determinants	0.1	-	0.1
Substance Misuse	7.9	(0.3)	7.6
Total Commissioned Services	27.6	(1.6)	26.0
Balance from Earmarked Reserves budget	8.2	(1.6)	6.6
Total	35.8	(3.2)	32.6

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- Public Health has a rolling programme of contract reviews for the services provided with the aim of delivering efficiencies, improving health and value for money while reducing inequalities.

2017/18 Estimated Pressures

- Significant reductions to other Council departments who are performing public health work, may result in Public Health needing to fund these activities.
- Unknown impact of restructure on ability to maintain contracts in their current form.

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Growing demand on School Nursing from:

- Free schools
- Changes to Children and Family Bill
- Increased numbers of children with complex needs
- Access to dual diagnosis, substance misuse.



2016/17 onwards – Medium Term Plan

- At the start of 2016/17 the PH earmarked reserve was £8.2m and at the start of 2017/18 the PH earmarked reserve is estimated at £7.7m (see next slide)
- Current expenditure estimates and projected funding reductions indicate that the reserve will be exhausted by the end of 2019/20
- Therefore, in order for the expenditure to remain within the PH Grant Budget, further efficiencies will be required at an estimate of £1.5m - £2m from 2019/20 onwards

2016/17 – 2018/19 Estimated Movement in Reserves

Reserves	Opening Balance £m	Movement £m	Closing Balance £m
2016/17	8.2		
Proposed Drawdown to support in year expenditure		(0.5)	7.7
2017/18	7.7		
Transfer to support other Council Departments (£1.6m) *see slide 5 – & Transfer to support Commissioned services & PHIF (£4.1m)		(5.7)	2.0

Public Health Budget 2017/18

The budget for 2017/18 is broken down as follows:

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Service Area	Income £m	Expenditure £m	Net Budget £m
Department of Health Grant	(32.1)	-	(32.1)
Dietetics Funding Return	0.8	-	0.8
Commissioned Services	-	25.9	25.9
Salaries & Overheads	-	1.9	1.9
Public Health Investment Funds	-	2.4	2.4
Funding of PH outcomes in other Council departments	-	6.8	6.8
Budget variance/proposed to transfer from reserves	-	-	5.7
Transfer from PH Reserves	(5.7)	-	(5.7)
TOTAL BUDGET 2017/18	(36.9)	36.9	0.0

Consultations on 2017/18 proposals

No public consultations are required for the above proposals.



2017/18 Capital Expenditure

There are no capital projects planned by the Public Health Directorate either for the current year or 2017/18





City of Westminster

Budget & Performance Task Group
2nd February 2017

Children's Services

Clare Chamberlain

Executive Director

Executive Summary

- In 2016/17 Children's Services was allocated a gross controllable expenditure budget of £147.558m and a gross income budget of £111.704m (net controllable budget £35.854m)

- The projected outturn variance for 2016/17 is an underspend of £0.400m as a result of additional in year savings

- The budget envelope for 2017/18 contains pressures of £1.190m

- The directorate has identified transformation, efficiencies, financing and commercial proposals totalling £6.259m for 2017/18

- Allocation of funding for Public Health outcomes of £0.960m with respect to the Multi Agency Safeguarding Hub, Children with Disability and Children and Adolescent Mental Health Services. A total of £2.580m is now allocated against Children's Services with Public Health outcomes from 2017/18.

2017/18 Key Issues

- National Funding Formula for Schools and role of LA in Education
- Special Educational Needs: increased numbers of young people receiving an Education, Health and Care (EHC) Plan and home to school travel assistance due to the extension of the age range to 25
- Legislative Pressures on Placement Costs (Homeless 16-18 Year Olds, UASC and Care Leavers)
- Ensuring that children remain safe and the excellent standard held by Family Services (Outstanding Ofsted grading) is not allowed to slip
- Partners In Practice/ Centre for Social Work (Sustainability)

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Children's Services Budget 2016/17

The key controllable service area budgets for 2016/17 are broken down as follows:

Service Area	Income £m	Expenditure £m	Net Budget £m
Family Services	(5.871)	27.383	21.512
Safeguarding, Review and Quality Assurance	(0.233)	1.217	0.984
Children's Commissioning	(13.971)	19.726	5.755
Education and Disability	(15.296)	20.621	5.325
Finance and Resources	(0.516)	2.794	2.278
Schools	(75.817)	75.817	-
TOTAL Controllable Budget 2016/17	(111.704)	147.558	35.854

Budgets do not include corporate costs and recharges

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (1)

The directorate is proposing a series of initiatives to support balancing the 2017/18 budget. These total £6.259m.

Key Initiatives	£m
Children's Transformation – Commissioning contracts*	0.587
Children's Transformation – Commissioning team	0.017
Children's Transformation – Early Help*	3.135
Children's Transformation – Education	0.140
Children's Transformation – Finance & Resources	0.400
Children's Transformation – Focus on Practice	0.130
Children's Transformation – Other family services	0.540
Children's Services Savings – Virtual School Funding	0.300
Children's Transformation – Passenger Transport Mitigations	0.050
Allocation of Funding for Public Health Outcomes	0.960
Total	6.259

* Full EIA completed and provided separately with scrutiny documentation

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (2)

Additional information on the key initiatives is provided below:

Commissioning Contracts:

Contract re-procurement and contract savings including legal services (**£0.587m**)

Full year effect staffing restructure (**£0.017m**)

Early Help (£3.135m) – full year effect of savings delivered in 2016/17

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- Reconfiguration of internal services for Early Help
- Reconfiguration of Children Centre's – Best start in life
- Reconfiguration of Youth services

Education Services (£0.140m):

- Asset Strategy - Reduction of discretionary expenditure
- Funding and Income Opportunities
- Staffing opportunities and efficiencies

2017/18 Transformation, Efficiencies, Financing and Commercial Proposals (3)

Additional information on the key initiatives is provided below:

Finance and Resources (£0.400m):

Savings from release of the Revenue budget for Building Schools for the Future

Focus on Practice (£0.130m):

Focus on Practice – reduced expenditure through reduced demand, lower numbers of children in care due to more effective family intervention.

Other Family Services Savings (£0.540m):

Further Family services savings through changes in service configuration

- Funding and income opportunities
- Placement cost reduction and demand management, review of high cost placements

Review of Virtual School Funding (£0.300m)

Passenger Transport Cost Pressure Mitigation (£0.050m):

- Independent travel training
- Eligibility reviews

2017/18 Budget Pressures (1)

Estimated pressures affecting 2017/18 that are built into the proposed budget are as follows:

Estimated Pressures	£m
Unaccompanied Asylum Seekers Children (UASC) > 18	0.335
UASC Dispersal Scheme	0.093
Care Leavers aged 18 - 25 not in Education	0.105
Children with Disability – increase in packages around direct Payments and short breaks	0.150
Youth Offending Service – reduction to Youth Justice Board Grant	0.042
Passenger Transport Pressure	0.465
TOTAL	1.190

2017/18 Budget Pressures (2)

Additional information on the pressures is provided below:

UASC Over 18's (£0.335m) - Local Authority is responsible for funding first 25 UASC care leavers. Pressure is modelled to increase by a further £0.156m in 2018/19.

UASC Transfers under the National Dispersal Scheme (£0.093m) - This is a new pressure that has resulted in a Home Office & Department of Education initiative that became effective on 1st July 2016. This pressure recognises UASCs who present themselves and need to be accommodated until they are moved elsewhere. There is no funding available for the first 13 weeks.

Impact of extended Duty to Support Care Leavers to age 25 (£0.105m)

Children with Disability – increase in packages around direct payments and short breaks (£0.150m) - There is a 50 - 70% increase in payments to Families for Direct Payments and Short Break Packages for young people with disabilities. This increase is largely due to a higher level of complexity in the disabled cases handled by the Council

Youth Offending Service – reduction to Youth Justice Board Grant (£0.042m) - The grant funding has been progressively reduced since 2014/15.

2017/18 Budget Pressures (3)

Additional information on the pressures is provided below:

Passenger Transport (£0.465m) - Demand pressure due to legislative changes and increased parental awareness. The pressure is expected to increase over the medium term due the impact of incremental wage inflation on contract costs and the re-procurement following the end of the Tri-Borough contract.



Children's Services Budget 2017/18

The key controllable service area budgets for 2017/18 are broken down as follows:

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Service Area	Income £m	Expenditure £m	Net Budget £m
Family Services	(6.381)	25.787	19.406
Safeguarding, Review and Quality Assurance	(0.233)	1.157	0.924
Children's Commissioning	(14.609)	17.686	3.077
Education and Disability	(15.596)	21.096	5.500
Finance and Resources	(0.516)	2.394	1.878
Schools	(75.817)	75.817	-
TOTAL Controllable Budget 2016/17	(113.152)	143.937	30.785

Budgets do not include corporate costs and recharges

Consultations on 2017/18 proposals

The following consultations have been arranged in respect of 2017/18 proposals.

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Proposal name	Children's Centres in Westminster City Council
Value (£'000)	1,425 (2017/18)
Consultation Period	4 th to 30 th January 2016
Status of consultation	Complete. Changes to service implemented from 1 st Sept 2016
Impact/amendments?	The Maida Vale Children's Centre has remained as a children's centre with the full range of services rather than the initial proposal which was to provide 2 year old places from the site
Proposal name	Youth Provision – Westminster Youth Foundation
Value (£'000)	596 (2017/18)
Consultation Period	4 th to 31 st January 2016
Status of consultation	Consultation and communication is now complete. Youth provision was de-commissioned in September 2016.
Impact/amendments?	No change to proposals resulting. The Council is currently working with the youth sector to formally launch the Westminster Youth Foundation in Spring 2017

Consultations on 2017/18 proposals (2)

The following consultations have been arranged in respect of 2017/18 proposals.

Proposal name	Children Services Early Help Service Reorganisation
Value (£'000)	1,134 (2017/18)
Consultation Period	A formal staff consultation took place in the spring of 2016
Status of consultation	Complete
Impact/amendments?	Overall, partners positive about co-creating a new model and working better together.

Proposal name	Travel Care and Support Services
Value (£'000)	50
Consultation Period	February to October 2017
Status of consultation	The savings associated with this proposal relate to demand management and independent travel training to reduce the need for Special Educational Needs travel support. It does not relate to new Bi-Borough arrangements or from procurement processes for travel care and support in Westminster.
Impact/amendments?	This is not anticipated to be a statutory consultation as it is not anticipated that there will be a change to eligibility.

2017/18 Capital Expenditure (1)

The capital expenditure forecast for 2016/17 is £6.736m. The capital expenditure proposed for 2017/18 is £8.701m.

Capital Programme	2017/18 Gross Expenditure £m	2017/18 Income £m	2017/18 Net Budget £m	5yr Net Budget £m
Secondary School Expansion Programme	6.904	(6.904)	-	-
Schools Estate Maintenance Programme	1.209	(1.209)	-	-
Non-Schools Estate Maintenance Programme	0.588	-	0.588	1.588
Total Capital Programme	8.701	(8.113)	0.588	1.588

From 2019/20 onwards there is a sole recurring budget of £0.250m pa for the Non-Schools Estate Maintenance programme.

2017/18 Capital Expenditure (2)

Additional information on the programmes is provided below:

Secondary School Expansion Programme: In order to meet the projected rise in demand for secondary school places, four schools are being expanded to enable each school to offer an additional form of entry. The estimated cost of the programme is £18.100m, which commenced in 2015/16 and is due to be completed in 2018/19. It is funded by a combination of Department for Education grant and s106 receipts.

Schools Estate Maintenance Programme: Maintenance of the schools estate is required in order to maintain a suitable and effective learning environment, and to preserve the value of the Council's assets. The current programme consists of various minor works across the estate, as well as two major heating and distribution projects. The programme is wholly funded by Department for Education grant.

Non-Schools Estate Maintenance Programme: The Council delivers and commissions children's services from a wide variety of properties, and this programme enables the Council to maintain these properties in a state of repair required under lease covenants, and also to carry out targeted investment in line with service delivery strategies. The major project in this programme is the Bessborough Children's Hub, which is delivering building refurbishment works in order to accommodate additional Children's Centre services, and to enhance joint service delivery with partner organisations such as the NHS. As these works do not attract grant funding, the programme is funded by the Council's own balances.

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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
<p>CPMU Re-organisation</p>
<p>What are you analysing?</p> <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>1. Background</p> <p>Westminster's reputation as a leading local authority is built on our ability to adapt and respond to changing circumstances, to evolve and innovate the way we do things and to aspire to excellence in the way we deliver services.</p> <p>To achieve our ambition to remain at the leading edge, delivering cost effective services that make Westminster a great place to live, work and visit, the Chief Executive, with the agreement of Cabinet, has launched the 'Route Map to Success' which sets out the areas of work that will need to be delivered to transform how the council operates over the next four years.</p> <p>In order to provide the Chief Executive, Executive Management Team and Cabinet with the resource and capability needed to drive the delivery of the council's transformation priorities set out in the 'Route Map to Success' as well as provide effective challenge and detailed oversight of the entire portfolio of change and transformation across the organisation and with partners, the Change and Project Management Unit is undergoing a restructure to form a new Corporate Strategy Transformation Delivery Unit. The objectives for the unit are:</p> <ul style="list-style-type: none"> • To provide effective challenge and detailed oversight of the entire portfolio of change and transformation across the organisation and with partners, including both corporate <u>and</u> departmental projects and programmes. • To lead (with appropriate input from across PPC, Finance and Organisational Development and other services and partners as appropriate) the initiation and set-up of new projects and programmes, ensuring that they fit with the council's strategic priorities, have robust business cases, deliver to the highest project management standards, manage change and engagement effectively, and are governed robustly. • To have clearer hand over to project and programme delivery teams which will fund the cost of delivery • To provide flexible resourcing of highly skilled project managers and analysts, and to grow our own staff, to fill gaps in our skill sets. <p>The objectives will be realised through having the right mix of skills and capabilities embedded within the workforce, with great emphasis on stakeholder engagement and strategic thinking, partnership working, and commerciality, driving change and embracing data-led change. To achieve this ambition, there is a compelling need to reorganise the current services, improve ways of working and further embed new organisational values and behaviours.</p>

To achieve this, the consultation report is proposing to delete 17 of the current 23 posts in the current Change and Project Management Unit and create 12 new posts between the proposed new Corporate Strategy & Transformation unit and the Evaluation and Performance Team (both within PPC) and Growth Planning and Housing.

Details of the lead person completing the screening/EIA

(i) Full Name: Ezra Wallace

(ii) Position: Head of Corporate Strategy

(iii) Unit: PPC

(iii) Contact Details: ewallace@westminster.gov.uk

Date sent to Equalities@westminster.gov.uk

Draft on 7 December 2017

Version number and date of update

- V. 2

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	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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 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
		<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>			
1.4	How have you come to this decision?		
Seven of the posts that are being proposed for deletion are currently occupied and all of the post holders are women.			

EQUALITY IMPACT ASSESSMENT

SECTION 2: BUILDING AN EVIDENCE BASE

3.1	<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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Staff profile(based on information held by HR)		
Age	Age Group	Staff No.
	16-24	1
	25-34	1
	35-44	2
	45-54	4
	Grand Total	8
Disability	Disability	Staff No.
	Not Known	3
	No	5
	Grand Total	8
Gender	100% of staff in the posts that will be affected by this restructure are women (7 in total)	
Race	Ethnicity	Staff No.
	Asian or Asian British - Bangladeshi	1
	Asian or Asian British - Indian	1
	Black or Black British - African	1
	Black or Black British - Caribbean	1
	White - British	4
	Grand Total	8
Religion or belief	Religion or Belief	Staff No.
	Not Known	2
	Christian	3
	Hindu	1
	Muslim	1
	Prefer not to say	1
	Grand Total	8
Sexual orientation	Sexuality	Staff No.
	Not Known	2
	Heterosexual/Straight	5
	Prefer not to say	1
	Grand Total	8

<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>Yes. Women are over represented in the team.</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>Yes. Men are underrepresented in the team.</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>We are formally consulting with all affected staff for a 30 day period beginning on 25 November 2016.</p> <p>The formal consultation period for this restructure will commence on 25 November 2016 for a period of 30 calendar days, with the last day of consultation being 9 January 2017.</p> <p>At the start of the consultation period, a team meeting will be held with staff on 25 November 2016 to launch the consultation and provide the headlines of the process.</p> <p>All affected staff will have the opportunity to take part in the consultation process in a variety of ways, including team/group meetings and providing written feedback. Staff may be accompanied by trade union representatives during the consultation process.</p> <p>To ensure that meaningful consultation takes place during this period, all affected employees are encouraged to feed into the proposal with comments or suggestions.</p> <p>The process will be managed in accordance with the Council's <u>Consultation Policy and the Statutory Consultation Process</u>.</p> <p>During this consultation period this EIA will be kept under review and updated to reflect comments received during the consultation.</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>
	<p>Subject to the outcome of the consultation, staff in the posts proposed to be deleted may be at risk of being made redundant. As all post holders of the posts that are proposed for deletion are women, there is a risk that women may be over represented in those negatively impacted by the reorganisation.</p>

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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? (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>Inevitably any period of change is unsettling, especially for those people most impacted by the proposed changes. We need to be sensitive to this over the coming few months. These proposals raise a number of issues for the majority of PPC staff. In supporting staff through this reorganisation process, several resources are available.</p>	<p>Team meetings: All affected staff will have the opportunity to discuss the proposed new structure and arrangements through team meetings with Julia Corkey, Director of PPC, during the consultation period;</p> <p>Human Resources: Affected staff who would like further information may wish to contact Simon Cohen, HR Business Partner on x 2216.</p> <p>Union Representatives: Union members may want to consult their representatives for advice and clarification of the procedures or for help in formulating their response to these proposals;</p> <p>Workplace Options: WCC’s employee assistance programme is available for employees who may require specialist advice or support. This is a confidential service which can be accessed 24/7 via assistance@workplaceoptions.com or on 0800 243 458.</p>
	<p>Promote diversity in recruitment</p>	<p>Continue to develop, monitor and review appropriate employment practices which will help to avoid direct and indirect discrimination</p> <p>Continue to monitor the Equality in Employment Policy periodically in order to judge its effectiveness and make updates in accordance with changes in the law</p>

	<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"> <tr> <td><input type="checkbox"/></td> <td>1. No major change (no impacts identified)</td> <td>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><input type="checkbox"/></td> <td>2. Adjust the policy</td> <td>You will take steps to remove barriers or to better advance equality.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>3. Continue the policy (impacts identified)</td> <td>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><input type="checkbox"/></td> <td>4. Stop and remove the policy</td> <td>There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </table>	<input type="checkbox"/>	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 checked="" 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.	
<input type="checkbox"/>	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.												
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<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 change is likely to have a disproportionate impact on women and we will take reasonable steps to mitigate the impacts in line with the council's change and re-organisation policy and other HR policies</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>								
Page 78	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG	
	Enter additional rows if required							

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME:

UNIT:

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY):

WHAT NEXT?

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.

All completed EIAs should be sent to: Equalities@westminster.gov.uk

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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?

- You are making changes that will affect front-line services
- You are reducing the budget of a service, which will affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles (particularly if it impacts on frontline services).
- EIAs also need to be undertaken on how a policy is implemented even if it has been developed by central government (for example cuts to grant funding)
- **Section 1 of the EIA Tool: Initial Screening**, will help you decide whether a full EIA is necessary

Who should undertake the EIA?

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

Further Guidance

- [Step-by-Step Guidance to the questions](#)
- An EIA e-learning module is available for all Westminster staff: www.learningpool.com/westminster/course/view.php?id=159

Please contact the Equalities lead to inform them when you begin and then complete an EIA: equalities@westminster.gov.uk

SEB will monitor compliance with the requirement to complete EIAs.

Title of Proposal
Adult Social Care Westminster Savings Proposals Better Care Fund – Health Integration Benefit Share (Ref 3.6)
Lead Officer
<ul style="list-style-type: none"> i. Full Name: Liz Bruce ii. Position: Executive Director iii. Department: Adult Social Care iv. Contact Details: Liz.Bruce@lbhf.gov.uk
Has this project, policy or proposal had an EIA carried out on it previously? If yes, please state date of original and append to this document for information.
<p>Yes</p> <p>13th October 2014 11 November 2015</p>
Version number and date of update
29 th September 2016

SECTION 1: Initial screening: Do you need to complete an Equality Impact Assessment (EIA)?

Not all proposals will require an EIA, this initial screening will help you decide if your project or policy requires a full EIA by looking at the potential impact on any equality groups.

1.1	What are you analysing?
	<p>The Better Care Fund Programme is driving the closer integration of health and social care services and associated investment. The main focus of the programme in terms of savings is increased investment in Community Independence Service (CIS) providing better reablement and recovery to support hospital discharge and to avoid hospital admissions.</p> <p>The CIS will deliver more rapid and responsive out of hospital care for people with acute needs which will be provided by health and social care teams working together in a co-ordinated way. The CIS initiative is a critical piece of whole system change which will enable and support the shift of activity from expensive acute settings into the community, bringing better organised care and services as close as possible to people’s homes. The service is largely focused on the needs of adults, including older people with physical needs, although mental health needs, including those that are associated with life changing events, also need to be catered for.</p> <p>As the focus of the programme is on improving services and outcomes it does not have the potential to disproportionately impact on any key group. There is however an need to monitor access to CIS services and delivery of outcomes across key equalities groups particularly ethnicity and patterns of need associated with isolation and depression which can have an impact on outcomes.</p>

1.2 Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?					
		None	Positive	Negative	Not sure
	Disabled people	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Particular ethnic groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/ maternity)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People or particular sexual orientation/s	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If the answer is “negative” or “unclear” consider doing a full EIA

1.3 What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<p><u>None or minimal impact would be where there is no negative impact identified, or where there will be no change to the services for any groups. Wherever a negative impact has been identified you should consider undertaking a full EIA by completing the rest of the form.</u></p>	x

1.4 Using the screening and information in questions 1.2 and 1.3, should a full assessment be carried out on the project, policy or proposal?	
Yes	No <input type="checkbox"/>

1.5	How have you come to this decision?
	<p>There is no plan to negatively impact any group, however as operational changes are extensive and there is increased investment on CIS, an EIA as part of the monitoring and evaluation work being undertaken will provide an opportunity to review and ensure that the benefits of these changes in terms of access and outcomes are considered. This work has been delayed as a new jointly commissioned provider of health CIS services was appointed in July 16 and it must be delivered in partnership.</p>

SECTION 2: EQUALITY IMPACT ASSESSMENT

Building an Evidence Base: What do you know?

This section will help you build your evidence base and interpret what the likely impact will be of your service.

Sections 2 - 5 will be completed as part of the evaluation of the CIS service which is taking place in Q3 and Q4 of 2016/17.

2.1	Build up a picture of who uses/will use your service or facility and identify who are likely to be impacted by the proposal <ul style="list-style-type: none"> <i>If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends or anecdotal evidence (indicate where this is the case). Please attempt to complete all boxes.</i> 	
	How many people use the service currently? What is this as a % of Westminster's population?	5,234 residents are expected to receive one or more rapid response, in-reach, rehabilitation or reablement service in 2015/16. This is 2.3% of the population. These services are delivered on the basis of an assessment of needs.
	Disabled people	<p>The service is focused on people with physical needs – either temporary or long term. The proposal is aiming to improve services and outcomes. The service also needs to respond to the needs of residents with mental health needs – both ongoing aspects particularly Alzheimer's, and needs associated with trauma and loss. A holistic approach to assessing needs is taken in order to achieve this, where necessary undertaking a multi-disciplinary assessment.</p> <p>Residents may express a need to have services provided by a carer or therapist of a particular agenda which would need to be catered for.</p>
	Particular ethnic groups	<p>The service is provided on a population wide basis. It will need to take into account and cater for patterns of need and health inequalities that are fully described in the local Joint Strategic Needs Assessment. This does not impact on the approach taken to individual case management however.</p>
	Men or women (include impacts due to pregnancy/maternity)	See above.
	People of particular sexual orientations	See above
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	See above
	People on low incomes	See above

	People in particular age groups	See above
	Groups with particular faiths and beliefs	See above
	Any other groups who may be affected by the proposal?	

2.2 Summary (to be completed following analysis of the evidence above)					
		None	Positive	Negative	Not sure
	Does the project, policy or proposal have the potential to have a <u>disproportionate</u> impact on any of the following groups? If so, is the impact positive or negative?				
	Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Particular ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (include impacts due to pregnancy/maternity)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People of particular sexual orientations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groups with particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think this proposal may affect negatively or positively?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: Assessing Impact

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.

3.1 Consultation Information	
<i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i>	
	<p>i. Who have you consulted with?</p> <p>A evaluation of the CIS service has been conducted; this focused most closely on delivery of intended health and financial outcomes and the patient experience. Further work is required to consider experience and outcomes against key groups. However it is important to understand that access to services are determined by a clinical assessment of need which is applied to a clear set of criteria.</p> <p>ii. How did you consult? (inc meeting dates, activity undertaken & groups consulted)</p> <p>The evaluation work undertaken to date comprised;</p>

	<p>Existing or currently commissioned work</p> <ul style="list-style-type: none"> • ASC Reablement review • Deloitte Report • Capita Patient Experience Report • HFCCG CIS evaluation report • Lead Provider staffing and investment documentation • Lead Provider Oversight Group (LPOG) minutes • Monthly Joint Provider Reports • Nationally mandated surveys <p>Additional data collection</p> <ul style="list-style-type: none"> • GP interviews • CIS and Lead Provider staff surveys • Interviews with key Lead Providers • Interviews with key joint-commissioners • Performance of CIS case file audits for the three boroughs <p>Further consultation and evaluation, including work to assess the experience and potential impacts that need to be managed, will be considered following completion of this phase of the evaluation.</p>
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3.2	What might the potential impact on individuals or groups be?	
	<i>Consider disability, race, gender, sexual orientation, transgender, age, faith or belief and those on low incomes and other excluded individuals or groups</i>	
	Generic impact (across all groups)	
	Men or women (include impacts due to pregnancy/maternity)	
	People of particular sexual orientation	
	People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	
	Disabled people	Patients with mental health needs may require an adjusted approach to the reablement and recovery support that they receive including particular techniques to explain and reinforce what is required to support good outcomes.
	Particular ethnic groups	
	People on low incomes	Poor housing and/or poverty including fuel poverty may limit delivery of good outcomes.

	People in particular age groups	
	Groups with particular faiths and beliefs	
	Other excluded individuals and groups	

SECTION 4: Reducing & Mitigating Impact

As a result of what you have learned, what can you do to minimise the impact of the proposed changes on equality groups and other excluded / vulnerable groups, as outlined above?

4.1	Where you have identified an impact, what can be done to reduce or mitigate the impact? <i>(Remember to think about the Council as a whole, another service area may already be providing services which can help to deal with any negative impact).</i>	
	Impact 1: [Potential adverse impact on achieving reablement and recovery outcomes associated with mental health]	
	Impact 2: [Potential adverse impact on achieving reablement and recovery outcomes associated with homelessness, poor housing and/or poverty] I	
	Impact 3: [Insert impact here]	
	Impact 4: [Insert impact here]	
	Impact 5: [Insert impact here]	

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

4.3	Please document the reasons for your decision	
	The current policy caters for identified needs and is committed to further consultation and evaluation.	

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

4.5	Conclusion <i>This section should record the overall impact, who will be impacted upon and the steps being taken to reduce/mitigate impact</i>	
	Overall adverse impact is not expected, though there is a need to consider potential inequalities in access and successfully outcomes particularly as relates to mental health needs	

and low income/ housing. These needs are catered for through the multi-disciplinary approach that is taken.

There is a need for further monitoring, evaluation and consultation which will be considered following the current evaluation phase.

SECTION 5: Next Steps

5.1 Action Plan <i>Complete the action plan if you need to reduce or remove the negative impacts you have identified, take steps to foster good relations or fill data gaps.</i> <i>NB. Add any additional rows, if required.</i>							
	Action Required	Equality Groups Targeted	Intended Outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
1	Complete current evaluation.	All	Obtain broad understanding of CIS model established in April 15	Secured	Davey Thomason Associate Director – Community Services Programme Team NHS Central London Clinical Commissioning Group	31/01/2016 - completed	Green
2	Agree equalities monitoring and evaluation approach to be taken going forward.	All - particularly those relating to Mental Health and Housing as barrier to effective reablement.	Development of EIA	Secured	Senel Arkut, Interim Head of Service – TriBorough	30/09/2016 – delayed due to Joint CIS Commission	Amber
3	Refresh EIA	All	Development of EIA	Secured	Martin Calleja, Head of Transformation	01/04/2017	Green

5.2 Risk Table

Ref	Risk	Impact	Actions in place to mitigate the risk	Current risk score	Further actions to be developed
R1.1	[Enter risk here]	[Enter here the likely impact if the risk came to pass]	[Record here any actions already in place to reduce the risk]	[Using the key below, enter the current risk score]	[Enter here any actions that can be developed in future to reduce the risk identified]
	Health buy in and support	Critical	Put on the agenda and focus on the business case (better outcomes and associated savings)	8	-
	Completion of equalities information across two systems	Critical	Promote compliance	8	-
	Patient voice including equalities aspects is not sufficiently promoted	Critical	Continue to develop evaluation working with key partners including Health Watch	8	-

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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



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
<p>8.1A : Children with Disabilities Short Breaks</p>
<p>What are you analysing?</p> <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>Since 2011, all local authorities have had a duty to provide short breaks for children with disabilities. This includes providing a range of services, options for direct payment as well publishing a short breaks statement which sets out the range of short breaks services available, the criteria by which eligibility for services will be assessed, and how the range of services is designed to meet the needs of families with disabled children in their area.</p> <p>In Westminster, approximately 450 children currently receive a short break across specialist, targeted and our universal offer. This includes children accessing directly commissioned services such as through the Westminster Society for People with Learning Disabilities, Caxton and Stowe youth provision as well as spot purchased youth organisation as well as spot purchased day services, overnight respite and direct payments.</p> <p>In 2016, a review of children with disability services was initiated to look holistically at current provision in order to ensure that our operating model aligned with our ongoing strategic intentions – with a particular focus on increasing access to universal services and increased personalisation. Other key drivers for the review included:</p> <ul style="list-style-type: none"> • Timescales for contract cessation of current contracts and the need to have clear transition arrangements to support vulnerable families • Improved awareness and knowledge base of good practice models and the impact of these on outcomes and accessibility. • The need to promote effective and varied support mechanisms to enable families to remain together and avoid unnecessary escalation into accommodation • The need to deliver services that evidence value for money and improved outcomes for service users in the light of increased demand. • Need to measure service outcomes and performance of the service more accurately. <p>The review has begun to identify opportunities for redesigning the service model which would focus on:</p> <ul style="list-style-type: none"> - Improving the accessibility of our direct payment offer through the introduction of pre-paid cards - Improving advice and information to enable families to build resilience and social capital to enable them to access universal settings with more intensive support available for those children with the most complex needs. - Re-designing our directly commissioned service offer to focus on the delivery of a framework of services which could be accessed either directly or via a direct payment.

Whilst the saving will result in some closures and remodelling of existing services, the expectation is that the redesigned offer will enable the impacts of this change to be mitigated through greater focus on enabling access to a broader range of settings and increasing personalisation and choice and focusing on supporting parents to access universal services. The new assessment processes which will accompany this will also improve the availability of services to under 5's and those with a wider range of support needs.

Details of the lead person completing the screening/EIA

(i) Full Name: Justine Roberts

(ii) Position: Head of Commissioning

(iii) Unit: Children's Services

(iii) Contact Details: Justine.roberts@rbkc.gov.uk

Date sent to Equalities@westminster.gov.uk

17th October 2016

Version number and date of update

Version 1.0 – 29/09/16

Version 2.0 – 17/10/16

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	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	No <input checked="" 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
		<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.	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No <input type="checkbox"/>		
1.4	How have you come to this decision?		
	Whilst the revised model of support based on increased personalisation and increased access into universal settings will have positive impacts, the reduction in overall funding will inevitably have some impact on the availability of services, and in particular the services which young people with disabilities are currently accessing. It is important to consider how these impacts can be most appropriately mitigated to reduce the impact and transition to the new model.		

EQUALITY IMPACT ASSESSMENT

SECTION 2: BUILDING AN EVIDENCE BASE

3.1	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?	Approximately 450 children and their families will be impacted by this change. This is approximately 0.2% of the overall population or 1% of the under 19 population.
	Age	To be eligible for a short break, you must be under the age of 25 and therefore all those affected are children

		and young people.
	Disability	To be eligible for a short break, a child would have a disability.
	Gender	
	Race	
	Religion or belief	Data on particular faiths and beliefs is not available but based on previous service experience it is likely that service users will come from a range of backgrounds, including different faiths and beliefs.
	Sexual orientation	Data on sexual orientation is currently not available but it is unlikely that this proposal will impact either positively or negatively on this protected characteristic.
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>	
	By the nature of the service young people with disabilities are overrepresented relative to the size of the population.	
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>	
	As above, the service is specifically targeted at children with disabilities and therefore these are the only groups represented.	

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	<p>Consultation Information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i></p>
	<p>In the early stages of the review consultation activity has taken place with Parent Forum leads, parent/carers and stakeholders. This has included group discussions, 1:1, facilitated conversation and questionnaires. Feedback received from other boroughs and schools were also tested out to see if the themes were consistent.</p> <p>This consultation has identified that there is demand for a range of support services alongside supported inclusion with programmes aimed at development of skills as opposed to centralised services. Parents say they want more personalisation through a simple direct payment system. Critically, they want to ensure that they continue to be involved in the decision making process.</p> <p>The consultation to date has focused on the principles which should underpin our model. Ongoing dialogue and formal consultation will be required on individual service level decisions – particularly in terms of closure or reduction of specific services and this has been built into our commissioning timescales.</p>
3.2	<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 funding reductions will impact on the overall availability of directly commissioned services which will mean that children with disabilities eligible for a short break service will have to access these services in different ways. The objective of the review is that the shift in this model reflects the principles parents have identified as core priorities. However, this will inevitably lead to transitional issues to the new model and the availability and timing of the service offer will shift. This will need to be carefully managed to ensure that parents and young people are supported through this process to access the services that they need in line with our short break duty.</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).													
	No negative impacts identified.													
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?													
	<table border="1"> <tr> <td data-bbox="252 707 355 864"><input type="checkbox"/></td> <td data-bbox="363 707 699 864">1. No major change (no impacts identified)</td> <td data-bbox="707 707 1509 864">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="252 864 355 943"><input checked="" type="checkbox"/></td> <td data-bbox="363 864 699 943">2. Adjust the policy</td> <td data-bbox="707 864 1509 943">You will take steps to remove barriers or to better advance equality.</td> </tr> <tr> <td data-bbox="252 943 355 1061"><input type="checkbox"/></td> <td data-bbox="363 943 699 1061">3. Continue the policy (impacts identified)</td> <td data-bbox="707 943 1509 1061">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="252 1061 355 1144"><input type="checkbox"/></td> <td data-bbox="363 1061 699 1144">4. Stop and remove the policy</td> <td data-bbox="707 1061 1509 1144">There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </table>		<input type="checkbox"/>	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 checked="" 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.
<input type="checkbox"/>	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 checked="" 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>In broad terms whilst there are clear capacity implications from the reduction in spend on short break services, there are opportunities through a redesign of services to ensure that, in future, funding is used in a smarter way which is more closely based around parental preference and personalisation.</p> <p>It will be critical to ensure that parents and young people are involved throughout this process, particularly in terms of specific proposals for closure and or reduction.</p> <p>Additionally, we will need to build in a robust mobilisation plan which will ensure that there is sufficient time for children's needs to be carefully considered and planned for as they transition to the new service offer.</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>
<p>N/A</p>	

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME: Justine Roberts

UNIT: Children's Commissioning

EMAIL & TELEPHONE EXT: Justine.roberts@rbkc.gov.uk / 07739317016

DATE (DD/MM/YYYY): 29/09/2016

WHAT NEXT?

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.

All completed EIAs should be sent to: 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.

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- 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

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Title
<p>8.1B : Multi-disciplinary Family Assessment Service – Contract Award and implementation</p>
<p>What are you analysing?</p> <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>Following a tender exercise, a contract was awarded to the Tavistock and Portman NHS Foundation Trust (TPFT) to deliver a Multi-disciplinary Family Assessment Service on behalf of Westminster City Council and the London Borough of Hammersmith & Fulham. The service shall provide a range of multi-disciplinary assessments of the needs, risks, parenting capacity and potential for change in complex families in order to inform decisions by the local authority and the family courts. It is a specialist service which is only available to families who are referred and approved by social work managers in Family Services.</p> <p>Family Assessments are required as they play a key role in informing Care Proceedings and decisions by family courts on placements for children and young people. These assessment reports also contribute to delivering timely outcomes for families and proceedings within 26 weeks as required by the Public Law Outline. Delivery by an external provider helps to ensure objective and timely assessments which are well-regarded by the family courts.</p> <p>The majority of family assessments were previously delivered through another contract with the TPFT, which expired on 31 December 2015. The new contract continues this service provision. Westminster also has a contract with the Central and North West London NHS Foundation Trust for the delivery of particularly complex child and family psychiatric assessment services through the Marlborough Family Service. The contract was let for a five year period from 1st April 2011 to 31st March 2016. The new contract with the TPFT will incorporate assessments currently delivered by the Marlborough Family Service. The CNWL contract will therefore not be renewed or re-procured separately at the end of the current contract period.</p> <p>The new service provided by the TPFT will benefit vulnerable children and families by providing a holistic, single assessment of each family's needs and functioning, reducing the time, cost and burden on the family of multiple assessments. The service will also provide access to specialist expertise to meet the particular needs of client families required, including mental health, substance misuse, domestic violence and learning difficulties.</p> <p>The new contract requires the provider to deliver a minimum of 30 full assessments per annum for Westminster, which is the approximate level of service demand in the borough for the past two years. Overall service capacity and peaks and troughs in demand may limit access to the service. However, the contract allows for an increased number of assessments to better meet variations in demand.</p>

Details of the lead person completing the screening/EIA
(i) Full Name: Justine Roberts (ii) Position: Head of Commissioning (iii) Unit: Children's Services (iii) Contact Details: Justine.roberts@rbkc.gov.uk
Date sent to Equalities@westminster.gov.uk
16 th September 2016
Version number and date of update
Version 1.0 – 06/08/2015 – Completed EIA for Contract Award Decision Version 2.0 – 18/01/2016 – Updated EIA Version 3.0 – p 26/08/16 – updated EIA for savings process

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy/ maternity)	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<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"/>	<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"/>	No <input checked="" 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?			

	<table border="1"> <tr> <th style="text-align: center;">None/ Minimal</th> <th style="text-align: center;">Significant</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>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.</td> <td>Significant impact would be where there is an impact is identified that has substantial impact on any groups.</td> </tr> </table> <p style="text-align: center;">If the answer is “significant” consider doing a full EIA</p>	None/ Minimal	Significant	<input checked="" type="checkbox"/>	<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.
None/ Minimal	Significant						
<input checked="" type="checkbox"/>	<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.						
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 checked="" type="checkbox"/> No <input type="checkbox"/>						
1.4	How have you come to this decision?						
	A full assessment has been provided to ensure clarity on the expected positive impacts for vulnerable children and families in Westminster arising from the implementation of the new service.						

EQUALITY IMPACT ASSESSMENT

SECTION 2: BUILDING AN EVIDENCE BASE

3.1	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> 	
	<p>How many people use the service currently? What is this as a % of Westminster’s population?</p>	<p>In 2015/16, the two previous family assessment contracts undertook referrals from approximately 40 families. Based on an average of 4 people per family, this is 160 people, which is 0.001% of Westminster population.</p> <p>Due to the complex nature and requirements for family assessments, the specific service users who will access the Assessment Service delivered by the provider is currently unknown. There is therefore little relevant data</p>

	that can be analysed.
Age	Some data is available for 30 assessments completed in 2012/13 by the outsourced service. The analysis also showed that 77% of children involved in assessments are under the age of 11, so the proposed service will have a positive impact on vulnerable young children.
Disability	Due to difficulties in collecting data regarding this area, no data specific to the service is available. The service will involve working with complex families, including those with mental health issues or learning disabilities, and specialist capacity to meet these needs are provided within the service.
Gender	The service will be utilised by both male and female family members participating in a family assessment. From previous service experience, there is likely to be a slightly higher proportion of female service users. The service will undertake pre-birth family assessments and provide specialist support for domestic violence issues, which disproportionately affects women.
Race	As part of the tender submission, the provider provided an ethnic breakdown of assessments completed over the previous calendar year which demonstrated their ability to work with service users regardless of background: Asian or Asian British 4%; Black or Black British 29%; Mixed 21%; Arab 3%; Kurdish 3%; White British 17%; White European 13%; Not known/stated 10%.
Religion or belief	Data on particular faiths and beliefs is not available but based on previous service experience it is likely that service users will come from a range of backgrounds, including different faiths and beliefs.
Sexual orientation	Data on sexual orientation is currently not available but it is unlikely that this proposal will impact either positively or negatively on this protected characteristic.

<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>The data on ethnicity shows an overrepresentation of people who are 'Black or Black British' and mixed. However, as the proposal relates to recommissioning a service, not a service reduction, this will not impact disproportionately on these groups.</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>Access to the service is via social work teams who refer into the service linked to court proceedings. Any underrepresentation is therefore not linked to the commissioned 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.

3.1	Consultation Information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i>
	<p>Consultation was undertaken with social work team managers in the development of the service specification and associated contract documentation. Key requirements regarding a non-discriminatory, open, accessible and independent service were identified and set out as part of the procurement opportunity.</p> <p>Consultation was also undertaken with the market through a market engagement event prior to the procurement being launched, where feedback on the service requirements was sought.</p> <p>As part of a question on communication and collaboration with service users, tenderers were asked to address how they would ensure diversity and effective working with BAME service users. In their response, the recommended provider identified their sensitivity to working with service users regardless of background and demonstrated the wide range of ethnicity in the assessments completed in the previous calendar year. The provider's Patient Advice and Liaison service is also available to support service users in using and engaging the service, regardless of background.</p> <p>Due to the complex and sensitive nature of family assessments, it was not possible or appropriate to consult with actual or potential service users regarding the procurement of this service.</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>
	<p>Overall there will be a positive impact on service users across all groups. This is a specialist service for vulnerable children and families that will be tailored to meet the particular needs of each individual.</p> <p>In relation to the overrepresentation of some ethnic groups, the provider is experienced in delivering assessment services to children, young people and families from a range of backgrounds, with understanding of cultural background enabling engagement and insightful assessments. The service is able to communicate and consult with service users in a variety of languages, including utilising interpreters as required, in order to deliver robust multi-disciplinary assessments.</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).													
	No negative impacts identified.													
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?													
	<table border="1"> <tr> <td data-bbox="252 707 355 864"><input checked="" type="checkbox"/></td> <td data-bbox="363 707 691 864">1. No major change (no impacts identified)</td> <td data-bbox="707 707 1505 864">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="252 864 355 943"><input type="checkbox"/></td> <td data-bbox="363 864 691 943">2. Adjust the policy</td> <td data-bbox="707 864 1505 943">You will take steps to remove barriers or to better advance equality.</td> </tr> <tr> <td data-bbox="252 943 355 1066"><input type="checkbox"/></td> <td data-bbox="363 943 691 1066">3. Continue the policy (impacts identified)</td> <td data-bbox="707 943 1505 1066">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="252 1066 355 1144"><input type="checkbox"/></td> <td data-bbox="363 1066 691 1144">4. Stop and remove the policy</td> <td data-bbox="707 1066 1505 1144">There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </table>	<input checked="" type="checkbox"/>	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.	
<input checked="" type="checkbox"/>	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.												
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<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>Based on data analysis, consultation and officer knowledge, the impact of the proposed contract award has been assessed as positive across the majority of protected characteristics and no negative impact has been identified. The service has been designed to be fully accessible to all service users where a family assessment is required, as directed by the court or requested by the local authority, and will not discriminate in any way. Robust contract management will ensure that all appropriate quality assurance measures are in place and the service continues to provide a positive impact on equality of opportunity.</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>
<p>Page 112</p>	<p>N/A</p>

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME:

UNIT:

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY):

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City of Westminster

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Title
8.4A : Service Proposals to stop providing Out of School Play & Childcare service
<p>What are you analysing?</p> <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?
<ul style="list-style-type: none"> • What is the project, policy or proposal? <p>This report considers the potential impact to service users of the Council's decision to give responsibility for the commissioning and delivery of out of school holiday and term time play and childcare services to schools and PVI sector providers; and the resulting closure of the council run Play Service once the new provider Fit for Sport (FFS) took over the management and delivery of out of school term time and holiday play and childcare provision within the borough on 31st May 2016.</p> <p>It gives regard to the extent to which these changes have impacted so far upon people with protected characteristics. Where a negative impact is identified it considers whether there is action that could be taken to mitigate this impact.</p> <p>The Equality Impact implication for staff was considered during the staff consultation process. This Equality Impact Assessment has been updated on conclusion of the consultation.</p> <p>The impact assessment has been reviewed and refined throughout the development and implementation phase of the new provision and the Council continues to work with the new provider to address issues that may have an impact upon children and families with protected characteristic; this will remain a continuous process throughout 2016-17 at which point it is anticipated that the new provider will have embedded a service provision that meets local community needs.</p> <ul style="list-style-type: none"> • What is the purpose of the policy/project/activity/strategy? <p>In response to the Westminster Council decision to cease direct delivery of Out of School Play and Childcare service, it was agreed that:</p> <p>(a) The council gives responsibility for the commissioning and delivery of Out of school holiday and term time services to schools and third sector providers with effect from May 2016.</p> <p>(b) The in-house service ceased provision with effect from 27th May 2016.</p> <p>(c) Schools would either directly manage and deliver out of school play and childcare or would deliver the provision through FFS.</p> <p>(d) School Governing bodies have taken the lead responsibility in agreeing the organisation of the future term-time provision from their sites.</p> <p>(f) The arrangements around concessionary rates subsidised by the council for families on low incomes have changed. Following a review of targeted places in Spring 2016, targeted places for vulnerable children, are now sourced as required through spot purchase arrangements by Children services or through use of school's pupil premium funding. In addition FFS are working with Head teachers to ensure there are sufficient concessionary places available to vulnerable children and families within</p>

their local population.

The key stakeholders are:

- (1) Service users - Primary school age children and parent /carers.
- (2) Primary schools in Westminster.
- (3) Service staff (until May 2016).

- **In what context does it operate?**

The Early Help Strategy 2014 – 2018 sets out the priority outcomes that Westminster is focused upon achieving with its children and families. This strategy was signed off by full council in February 2015.

The Strategy establishes the framework that has been used to develop and deliver targeted provision. One of the Strategy's key objectives is to 'revise our service model of investment in universal services together with our key partners in line with our priority outcomes, in particular in respect of Play, Children's Centres and Youth Services.'

The Council has a statutory duty to continue to meet sufficiency in relation to childcare provision (Childcare Act 2016). This can be met either directly, or by supporting the market or schools to deliver childcare within the Borough through effective capacity building.

- **What results are intended?**

The new service model allows schools to develop and build upon existing school based after school and wrap around provision used by parents as alternatives to the in-house Play Service.

This approach supports the Council in meeting the sufficiency obligations for primary school age children under the Childcare Act (2006) whilst ensuring there is no future call on local authority funding. Any services obtained will also support schools in meeting their requirements under the Government's Extended Schools offer in response to local demand.

- **Why is it needed?**

Both to deliver savings in line with the council's budget setting process but also to improve outcomes as schools are well placed to provide this provision.

The strategy has delivered a model that enables the council to give responsibility for childcare and play to schools and third party providers.

- **Who is it intended to benefit and how?**

Access to high quality and sustainable childcare for primary school age children is key to supporting people into/and remaining in employment and training. It is also important as an additional support option for those families, where the informal support network of extended family or friends is not available.

At the time of the initial impact assessment there were up to 634 primary school age children using the service on a weekly basis and benefitting from the availability of childcare as part of an extended school offer across the 20+ schools.

The range of needs and support required by families has been further defined and has been tested as part of a school survey exercise during the Autumn term.

Further work around charging thresholds for low income working families and income maximisation has been undertaken and is on-going.

The provision of targeted places to children meeting a statutory threshold for intervention (either children in need, subject to a child protection plan or looked after) is now considered on a case by case basis, and funded by either the school or the council where this is assessed as best meeting the family support needs.

- **Who, potentially, could this project, policy or proposal have a detrimental effect on, and how?**

The Council's decision to stop providing out of school play and childcare services changes the level of provision available for those children and families accessing the service through a targeted / concessionary place prior to May 2016. The intention was following the provision closing, that those children requiring targeted support would either need to be funded by schools through pupil premium, or Family Services where the allocated Social Worker has identified the support as part of a specific package of support.

In January 2016 it had been identified that children and families accessing the hub site at Sussex Street may be impacted negatively should the site not be available beyond May 2016. However, Children's Services were able to gain approval from Corporate Property for the continued use of the site for a period of up to 2 years. In addition since FFS have taken over the management and delivery of the provision they have been in discussions with Westminster Cathedral School who have agreed for the provision to relocate to their school site as of September 2016; the walking bus provision from existing schools requiring the provision will remain.

Details of the lead person completing the screening/EIA

- (i) Full Name: Jayne Vertkin
- (ii) Position: Head of Early Help
- (iii) Unit: Childrens Services
- (iii) Contact Details: jvertkin@westminster.gov.uk

Date sent to Equalities@westminster.gov.uk

28th September 2016

Version number and date of update

V1.0 – 28th 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	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Men or women (include impacts due to pregnancy/ maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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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?	No	<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	
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
1.4	How have you come to this decision?
	<p>The new service provision that is being delivered by schools and FFS has not changed the criteria on which the service can be accessed.</p> <p>Several schools indicated that they were actively considering the potential for an extended offer under new arrangements to include pre-school age children, and homework support for parents. This would be an enhanced offer to current provision, therefore the impact was considered to be positive with the potential for additional support and activities under the new service model.</p> <p>The expectation was that, schools and third sector provider – Fit for Sport - would be able to determine the fee levels, however, schools indicated that they were keen to ensure fees remained competitive and affordable for their school population; and also to ensure sufficient take up and sustainability. Selection criteria which were used to select the current provider included an affordability element to ensure existing service users of the Play Service continued to be able to access service provision.</p> <p>For the two council owned community sites at Sussex Street and Bayswater the provision and delivery of childcare services was agreed through lease arrangements with the provider – Fit for Sport. They have complete control of fee levels however; and whilst they will need to ensure they remain competitive to ensure they build a sustainable provision there is a risk that they could increase fees which would have a negative impact on low income families and single parent families.</p> <p>The proposals have had a negative impact upon the workforce as they were served with redundancy notices. Affected staff were all offered re-deployment opportunities within the council alongside outplacement support before redundancy notices were served.</p>

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> 	
	<p>How many people use the service currently? What is this as a % of Westminster's population?</p>	<p>FFS have not yet collected sufficient data to analyse the impact on protected groups since they have taken over the management and delivery of provision. It is anticipated the impact analysis will be refreshed during final quarter of 2016-17 - using data provided by FFS.</p>
	<p>Age</p>	<p>The age range for this service provision is for those children aged 4/5 in reception class to rising 11 year olds in Year 6. This age criteria will continue under any new arrangements linked to primary school populations.</p> <p>Ofsted requirements define the differing staffing levels for service provision to children under and over 8 year olds. As this will continue to be a requirement under registration obligations of any new provider, there is no anticipated impact from the proposed changes.</p> <p>The changes to this provision for this age group will also be considered as part of the wider Early Help strategic transformation planning. Should 5-11 year olds be found to be disproportionately affected by spending decisions as part of the wider council efficiencies planning, then mitigating action will be considered at that point.</p> <p>Parents of working age will continue to benefit from the availability of alternative provision facilitated by schools and council lease arrangements.</p>
	<p>Disability</p>	<p>The service does not deliver a service to any disabled children. This is due to there being a separate contracted provision available through Westminster Society based in the North East Locality.</p> <p>New provision is required contractually to support and reflect the local school population, Any additional support needs will be identified through EHC assessment and planning, and therefore provide additional support to enable any disabled child attending mainstream education to attend the new services.</p> <p>The range of needs and support required, was defined as part of the survey of parents for each school, and further considered based on school knowledge of SEN children on the school role.</p>

	<p>In addition the play and childcare needs of disabled children will form part of the re-commissioning of the specialist play service based in the North East in Lisson Green during 2016.</p> <p>It is considered that any change to service provider will not disproportionately impact on disabled parents, as the intention is to signpost to alternative services in the same locality as current provision.</p>
Gender	<p>No negative impact was identified from a gender perspective as the criteria for accessing the service provision has remain unchanged and continues to be a provision that encourages access by children of any genders.</p> <p>Parents of service users have experienced a change in provider for both term time and holiday out of school childcare and this from a practical perspective this has involved a new registration and communication process with FFS. However, schools have all incorporated a mobilisation phase for FFS that included meeting with service users.</p> <p>In relation to the potential risk of fee increases schools have all indicated that they are keen to ensure fees remain competitive and affordable for their school population and children accessing provision through the walking bus provision. In addition, since FFS have mobilised individual schools such as Essendine have arranged for additional concessionary places to be made available through FFS at their school sites. Similarly, St Peter's Eaton Square and Churchill Gardens have offered their own provision since May 2016 when the Play Service closed.</p>
Race	<p>It is considered that the changes to service provider will not disproportionately impact on one ethnic group more than another, as FFS operate a policy of inclusion. This characteristic has not been identified as needing attention or further consideration as a result of the changes to the service.</p>
Religion or belief	<p>It is considered that the changes to service provider will not disproportionately impact on one religious/belief group more than another, as all providers will be expected to operate a policy of inclusion.</p>
Sexual orientation	<p>This characteristic has not been identified as needing attention with regards impact from these recommendations</p>

	Human Rights or Children's Rights	<p>It is considered that there is no impact on Human Rights from the changes to after-school and holiday play service provision.</p> <p>With regards Children's rights, given the statutory requirement to ensure adequate access and sufficiency of childcare in an area, the council is supporting schools and FFS to ensure the availability of alternative provision for families where required.</p> <p>This continues to be managed through:</p> <ul style="list-style-type: none"> • Supporting schools and FFS to transfer existing and new service users to the new provision as appropriate • Signposting families to alternative local provision options to enable choice • Improving directory of services available through FIS to inform parents of range of family support available including child minders.
2.2	<p><i>Are there any equality groups that are overrepresented in the monitoring information relative to their size of the population? 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>The in-house Play Service did not collect equalities data therefore it has not been possible to monitor the impact upon any particular groups. FFS have not yet collected sufficient data to analyse the impact on protected; it is anticipated the impact analysis will be refreshed during final quarter of 2016-17 - using data provided by FFS.</p>	
2.3	<p><i>Are there any equality groups that are underrepresented in the monitoring information relative to their size of the population? 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>As above.</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>1. Public consultation:</p> <p>On 14 February 2015, Cabinet agreed proposals which would form the basis of a consultation with parents, providers and the wider community. Whilst acknowledging the intention to transfer responsibility for the organisation of a service, the Council wished to consult with families and key stakeholders about the potential enhancements to the locality model. The objective was to reconsider the core purpose and delivery offer, in order to demonstrate that families, especially the most deprived, would still be reached effectively.</p> <p>The public consultation ran over 2 weeks from January-February 2015, as part of a wider consultation and engagement strategy on Early Help Service in Westminster.</p> <p>The Council conducted 6 Information events, and both online and paper surveys. These were promoted by writing to all service users inviting them to events in their areas, in order to comment on the proposed changes.</p> <p>The online survey received over 300 visits and 40 responses, and the information events across 6 sites attracted 134 attendees. Respondents to the survey cited the low cost of attending current provision (74%), the consistency of staffing (64%) and the quality of the sessions (54%) as the aspects of the services that they wanted to be retained following any reorganisation of provision.</p> <p>2. Staff Consultation</p> <p>Staff consultation was conducted from 16 November 2015 – 4 January 2016, and the feedback from that process was used to inform the final service specification and the final award of the provider. As part of the consultation process staff were also provided with the opportunity to offer an alternative service delivery option, however this was not taken up.</p> <p>3. School Engagement</p> <p>School Head teachers and governors from the existing host sites were fully engaged in planning the current service model, in order to achieve an alternative provision from their sites where required. They were committed to ensuring that the provision remained affordable for parents wishing to use the service, and have been working with FFS to ensure they reflect those principles in their business planning.</p> <p>The arrangements around concessionary rates subsidised by the council for families on low incomes have now changed. FFS offer a number of concessionary places at each school site, in addition, schools can increase the number of concessionary places available through the use of pupil premium (which has been the case at Essendine) or social work teams can spot purchase targeted places for CIN funded through Children services.</p> <p>4. Ofsted</p>

	<p>Any new service provider will be required to maintain and exceed the quality standards as required by Ofsted.</p> <p>The council has worked closely with FFS to ensure all Ofsted requirements are met and the provision delivered maintains and exceeds Ofsted requirements.</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>This will be reviewed and the EIA refreshed during the final quarter of 2016-17 using service data collected from the new service provider</p> <p>By this time there should be sufficient data to make a meaningful comparison of impact and the potential equality impacts on population groups between the old service and the new service provider.</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).	
	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).
	Availability of Sussex Street site beyond April 2016 still to be confirmed	Action: Children’s Services Directorate are working with Corporate Property to confirm investment and availability for the continued use of the site until longer term property plans have been mobilised. Outcome: Corporate Property agreed to the continued use of Sussex Street under a lease arrangement for a period of up to 2 years. FFS have been delivering services from the site since May 2016, however due to the limited capacity of the site under Ofsted regulations FFS have had agreement from Westminster Cathedral School that their school site can be used as a hub site from September 2016. The current walking bus arrangements from existing schools requiring the service will continue.
	Lack of equalities data collation	Action: Service application form to be modified to include protected characteristics. Outcome: The Play Service registration form was not updated so there is limited equalities data available. However, FFS will be collating equalities data with a view this can be reviewed and any identified equalities issues can then be responded to. Initial data from FFS should be available to review in the final quarter 2016-17.
	Impact of change to concessionary criteria	Action: All families in receipt of concessionary places and who continued to meet the criteria for a targeted place were reviewed by FFS. Outcome: Families to receive support as required through spot purchase arrangements through Children’s Services and School’s use of Pupil Premium. To be reviewed in final quarter 2016-17.
	Incomplete Directory of wider childcare services within the borough	FIS is being updated and migrated to a new platform as part of the wider early help service re – design which will provide greater functionality and allow providers to update their own information more effectively thereby improving information available to users – effective from October 2016

4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?													
	<table border="1"> <tr> <td data-bbox="248 376 357 533"><input type="checkbox"/></td> <td data-bbox="362 376 699 533">1. No major change (no impacts identified)</td> <td data-bbox="703 376 1516 533">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="248 539 357 611"><input type="checkbox"/></td> <td data-bbox="362 539 699 611">2. Adjust the policy</td> <td data-bbox="703 539 1516 611">You will take steps to remove barriers or to better advance equality.</td> </tr> <tr> <td data-bbox="248 618 357 730"><input checked="" type="checkbox"/></td> <td data-bbox="362 618 699 730">3. Continue the policy (impacts identified)</td> <td data-bbox="703 618 1516 730">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="248 736 357 808"><input type="checkbox"/></td> <td data-bbox="362 736 699 808">4. Stop and remove the policy</td> <td data-bbox="703 736 1516 808">There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </table>		<input type="checkbox"/>	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 checked="" 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.
<input type="checkbox"/>	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.												
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<input checked="" 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 impact of the project proposals have been regularly reviewed through a Project Board which meets on a monthly basis. In addition, until July 2016 a communications strategy was in place to ensure key stakeholders are kept informed and updated, and also to address and respond to any issued and concerns identified by service users and staff.</p> <p>The need to make savings in response to significant reductions in budget from central government means that the funding the Council receives from the Government is reducing and the Council has to save £100m over the next five years. To meet this challenge, Children’s Services has reviewed and reprioritised all their services, to look at what the Council should provide and what can be better provided elsewhere.</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

5.1	<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>						
Page 128	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
	To review service activity data from new service provider to asses impact of new model on groups outlined in earlier sections	Disabled children Families on low incomes Ethnic minority families Faith groups Vulnerable families	To asses if the new provider and service arrangements continue to allow equality of access and to set refreshed targets and revise the service specification if required	Input from head of service and tri borough commissioning team	Jayne Vertkin Sarah Bright	March 2017	amber

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME:

UNIT:

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY):

WHAT NEXT?

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.

All completed EIAs should be sent to: Equalities@westminster.gov.uk

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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
8.4C : Service Proposals for Children’s Centres in Westminster City Council.
<p>What are you analysing?</p> <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>In re-shaping the children’s centres the aim is to continue to support families in those groups with the greatest needs. We know that many children and families, at different stages in their lives, find themselves faced with challenging situations and require additional support, advice and intervention. In the face of diminishing resources, we need to target children and families with the greatest need and work with partner agencies in an integrated way to achieve the best outcomes from our shared resources.</p> <p>What is the purpose of the proposal?</p> <p>This assessment covers the changes we have made to existing children’s centre provision. The changes embed children’s centres into a new model for Early Help based on collaboration between different providers that consists of the following:</p> <ul style="list-style-type: none"> ○ The set-up of 3 family hubs that support families with children across the age spectrum. They will develop from the existing 3 children centre hubs. This development is part of the wider reshaping of early help in Westminster and will gather pace over the next 6 months now that the new model is in place (1st September 2016) ○ An early help partnership around each hub consisting of organisations who commit to developing a shared approach through joint sharing of information, assessments and meetings has been established ○ A fortnightly early help partnership meeting to discuss pre-referral support for families. <p>The specific changes to children’s centres within this model are as follows:</p> <ul style="list-style-type: none"> ○ We are creating more 2 year early education places in existing children’s centre sites. ○ Further integrating with health services particularly within in the 3 hubs so that families with need are systematically identified earlier. ○ The hubs are in the areas of greatest deprivation and offer a range of services to families who need extra help (see map in appendices) <p>The 3 existing children centre hubs will now become the 3 Early Help Family hubs. The integrated range of children’s centre services will continue but the ‘hub’ will become:</p>

- A **'virtual' network of providers** working with children 0 – 19 years, who share a single approach to working with families across a given area. All providers will be working to a shared purpose and outcomes framework. It is proposed that this network of provision will bring together the Early Help (including Troubled Families) offer from Children's Services, the Health Visiting and Family Nurse Partnership offers from Public Health, the joint Child and Adolescent Mental Health Service (CAMHS) offer from Central London Clinical Commissioning Group (CLCCG) and West London Clinical Commissioning Group (WLCCG) and Public Health, and the offer from General Practitioners (GPs).
- **We will use our existing children's centre hub buildings to strengthen this integration** and partnership working across commissioned and directly delivered services by Children's Services, Public Health, Housing and the CLCCG and WLCCG and bring families into a physical building, a focal point in the community where they can access help and information and from where a range of connected services will be co-ordinated but delivered at venues across the locality.

The aim will be, through this network, to identify families with complex needs as early as possible, no matter what service they first come into contact with. This will make sure that any contact with a practitioner in the network will lead to the right intervention at the right time, with greater accountability across all agencies for identifying need earlier; leading to families understanding and making effective changes that ultimately improve their health and wellbeing.

The only other children's centre site that is still providing a range of children's centre services is **Maida Vale Children's Centre**. This is because this centre can attract clients from the north-east and north-west areas of Westminster and is set within an area of significant deprivation. It is also located on the site of St Augustine's primary and secondary school and supports the provision of a 0-19 service on the campus. This was highlighted in the previous EIA and was also reinforced via out consultation

We are expanding the **2 year early education places** to 3 more children's centre sites –Queensway (located at Hallfield School), Bayswater and Westbourne (located at Edward Wilson School) Children's Centres. This process has begun but will be dependent on the availability of capital funding and negotiations with providers who have expressed an interest.

The children's centre funding, and associated services, have ceased at satellite sites. This includes the stay and play sessions currently provided by the Local Authority which will cease from October 2016. This will impact on parents, carers and children currently using these centres but we will work with the community to facilitate the set-up of stay and plays in community venues by training local parents and linking this provision with the children centres.

We will continue to **integrate with local health services to facilitate the very earliest identification of**

need. Support from children's centres goes beyond the actual centre and many families receive help through a programme of home visiting. Through closer worker relationships with health visitors and midwives, and having them based in the children's centre hubs, we are beginning to identify need in families much earlier.

A map showing the 4 children centre sites remaining in relation to deprivation is attached at appendix 1.

In what context does this operate?

The context in which children's centres operate has changed as follows:

- **Resources are reducing** while the demand for specialist services is increasing. Like other councils, Westminster needs to make further savings in response to budget reductions. The earliest possible intervention, through an integrated early years response, if successful can empower families to regain control of their circumstances and help transform the lives of vulnerable children without expensive state support. **It is vital that children's centres (and early help in the widest sense) are positioned to prevent escalation to more costly, long-term interventions.**
- **The OFSTED thematic inspection of Early Help (2014)** suggests that the interface between statutory interventions and early help needs further work to prevent re-referrals. Their work suggests that many cases that they audited still demonstrated that early help hadn't prevented escalation to higher level services.
- **The children's centre buildings were expensive to run.** They cost us £259,000, which was 23% of the total children's centre budget in family services. However, what is more important than the buildings is how successfully children and families with additional needs are identified and collectively offered vital support. The new model allows us to make cost savings in premises and overheads and at the same time promoting a more holistic and integrated service for families with children aged 0-19 within the 3 locality based Early Help Family Hubs .
- **Integration with local health services is improving** and it is this that supports the successful identification of need and the chance to then offer tailored support to families.
- **The introduction of the 2 year early education places has provided a framework for targeting families more effectively** and changed the usage of the children's centre buildings as most children in need will be accessing an early education place by 2. The evaluation of the initial 2 year early education place pilot by the DfE suggested that:
 - Children with any developmental delay catch up quickly with their peers thereby ensuring that they do not enter the universal entitlement with an even greater disadvantage.
 - Children who catch up and perform well at EYFS Profile Stage also do well at Key Stage 1 and the gains remain constant at least till age 11.

- **This means the children’s centres are now mainly ‘reaching’ the 0 – 2 age group** because children who they need to reach should be accessing childcare from 2 years of age. This is evident from current reach data, see attached at Appendix 3.
- **Locally, we have re-shaped our child in need work and changed the nature of social work ‘assessments’,** ensuring that assessments are an intervention that can generate change. This has in turn allowed us the opportunity to re-shape the early help service with its own identity / brand.
- **There is a new commissioning framework,** supports closer alignment of health visiting with children’s centres and therefore greater integration in work practices. This will be reflected in the new service specification and re-commissioning of health visiting services which will support closer alignment of health visiting with children’s centres and therefore greater integration in work practices

Who is intended to benefit and how?

The service redesign allows us now to target families and individuals with particular vulnerabilities or who might require additional support. In particular the revised model has prioritised the following groups:

- Children who are likely to not be school ready at 5;
- Children and families with more complex needs;
- Mothers and babies, including pregnant women;
- Parents seeking employment;
- Parents at risk of harm.

Some of these vulnerabilities are statistically more prevalent for individuals with certain protected characteristics.

Details of the lead person completing the screening/EIA

(i) Full Names Jayne Vertkin
(ii) Position: Head of Early Help
(iii) Unit: Family Services
(iii) Contact Details: jvertkin@westminster.gov.uk

Date sent to Equalities@westminster.gov.uk

29th September 2016

Version number and date of update

Version 1.0 – 29th January 2016
Version 2.0 – 29th 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 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Men or women (include impacts due to pregnancy/ maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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?	No	<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
		<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>		
1.4	How have you come to this decision?		
	Currently the stay and play sessions delivered at children’s centres are available at 10 of the centres and parents state that they provide considerable support in the 1st year of their child’s life, helping them to build social networks and preventing postnatal depression. There is a good network of this provision and a reduction in this provision will impact on both parents but women are the highest users.		

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> 	
	<p>How many people use the service currently? What is this as a % of Westminster’s population?</p>	

Reporting period	Data Description	Measure	North West	North East	South
March 2014-15	How many people use the service currently?	All under 5 yr olds in reach	1899/43%	2157/36%	1265/38%
		Under 5s in 30% most deprived areas	1609/47%	1147/59%	632/41%
	What is this as a percentage of Westminster's population?	Under 5s in 10% most deprived areas	1509/47%	795/51%	144/51%

Increasingly, the majority of parents accessing the centres are now under 2 years as after this age many children are accessing the early education free entitlement. It is also in the first 2 years that research suggests early intervention has the greatest impact. If you therefore look at the data for September 2015 and look at reach for the under 1 years in the 10% most deprived areas the reach rises to 87% (NE), 90% (NW) and 82% (S) and in the 30% most deprived areas it is 89% (NE), 87% (NW) and 87% (S).

This needs to be reviewed again once data for 2016-17 is available to see if the service redesign has significantly altered the take up of services in the 3 localities.

Appendix 2 provides further detail on the numbers of children the service currently works with including information on the number of children with a disability, the numbers from a BME background and the number of fathers. In each case the information provides a baseline for numbers present in each of the localities along with the numbers accessing children's centre services and the numbers 'engaged' with the service – defined accessing provision three or more times.

Appendix 3 shows the number of families accessing each of the stay and play sessions between June and November by level of deprivation. It also indicates the number of these children from a BME background. The table shows that over the last six months (June to November 2015) less than half the children attending stay and play sessions came from the most deprived 10% of the community. 36% of attendees were in the 40%

most deprived or below. 63% of the children attending these sessions were from a BME background.

Where stay and play sessions are reduced we are working to ensure these are replaced with the free 2 year early education offer for eligible families to support better targeting and reach of those families, who may not currently access early years services, and to mitigate against the impact of reducing the number of stay and play sessions, as the long term outcomes for children accessing the 2 year entitlement are significant.

This will need to be reviewed in the final quarter of 2016- to assess the impact of the changes we have made

The following tables show that although the average take up of the 2 Year Old Offer placements is consistent with national averages, it does show that Westminster does not achieve well for placements of children from the list of families provided to the Local Authority by the Department for Education (DfE).

CC Area	2 Year Old Take up	Description	Nov -14	Apr -15	Aug -15	Data Source	WCC Take-up % (Ave)	London Take-up % (Ave)	England Take-up % (Ave)
North West		Families on DFE list (Baseline)	364	343	279	DWP List/LA placement and Application	-	-	-
		Families occupying place	143	141	166		-	-	-
		2 year old family take up	39%	41%	59%		58%	51%	62%

	percentage							
	Families occupying a place matched to DFE list	91	111	125		-	-	-
	<i>Families who have submitted applications</i>	44	50	10		-	-	-

The provision of the 2 year free entitlement in children's centres has made a significant contribution to increasing the number of places available to families

since the previous changes; children's centres are now offering 71 new places for

those eligible for the 2 year free entitlement. In some centres, wrapped around

the 2 year offer is an invitation to attend a parenting group. It is this combination of

early learning for the child and parenting support for the parents that is vital.

To achieve the focus on those children most at risk of the poorest outcomes, as

stated earlier, we are **extending the provision of the 2 year early education places** to the following sites –Queensway (located at Hallfield School), Bayswater and Westbourne (located at Edward Wilson School) Children's Centres. **Using an analysis of the Spring 16 DWP data (658 children) it suggests that targeting places within these children's centres is correct** as the wards with the highest concentration of families eligible for the 2 year offer are as follows;

- Westbourne - 102 (15.5% of total eligible families)
- Church St - 100 (15.2%)
- Queens Park - 88 (13.4%)

Broken down by locality it is:

North West – 240, North West – 286, South – 132

Therefore based on the current supply of places the wards requiring further capacity building to accommodate increasing take up are: Church Street, Maida Vale, Harrow Road, Queens Park, Westbourne and Churchill.

The impact of the changes we have instituted will need to be monitored over time

and we would expect to see an increase in the uptake of the 2 year old entitlement within the target areas outlined above over the next

		6 months as more places become available and those families who require early intervention receive targeted support to ensure they are able to access this and the wider Children Centre offer.
	Age	As above
	Disability	No specific data is available.
	Gender	The majority of users are mothers
	Race	As above
	Religion or belief	We do not collect this data
	Sexual orientation	We do not collect this data
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>	
	No	
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>	
	No	

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>In January 2015, consultation was undertaken with parents and service users around changes to Children’s Centre provision that came into effect from 1 September 2015. At that time, respondents commented that children’s centres were invaluable to all who use them, regardless of their social position and that they helped to build community. Positive comments were made about the quality of provision available at children’s centres and the introduction of fathers’ groups.</p> <p>Parents and centre users reported that the ‘stay and play’ sessions were useful. Some respondents were concerned that the proposed changes would mean that they would have to travel further to access ‘stay and play’ opportunities and that any reduction in the number of sessions would leave the remainder oversubscribed. They also acknowledged that there were other groups in Westminster but they felt the quality provided at the children’s centres was better.</p> <p>Some respondents recognised the value of developing more targeted services but queried whether the new provision, and specifically the introduction of the 2 year old offer in more settings, would necessarily attract those families most in need. Some respondents observed that while there was a lot of provision available for under-fives in the local area, there was not very much that catered for parents and carers with very young children (under 1).</p> <p>On 4th January 2016 a consultation started on the current proposed changes to children’s centres and ended on 30th January. Parents were given two options for expressing their views:</p> <ul style="list-style-type: none"> • Via an on-line questionnaire on the website. • Via face to face group sessions in the hub children’s centres. We have arranged for three sessions, one in each Locality <p>The main themes raised by parents in the face to face sessions have been similar to those in January 2015:</p> <ul style="list-style-type: none"> • Parents with ‘low mood’ / postnatal depression need some form of drop-in service. So drop –in important in 1st year of a child’s life. • Some parents felt positive about keeping a network of stay and play sessions through a network of parent volunteers but others were more cautious about the loss of professional input and the reliability of volunteers. • Some parents have suggested paying for services whilst others have said that this should never happen. • There has been a positive acceptance of the idea of a children and family hub that can offer services for children of different ages but some initial anxiety that this would impact on children’s centre provision.

	<p>Concern about buildings and future use of sites and whether one 'hub' is sufficient as parents will need to walk further.</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>Reduced centre based provision across the borough – impacting on women and children and those on low incomes, who are unable to pay for similar services.</p> <p>The original EIA identified that the reduction in 'stay and play' sessions and support services provided from some children centres, will impact more on women, whilst acknowledging that some fathers benefit greatly from the provision too.</p> <p>We are committed to facilitating the set-up of community based stay and play sessions led by parents, faith or community based groups either in their existing buildings or in the children's centre satellites on a sessional basis. Examples of such models are developing in Queens Park. We will provide training to parents wanting to run these sessions and will explore how to achieve this over the next 6 months.</p> <p>The expansion of the 2 year old provision is likely to have a positive impact on women, providing them with a time for learning and employment and an early learning experience for the children. Not only is this provision specifically aimed at disadvantaged groups but it also can be shown to significantly improve outcomes for the children, families and carers involved.</p> <p>Despite a reduction in centre based services, we will continue to improve how we identify need earlier by closer working with health colleagues. Our links with health visitors and midwives has developed and we have identified opportunities for co-location in the 3 hubs .We now have joint systems to flag families needing support earlier through effective sharing information. These systems are not dependent on a building and so if a family live in any area, and have need, they will be supported. An example of continued development in this area is new evidence based antenatal support programme – Baby Steps – which was from April 2016. This is currently being reviewed with a view to rolling this out across the city .We are also constantly striving to attract new services for residents through new partnerships, for example the Healthy Relationships, Healthy Babies Programme based at Queens Park Children's Centre and providing support to families experiencing domestic abuse.</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).	
	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.	
	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).
	To ensure equality of access to the remodelled provision for families from low income or BME groups or for families where children are at risk of poor outcomes- where they may previously have accessed drop in provision	Communicate with current service users of Stay and Play sessions so that they are aware of other local provision, including, where appropriate, signposting service users to the new ‘hubs’ Encourage and support community and third sector organisations to consider their role in areas where stay and play provision is being reduced As part of the remodelling of Early Help in Westminster we are now able to use the Family Information Service (FIS) to advertise more effectively and as a tool for families and professionals to identify services which could support families in their locality As part of FIS families will have access to high quality information on line reducing their reliance on drop ins to access this
	To encourage those families who are eligible to access 2 year old places	Advertise and maximise outreach for the proposed 2 year old places via the outreach service- this service now targets those in the most need and children who are most vulnerable to poor outcomes FIS will now allow providers to update the availability of free places easily and quickly allowing eligible families to easily see what provision is available in their locality and how to access it. Families will also be able to check their eligibility on line via a link from FIS.
	Lack of parent volunteers to ensure drop in services continue	Ensure that family hubs and locality partnerships alongside early help staff and outreach staff promote and support volunteering as part of their work with parents and support them to access volunteering as a mechanism to reduce social isolation, increase work readiness or as a first step towards accessing education

		and training.												
4.2	Now that you have considered the potential or actual effect on equality, what action are you taking?													
	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. No major change (no impacts identified)</td> <td>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><input type="checkbox"/></td> <td>2. Adjust the policy</td> <td>You will take steps to remove barriers or to better advance equality.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>3. Continue the policy (impacts identified)</td> <td>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><input type="checkbox"/></td> <td>4. Stop and remove the policy</td> <td>There are adverse effects that are not justified and cannot be mitigated. The policy is unlawfully discriminating.</td> </tr> </table>	<input type="checkbox"/>	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 checked="" 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.	
<input type="checkbox"/>	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 checked="" 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 Council continues to be committed to the goal of ensuring children in Westminster have the best possible start in life whatever their family circumstances. However like other councils, Westminster City Council has to do this within the context of reduced central government funding. The changes to children's centres puts an emphasis on ensuring that future services are targeted to those most in need and on developing a more collaborative and systematic way of identifying need with partner agencies to ensure that children with additional need get it as soon as is possible.</p> <p>Whilst acknowledging that these proposals will have an impact on the lives of some families, we feel confident that the reduced resources will be targeted to those children at risk of the poorest outcomes and we will work to mitigate the impact for other families by facilitating closer working with universal providers and voluntary and community organisations.</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

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
Page 146	Communicate with current service users of Stay and Play sessions so that they are aware of other local provision, including, where appropriate, signposting service users to the new 'hubs'	Women, Children, BME groups	Families have access to a range of services in Westminster that are delivered by other providers	Information promotion through leaflets and websites.	Jayne Vertkin. Head of Early Help jvertkin@westminsster.gov.uk Kate Holmes, Account Director Policy, Performance & Communications Department kholmes@westminster.gov.uk / 020 7641 5713	July 2016	Amber
	Encourage and support	Women, Children, BME groups	Families have access to provision	Time allocation to facilitate meetings	Jayne Vertkin. Head of Early Help jvertkin@westminsster.gov.uk	July 2016	

	community and third sector organisations to consider their role in areas where stay and play provision is being reduced		within their community, which builds social contacts and infrastructure within communities	Training of volunteers	ter.gov.uk		
	Advertise and maximise outreach for the proposed 2 year old places.	Women, Children, BME groups	Better long term outcomes for children in terms of their attainment.	Buildings Staff Collaboration with schools	Manager of the Early Years Service	On-going	Amber
Page 147	Develop the role of the family Information Service as an information tool for parents and between providers	Women, Children and BME groups	Improved access to information	Staff time	Manager of the Early Years Service	In development - operational from October 2016	In progress - Amber

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME:

UNIT:

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY):

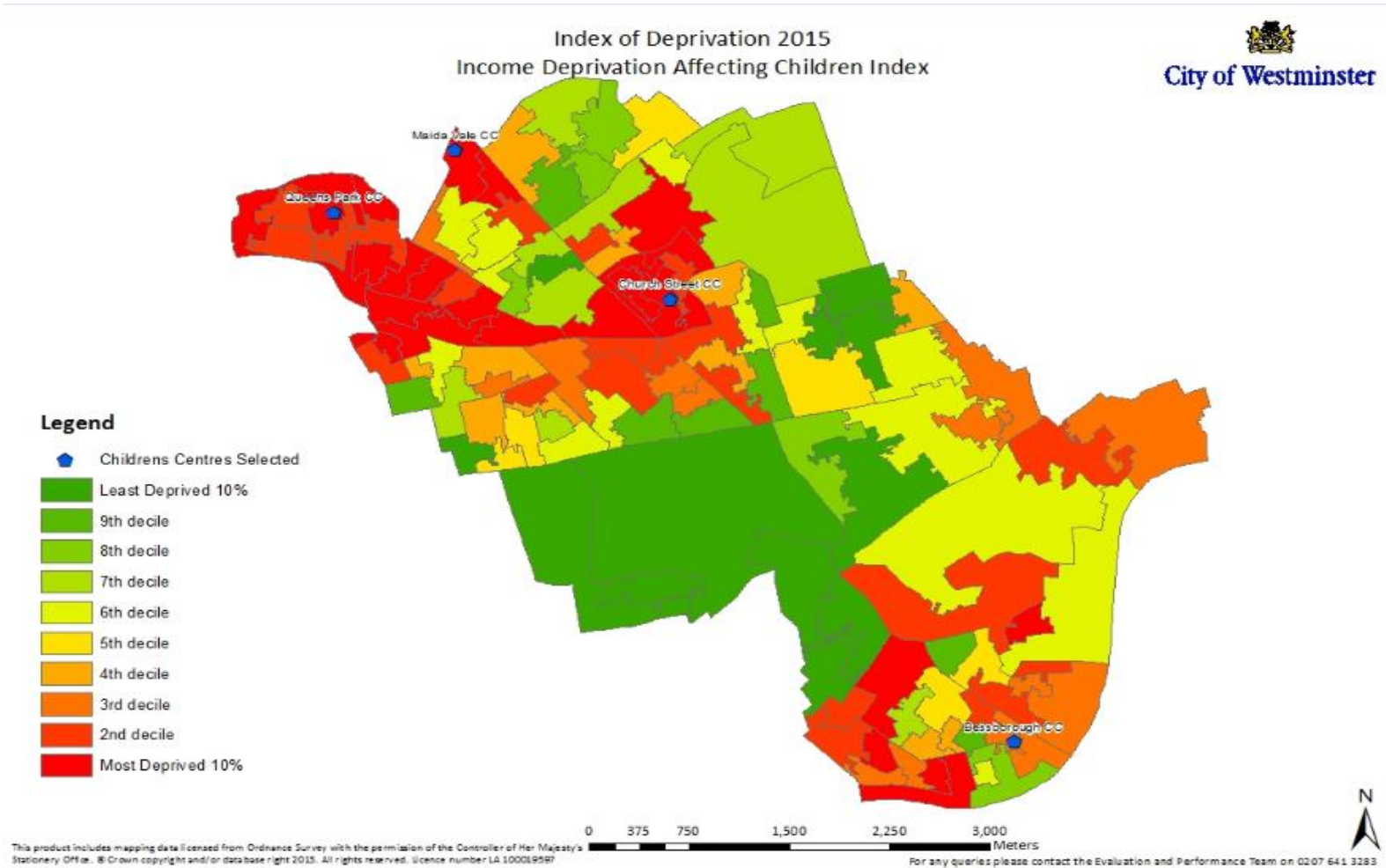
WHAT NEXT?

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.

All completed EIAs should be sent to: Equalities@westminster.gov.uk

Appendix 1 – Location of the hub sites and Maida vale Children’s Cent



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Appendix 2 – Area Profile Data

North East

Area Profile Data	Measure	2012/13	2013/14	2014/15	Sep-15	Baseline Data Source
All under 5 yr olds in reach	Baseline:	5975	6015			ONS Mid Year Estimates
	Registered:	2725	3634	4535	4321	
	Access:	2361	2199	2157	2063	
	Engaged:	1198	1218	1152	1088	
Children 0-4 yrs old from minority ethnic groups	Baseline:	4212				Census 2011
	Registered:	1537	2637	2803	2787	
	Access:	1401	1465	1468	1397	
	Engaged:	701	791	781	845	
Teenage parents/pregnant	Baseline:	No baseline	No baseline	No baseline	No baseline	No Baseline data
	Registered:		6	6	8	
	Access:	4	11	5	7	
	Engaged:	No report	No report	No report	No report	
Lone Parents families with a 0-4 year child	Baseline:	944				DWP 2012
	Registered:			198	193	
	Access:	106	86	119	122	
	Engaged:	63	62	66	82	
Disabled children 0-4 years old	Baseline:	No baseline	No baseline	No baseline	No baseline	No Baseline data
	Registered:	21	17	20	18	
	Access:	20	20	14	16	
	Engaged:	16	11	10	18	
Disabled carers of Children 0-4 years old	Baseline:	No baseline	No baseline	No baseline	No baseline	No Baseline data
	Registered:				49	
	Access:	37	38	53	57	
	Engaged:	22	26	38	44	
Number of Fathers with a 0-4 yr	Baseline:	3338	0	0	0	Census 2011 -

old	Registered:	0	0	2122	2094	<i>Estimate</i>
	Access:	959	1141	1177	1178	
	Engaged:	418	574	577	563	
0-4 yrs in in workless households	Baseline:		915			<i>DWP 2012 and 2013</i>
	Registered:			1817	1682	
	Access:	1313	1358	929	0	
	Engaged:	No report	No report	No report	No report	
Families with Children living with domestic abuse	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	0	59	60	63	
	Access:	30	42	34	27	
	Engaged:	22	31	22	27	
Families with Children living with adult mental health	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	0	27	30	31	
	Access:	10	24	24	18	
	Engaged:	No report	No report	No report	No report	

North West

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Area Profile Data	Measure	2012/13	2013/14	2014/15	Sep-15	Baseline Data Source
All under 5 yr olds in reach	Baseline:	4308	4433			<i>ONS Mid Year Estimates</i>
	Registered:	2179	2936	3730	3691	
	Access:	1986	2054	1899	1869	
	Engaged:	1171	1235	1038	1001	
Children 0-4 yrs old from minority ethnic groups	Baseline:	2974				<i>Census 2011</i>
	Registered:	1196	1983	2099	2084	
	Access:	1102	1186	1153	1102	
	Engaged:	652	733	650	746	
Teenage parents/pregnant	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:		9	8	10	
	Access:	5	9	11	14	

	Engaged:	No report	No report	No report	No report	
Lone Parents families with a 0-4 year child	Baseline:	984				<i>DWP 2012</i>
	Registered:			573	555	
	Access:	266	312	328	322	
	Engaged:	171	202	196	198	
Disabled children 0-4 years old	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	16	14	16	13	
	Access:	14	9	9	12	
	Engaged:	12	8	5	7	
Disabled carers of Children 0-4 years old	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:				56	
	Access:	42	39	39	40	
	Engaged:	24	24	24	19	
Number of Fathers with a 0-4 yr old	Baseline:	2072	0	0	0	<i>Census 2011 - Estimate</i>
	Registered:	0	0	1973	1966	
	Access:	808	1029	1059	1081	
	Engaged:	441	577	583	556	
0-4 yrs in in workless households	Baseline:		1165			<i>DWP 2012 and 2013</i>
	Registered:			1276	1140	
	Access:	1054	981	736	0	
	Engaged:	No report	No report	No report	No report	
Families with Children living with domestic abuse	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	0	105	110	117	
	Access:	54	54	51	48	
	Engaged:	34	41	35	21	
Families with Children living with adult mental health	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	0	21	25	28	
	Access:	4	19	19	19	
	Engaged:	No report	No report	No report	No report	

South

Area Profile Data	Measure	2012/13	2013/14	2014/15	Sep-15	Baseline Data Source
All under 5 yr olds in reach	Baseline:	3144	3301			ONS Mid Year Estimates
	Registered:	1663	2186	2723	2674	
	Access:	1185	1178	1265	1267	
	Engaged:	560	631	694	695	
Children 0-4 yrs old from minority ethnic groups	Baseline:	1994				Census 2011
	Registered:	950	1458	1588	1562	
	Access:	709	710	781	732	
	Engaged:	332	367	411	482	
Teenage parents/pregnant	Baseline:	No baseline	No baseline	No baseline	No baseline	No Baseline data
	Registered:		3	0	2	
	Access:	4	6	4	4	
	Engaged:	No report	No report	No report	No report	
Lonely Parents families with a 0-4 year child	Baseline:	587				DWP 2012
	Registered:			216	203	
	Access:	105	110	120	113	
	Engaged:	66	76	85	75	
Disabled children 0-4 years old	Baseline:	No baseline	No baseline	No baseline	No baseline	No Baseline data
	Registered:	19	18	19	23	
	Access:	14	15	18	16	
	Engaged:	9	13	12	24	
Disabled carers of Children 0-4 years old	Baseline:	No baseline	No baseline	No baseline	No baseline	No Baseline data
	Registered:				42	
	Access:	53	55	53	52	
	Engaged:	29	34	38	34	
Number of Fathers with a 0-4 yr old	Baseline:	1716	0	0	0	Census 2011 - Estimate
	Registered:	0	0	1522	1544	
	Access:	533	649	740	728	

0-4 yrs in in workless households	Engaged:	221	321	383	384	<i>DWP 2012 and 2013</i>
	Baseline:		575			
	Registered:			696	602	
	Access:	408	406	361	0	
	Engaged:	No report	No report	No report	No report	
Families with Children living with domestic abuse	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	0	82	90	109	
	Access:	37	40	46	39	
	Engaged:	37	37	38	33	
Families with Children living with adult mental health	Baseline:	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No baseline</i>	<i>No Baseline data</i>
	Registered:	0	9	19	23	
	Access:	3	10	19	21	
	Engaged:	No report	No report	No report	No report	

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Appendix 3 - Under 5 year olds attending Stay Play Sessions between 01/06/2015 to 30/11/2015 (6 months), Split by Children Centre

locality	Centre	Level of Deprivation child living in:					BME	Total under 5s attended
		top 10%	10.1-20%	20.1-30%	30.1 -40%	over 40.1%		
North East	Church Street	198	20	9	26	123	269	376
North East	Micky Star	33	3	2	21	51	67	110
North East	Maida Vale	81	24	1	17	165	169	288
North East	Paddington Green	33	2	3	4	30	44	72
North West	Bayswater	78	0	12	27	97	109	214

North West	Harrow Rd	19	12	0	1	23	33	55
North West	Queens Park	440	28	7	11	105	389	591
North West	Queens Way	44	0	15	18	69	90	146
North West	Westbourne	65	4	5	1	8	55	83
South	Churchill Gardens	43	46	39	25	63	131	216
South	Marsham St	6	18	34	16	39	70	113
South	West End	1	0	10	12	67	57	90
TOTAL		1041	157	137	179	840	1483	2,354
% of Total under 5s attended		44%	7%	6%	8%	36%	63%	

Events on the system selected for reporting: "Drop in/Stay and play" and "Drop in/Stay and Play referred"

Source: Estart December 2015, IDACI 2010

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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
8.4B : Early Help Service Reorganisation
<p>What are you analysing?</p> <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>This report considers the reshaping of Westminster's early help work (this includes the following teams - the early help advisory team, parenting team, the 3 early help locality teams and the family recovery service) into one new early help service, which will be set within a wider collaborative model of early help. This new model is operational from 1st September 2016.</p> <p>The drivers for this re-organisation are to meet financial reductions but to also improve outcomes for the most vulnerable children in Westminster.</p> <p>What is the purpose of the policy/project/activity/strategy?</p> <p>The priorities, in re-shaping early help, are to:</p> <ul style="list-style-type: none"> • Reduce re-referrals to higher level interventions • Prevent family breakdown that results <i>in</i> children and young people being received into care • Build capacity in universal providers to support children earlier • Promote strong and resilient parents; parenting support will run through all our work • Is asset-based, builds community capacity and resilience by local support systems that can identify and tackle problems earlier • Develop a workforce that is focused on delivering this vision in a consistent way • Better align and integrate our directly provided and commissioned services as a part of a new early help model <p>In what context will it operate?</p> <p>The new context, and drivers for change, can be summarised below:</p> <ul style="list-style-type: none"> • Resources are dramatically reducing and yet the demand for specialist services is increasing. If successful early help can empower families to regain control of their circumstances and help transform the lives of vulnerable children without expensive state support. This creates a challenge where it is vital to ensure that early help is positioned to prevent escalation to more costly, long-term interventions.

- **The public sector reform programme** means supporting people to become independent and self-reliant, thereby reducing demand on public sector services. This includes promoting employment and access to affordable and sustainable housing.
- **The expansion of the Troubled Families programme** is aimed to be a catalyst to service reform for all services working with families.
- **OFSTED thematic inspection of Early Help** suggests that the interface between statutory interventions and early help needs further work to prevent re-referrals. Their work suggests that many cases that they audited still demonstrated that early help hadn't prevented escalation to higher level services.
- **Locally, we have re-shaped our CIN work and are changing the nature of social work 'assessments'**, ensuring that assessments are less about gathering information and more about an intervention that can generate change. This gives the opportunity to re-shape the Early help service with its own identity / brand. This also means that the social work assessments will be centralised to the Assessment Team and taken out of early help altogether.

What results (outcomes) are intended?

We have reduced our area of focus to prioritise improvements / **outcomes for families, children and young people in the following areas:**

- Reduce the number of children who are taken into care
- Reduce re-referrals into social care services
- Increase school attendance
- Create strong and resilient parents, who are able to manage children's behaviour
- Reduce the number of young people engaging in crime

Our work is underpinned by an **aim to increase parent employability** as a vital way of improving outcomes for children in all of the areas above.

Why is it needed?

To deliver savings in line with the Council's budget setting process and to make some service improvements to ensure we reach those most in need.

Who is intended to benefit and how?

The aim of re-shaping the service to prevent the escalation of need to a higher statutory level and to prevent young people coming into care.

Families and their children will benefit. The aim being to prevent family breakdown and to keep families together.

Details of the lead person completing the screening/EIA
(i) Full Name: Jayne Vertkin (ii) Position: Head of Early Help (iii) Unit: Family Services (Childrens Service) (iii) Contact Details: jvertkin@westminster.gov.uk
Date sent to Equalities@westminster.gov.uk
16 th September 2016
Version number and date of update
<i>Version 8: 4 September 2016</i>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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?	None	<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 <input checked="" type="checkbox"/>	
Significant <input type="checkbox"/>	
<p>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.</p>	<p>Significant impact would be where there is an impact is identified that has substantial impact on any groups.</p>
<p>If the answer is “significant” consider doing a full EIA</p>	
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
	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
1.4	How have you come to this decision?
	<p>The service disproportionately works with children and families with particular ethnicities; this is a reflection of patterns of need and uptake rather than any targeting of the service. The change in the council service provision will have an impact on how residents access support.</p> <p>The service will seek to target resources where they will have the most impact; this will change the threshold at which the service operates, which may impact on the number of families accessing the service. This will be mitigated by the creation of an Early Help Partnership, which will bring together voluntary and community sector organisations to work with families who may have previously been able to access the service.</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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How many people use the service currently? What is this as a % of Westminster's population?	<p>Please note, all calculations based on the population of 0-17 years olds in Westminster.</p> <p>All service information is for the 2015-16 year.</p> <p>Age and Gender: Westminster data is based on the 2016 population from the 2015 Round of Demographic Projections - Local authority population projections - SHLAA DCLG-based population projections</p> <p>Ethnicity: Census 2011 (table DC2101EW)</p>																																															
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<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>The service cohorts of 10 -15 and 16 and 17 year olds is over-represented when compared to the Westminster population.</p> <p>The service cohort of male 0-17 years olds is over-represented when compared to the Westminster population.</p> <p>The service cohort of Other Ethnic Groups and Black / African / Caribbean /Black British ethnicities are over-represented when compared to the Westminster population.</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>The service cohorts of those under10 year olds were under represented compared to Westminster population but this data does not include families who get support from the children's centres.</p> <p>The service cohort of female 0-17 year olds is under represented compared to the Westminster population.</p> <p>White and Asian / Asian British / Chinese ethnicities are under represented compared to the Westminster Population.</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	<p>Consultation Information <i>This section should record the consultation activity undertaken in relation to this project, policy or proposal</i></p>
	<p>The Council agreed the Early Help Strategy in 2014 following large scale and well attended, by a range of partners, Early Help workshops in January and June 2014 which were used to develop the vision and assess agreement against the priority outcomes.</p> <p>These events enabled the participation of young people, parent representatives, children protection services, Health, Public Health the Police, Schools, Education, CAMHS, Early Help staff in the Local Authority, Children’s Centre Managers, Education, Commissioning, Housing, Local Parenting Programmes, representatives from the Voluntary Sector, and Community Champions. There has been further consultation with Headteachers, the Voluntary Sector and Early Help frontline staff.</p> <p>Formal staff consultation took place in the spring of 2016 with staff and trade unions.</p>
3.2	<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>Individuals who previously may have accesses council services, may now work with voluntary and community sector organisations. This is likely to change how people access the services and the number of people receiving direct support. Due to the over representation of service users of Other Ethnic Groups and Black / African / Caribbean /Black British ethnicities, there will be a reduction in contact with council services. This reduction will be mitigated by support available from the Early Help Partnership.</p> <p>Those in significant need, will receive increased targeted support from the council as staff will be redirected to work more intensely with those with the highest needs.</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" data-bbox="248 734 1513 1973"> <thead> <tr> <th data-bbox="248 734 735 880">Column A – Issues or barriers, things to take into account</th> <th data-bbox="735 734 1513 880">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="248 880 735 1973">Reduced capacity at lower needs levels</td> <td data-bbox="735 880 1513 1973"> <ol style="list-style-type: none"> 1. We are developing a new partnership approach to early help across Westminster that is integrated, through shared processes, with partner agencies to maximise use of all resources. 2. The quality and responsiveness of the new teams is improved as we have developed a new operating model based on a ‘whole family approach’ rather than just focusing on a presenting issue within a family. This builds on the Focus on Practice training that staff have attended. A part of this is to have consistent caseload sizes to maximise the number of families that we can work with and to work more intensively with families. 3. We have agreed the criteria areas where we can make the most difference and referrals will now be received from the Access to Children’s Services (‘the front door’) only on families meeting these criteria and earlier work is being undertaken with schools to prevent problems escalating. 4. The team will now work with families with the highest needs (i.e. likely to escalate to a higher level without an intervention). 5. Similarly, the team will now prioritise work with particular communities / groups where there is a potential risk identified to children. </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).	Reduced capacity at lower needs levels	<ol style="list-style-type: none"> 1. We are developing a new partnership approach to early help across Westminster that is integrated, through shared processes, with partner agencies to maximise use of all resources. 2. The quality and responsiveness of the new teams is improved as we have developed a new operating model based on a ‘whole family approach’ rather than just focusing on a presenting issue within a family. This builds on the Focus on Practice training that staff have attended. A part of this is to have consistent caseload sizes to maximise the number of families that we can work with and to work more intensively with families. 3. We have agreed the criteria areas where we can make the most difference and referrals will now be received from the Access to Children’s Services (‘the front door’) only on families meeting these criteria and earlier work is being undertaken with schools to prevent problems escalating. 4. The team will now work with families with the highest needs (i.e. likely to escalate to a higher level without an intervention). 5. Similarly, the team will now prioritise work with particular communities / groups where there is a potential risk identified to children.
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4.2	Now that you have considered the potential or actual effect on equality, what					

action are you taking?		
<input type="checkbox"/>	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 checked="" 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 partnership will be a close working network, working alongside the Council which provides a high quality support system with clear referral process into Council services when individual's needs require it.</p> <p>Focussing on those in most need will ensure that they will receive increased support from Council staff.</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>								
Page 168	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>							

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME:

UNIT:

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY):

WHAT NEXT?

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.

All completed EIAs should be sent to: Equalities@westminster.gov.uk

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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>

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Title
<p>8.4D : Service Proposals for Westminster City Council Youth</p>
<p>What are you analysing?</p> <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>What is the purpose of the proposal?</p> <p>The Council is targeting available resources at those who need support most, in line with the Early Help Strategy and to meet statutory duties.</p> <p>The proposal is to cease council funding for youth services from September 2016. Current contracts with commissioned youth providers expire in March 2016 and these have been extended until September 2016. This has allowed providers time to plan and develop sustainable service models that reflect the current funding environment.</p> <p>The youth offer in Westminster is delivered by a large number of organisations. Of these, thirteen are directly funded through the Children’s Services Commissioning Directorate. The funded providers raise considerable resources from other funding streams and their reliance on council funding varies considerably. The providers are already working on the development of sustainable business models that are not reliant on council funding in future.</p> <p>Council officers are working with a range of funders, providers, and partner agencies to develop the future offer for young people. This will be achieved by setting up a Young Westminster Foundation, a new charitable body that will be well placed to maximise resources for the sector. The Foundation has the support of a number of key local charities and will have good links to corporate donors.</p> <p>A charitable foundation will be able to take advantage of the unique opportunities presented in Westminster and its location within the heart of the biggest economy in the United Kingdom. It will develop the capacity of the sector providers and encourage a partnership approach between providers, funders and potential donors. It will support the sector to develop a service offer that will be more likely to result in a sustainable, strong and viable offer for young people.</p> <p>Whilst there is no need for the charitable foundation to be Council-led, the Council will be a committed sponsor of the charity, facilitating its establishment and sitting on the board of trustees. Given the independent nature of a charitable foundation it will set its own criteria and priorities in partnership with funding bodies, and is likely to support both universal open access facilities and more targeted work. Targeted support for young people with higher levels of need will be supported, and in some cases delivered, by the council Early Help locality teams and other statutory bodies.</p> <p>The establishment of the Foundation model will take a minimum of 10 months and there is likely to be a gap between contracts for existing providers ending and a new ‘foundation’ model being in place with significant levels of funding secured. The Foundation will support the wider youth offer but is</p>

unlikely to be able to sustain many of the existing funded services. Providers will need to seek funding streams and the Foundation will help to facilitate this and also secure funding on behalf of members.

Existing commissioned providers will need to adapt quickly to the new funding model and a significant number of existing services may be reduced as a consequence. It is likely that some youth providers will struggle to be sustainable, although others are in a strong position to secure alternative funding to develop a revised model.

Two clubs currently provide young people's services which contribute to meeting the council's statutory duties for young people with Special Educational Needs and Disabilities (SEND). The council has confirmed continuing to fund the provision for one of these until March 2017 and specialist services for these young people will continue to be supported through alternative means.

In what context will it operate?

The Early Help Strategy 2014 – 2018 sets out the priority outcomes that Westminster is focused upon achieving with its children and families.

The Strategy establishes the framework through which services will be developed to deliver targeted provision. One of the Strategy's key objectives is to 'revise our service model of investment in universal services together with our key partners in line with our priority outcomes, in particular in respect of Play, Children's Centres and Youth Services.'

Who is intended to benefit and how?

Existing contracts target provision for young people aged 11-19. They are likely to be young people living in areas of deprivation and needing additional support.

Existing services support hard to reach young people to access youth clubs, sports, and arts provision, and more specialist activities for young people with additional needs.

Providers also deliver educational and employment opportunities and tackle issues such as youth violence, healthy lifestyles, and building self-confidence.

What results are intended?

The establishment of the foundation is intended to help create a sustainable offer for youth service across the borough that is less reliant on council funding. Through building strong links with the corporate sector, partners in the business sector and being aware of funding opportunities it is anticipated that the foundation will secure and allocate funding for youth services.

Why is it needed?

To deliver savings in line with the council's budget setting process. The strategy is to create a model that will secure alternative funding streams for universal and targeted services for young people in Westminster.

Details of the lead person completing the screening/EIA

(i) Full Name: William Parsons

(ii) Position: Commissioning & Transformation Lead

(iii) Unit: Children's Services Commissioning

(iii) Contact Details: wparsons@westminster.gov.uk 0207 641 2526

Date sent to Equalities@westminster.gov.uk

16th September 2016

Version number and date of update

The decision not to re-commission youth services and establish the YWF was approved on 15.06.2016

Version 1 – 02.09.16

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men or women (include impacts due to pregnancy/ maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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?	No	<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
<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.	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No <input type="checkbox"/>
1.4	How have you come to this decision?
	<p>There is a diverse range of youth providers in Westminster that attract resources from a wide variety of trusts, charities, agencies such as the Big Lottery, and public bodies. Many providers are not funded by the local authority, whilst others are more reliant on council funding for their existing youth offer.</p> <p>It is apparent that there are considerable opportunities for youth providers to develop their service offer to secure new funding opportunities. Within Westminster there is a range of funding sources that are under-utilised and by raising the capacity of providers through the foundation there is scope to attract considerable additional resources to the youth sector.</p> <p>Following the Comprehensive Spending Review in November 2015 it has become clear that significant reductions in spending on non-statutory services is required for the Council to be able to declare a balanced budget.</p> <p>The decision to focus council spending on statutory and targeted services for young people with higher levels of need has resulted in the proposed reduction in funding for universal youth services from October 2016.</p> <p>This is a common issue facing local authorities at this time. Due to reductions in funding for universal youth services, Johns Lyons Charity and the City Bridge Trust have recently worked with the local authorities to establish ‘Young People Foundations’ in Barnet, Brent, and Harrow. The potential to raise income for young people’s services from alternative sources is significant, particularly in Westminster, and the establishment of a Young Westminster Foundation will provide a mechanism to support providers to work collaboratively to attract funding.</p>

3.1	<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> 														
	<table border="1"> <tr> <td data-bbox="252 495 715 651">How many people use the service currently? What is this as a % of Westminster's population?</td> <td data-bbox="722 495 1501 651">North West 701 North East 845 South 280</td> </tr> <tr> <td data-bbox="252 658 715 741">Age</td> <td data-bbox="722 658 1501 741">As above and based on no's of young people aged 11-19</td> </tr> <tr> <td data-bbox="252 748 715 860">Disability Number of disabled children and young people 11-24 years old</td> <td data-bbox="722 748 1501 860">North West 52 North East 72 South 40</td> </tr> <tr> <td data-bbox="252 866 715 978">Gender</td> <td data-bbox="722 866 1501 978">North West Male 64% Female 36% North East Male 65% Female 35% South Male 75% Female 25%</td> </tr> <tr> <td data-bbox="252 985 715 1115">Race BME (Black, Minority & Ethnic Groups) Percentages based on particular ethnic groups</td> <td data-bbox="722 985 1501 1115">North West 88% North East 87% South 79%</td> </tr> <tr> <td data-bbox="252 1122 715 1205">Religion or belief</td> <td data-bbox="722 1122 1501 1205">No data</td> </tr> <tr> <td data-bbox="252 1211 715 1323">Sexual orientation</td> <td data-bbox="722 1211 1501 1323">No data</td> </tr> </table>	How many people use the service currently? What is this as a % of Westminster's population?	North West 701 North East 845 South 280	Age	As above and based on no's of young people aged 11-19	Disability Number of disabled children and young people 11-24 years old	North West 52 North East 72 South 40	Gender	North West Male 64% Female 36% North East Male 65% Female 35% South Male 75% Female 25%	Race BME (Black, Minority & Ethnic Groups) Percentages based on particular ethnic groups	North West 88% North East 87% South 79%	Religion or belief	No data	Sexual orientation	No data
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Religion or belief	No data														
Sexual orientation	No data														
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>The table above shows number of young people currently accessing youth services in the age category of 11 to 19 and up to 24 for young people with a disability. There is an overrepresentation across all three geographical splits of these changes affecting particular ethnic groups.</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>														

Based on the data available there are no equality groups that are underrepresented relative to the size of the population.

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

This section should record the consultation activity undertaken in relation to this project, policy or proposal

Consultation events relating to these proposals finished on the 31st January 2016 and used an online survey to gauge opinion. Commissioners also attended a meeting of the Westminster youth council to discuss proposals.

The following consultation activity was undertaken in January 2015 to inform a service commissioning strategy.

Survey

An online survey of young people's views on the key issues affecting them and how and where they preferred to receive information and support was held in December 2014 and January 2015. 28 young people responded. 11 young people with learning difficulties and disabilities completed an adapted version of the survey. When asked about the relative importance of different places in their community, 82% said that youth clubs or projects were most important. The survey then focused on the issues which young people most wanted support with, under the headings staying safe; school, work or college; relationships; health and wellbeing. Youth clubs and projects were cited as the preferred location at which young people would like to receive support for a number of particular issues. A summary report of the findings of the survey is available.

Young People's focus groups – January 2015

Focus groups of young people were facilitated in youth clubs across the borough. There were a total of 10 different sessions involving 70 young people. They provided views on activities they enjoyed, advice and support they needed and how they preferred to receive this. Focus groups were also held with young people with disabilities. A detailed summary of all youth provision engagement activity is available.

Meetings with service providers – January 2015

These took place in each locality and were attended by 30 people in total:

North East Locality: 5 participants

South Locality: 13 participants

	<p>North East: 12 participants Key themes for discussion included Flexible models; Targeting; Outcomes for young people; Working with partners; Quality of service.</p> <p>A consistent and clear message from the locality meetings involving stakeholders was that the service should be based on and be responsive to young people's needs. There was a feeling that the age at which young people can use youth services might be lowered while it was felt that support was needed for older young people to move on to other services when they reached 19.</p> <p>It was raised that many young people often will not want to travel far to provision for reasons relating to safety and cost. There was overwhelming agreement that youth services should maintain a balance between universal and targeted provision while young people should not 'feel' like they are being targeted. Budgets should be divided between universal and targeted provision with commissioned providers sharing resources better and communicating more effectively with locality teams and a wide network of other services and providers.</p> <p>There was agreement that there should be an agreed and consistent method for monitoring and evaluating outcomes although outcomes monitoring should also be proportionate to the resource available i.e. level of funding. Quality marks were seen as positive with quality also ensured through contract management and better evidencing of impact. Participants felt that longer contracts (3 years minimum) would enable development of longer term strategies and therefore better quality and sustainability of delivery.</p> <p>There was a very strong feeling across the workshops that youth services should not become part of locality Early Help teams and also that they should also remain separate from schools. The value and different dynamic of youth work should be recognised and developed.</p>
3.2	<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>Particular age groups</p> <p>Services are funded for young people aged 11-19, young people attending youth services will be negatively impacted by a reduction in service.</p> <p>Young people with a learning difficulty and/or disability (LDD)</p> <p>Young people from this group are overrepresented in the monitoring information when compared to the borough population. There are however differences in the definition of disability and recording methods which should be borne in mind.</p> <p>Youth clubs record learning difficulty and/or disability and is self-reported i.e. the young person indicates whether or not they consider themselves to have a LDD. Overall 164 young people with a LDD attended a youth club during 2014-15, representing approximately 10% of all young</p>

people attending youth clubs. Proportions vary across providers with 100% of young people attending one of the two specialist disability providers having a LDD. In addition proportions of young people with LDD were higher than 10% at five other youth clubs.

Approx 350 children and young people are known to the borough's Children with Disabilities Team or are receiving short break services. This cohort represents children and young people with a high level of need and is approximately 2% of the borough's children and young people population. The actual borough population figure for young people with a LDD is likely to be higher.

The two clubs currently providing specialist youth club provision for disabled young people and are at risk. These clubs also contribute towards the council's statutory duties for SEND young people through the provision of short breaks/respite, however, one has funding confirmed until the end of the current financial year.

Young People from a Black or Minority Ethnic (BME) background

Overall, the majority (87%) of young people attending borough funded youth clubs are from a BME background and are over represented in the monitoring information compared to the borough BME population (38%).

The proportion of young people from a BME background varies from provider to provider, between 68% and 97%.

Young people are also overrepresented in the monitoring information in the wards with the highest proportions of young people from BME backgrounds; Church St 58%, Harrow Rd 58% and Queens Park 56%.

If available services reduce or close young people from a BME background would be negatively impacted.

Young men from the Bangladeshi community would be negatively impacted in the Church Street area if the Marylebone Bangladeshi Society (MBS) has to reduce or stop providing services.

Other clubs that work predominately with young people from BME backgrounds are the Avenues Youth Club, Stowe Youth Club, Amberley Youth Club and Fourth Feathers Youth Club. Young people attending these clubs would be negatively impacted by any reduction in services.

Gender

Compared to the borough population of 52% young males are over represented in the monitoring information, 69% of the overall youth club cohort are male. The proportion of young men attending differs across youth clubs with young men making up over 70% of attendees at seven youth clubs.

Girls and young women make up 31% of attendances at youth provision and are underrepresented in the monitoring information.

Young men attending MBS and targeted projects provided by Working with Men would also be

negatively impacted by any reduction in service.

Deprivation

Overall, 62% of young people attending youth clubs live in a 20% most deprived Income Deprivation Affecting Children Index (IDACI) Lower Super-Output Areas, compared to the borough figure of 37%, young people are therefore considerably over represented in the monitoring information. Particularly so at youth clubs located on housing estates where the figure rises to above 60% at six clubs.

Approximately 1,100 young people attending council funded youth clubs live in the areas of highest deprivation in Westminster. These young people would be negatively impacted by a reduction in service.

Young people with particular faiths and beliefs

Faith and belief data is not routinely collected at youth services and as such the number of young people of particular faiths and beliefs that are over represented in youth club attendance is unknown.

However, one provider, Marylebone Bangladesh Society, predominately works with young Muslim men. In this case young people from this particularly faith would be over represented compared to the overall borough population of 18% and therefore negatively impacted by the proposals.

Young people of particular sexual orientations

Youth services do not collect data for people of particular sexual orientations and there are no specialist providers commissioned, therefore it is assumed that this equality group are not over represented compared to the borough population. No impact anticipated.

Teenage parents

There are only two teenage parents recorded as attending a youth club and are therefore not over represented in the monitoring information. No impact anticipated.

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).	
	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.	
	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).
	Impact 1: Impact on disabled young people	Children’s Services officers have identified this as a key issue for the strategic review of services for young people with SEND. This statutory provision will continue to be made and alternative funding and services will be sought to support these young people.
	Impact 2: Impact on young people aged 11-19 Impact 3: Impact on young people from a BME background Impact 4: Impact on young men Impact 5: Impact on young people living in areas of deprivation Impact 6: Impact on young people from particular faiths and beliefs	This response addresses impact areas 1-6 In the first instance, by working in close partnership with the voluntary sector providers, officers will seek to mitigate service closures and provide advice on other funding streams. There is likely to be a reduction in some existing services but most should remain open for the remainder of the financial year. Over time, the Young Westminster Foundation will mitigate against any further impact by providing and securing alternative funding for services. The Foundation will have equality of opportunity at its core which will inform all funding decisions. The new charitable foundation will build the capacity of the sector to secure alternative funding for the youth offer. Providers will need to respond to the expectations of funders and the council will only be one of the sponsors. The foundation model is designed to raise the capacity of providers, share and enhance resources, attract new streams of funding from a variety of sources, and develop a more responsive and collaborative youth offer that involves a wide range of stakeholders. There will, however, be a gap between council funding

		<p>ending and the foundation being established and developed to the point that it is able to secure resources to sustain services. The length of this gap will be kept to a minimum, but could be several months.</p> <p>The level of the universal youth offer for young people will be dependent on the ability of the voluntary sector to develop and sustain provision.</p> <p>The Early Help service will seek to support the needs of young people through the effective provision of services for young people with additional needs. This will include health services, key worker support, links to employment services, and family support. Much of this support will be targeted at the equality groups identified in this assessment.</p> <p>There is likely to be a short-term reduction in the level of services for young people and this will impact on the identified groups.</p>
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4.2 Now that you have considered the potential or actual effect on equality, what action are you taking?

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

The principal reason for the decision is to enable the council to focus limited funding on young people with higher levels of need and to set a balanced budget. Other reasons include empowering the youth sector to become part of a Young People’s Foundation that will have the capacity to raise funds for youth providers and attract funding to the sector.

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>						
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 184</p>	<p>Action Required</p>	<p>Equality Groups Targeted</p>	<p>Intended outcome</p>	<p>Resources Needed</p>	<p>Name of Lead, Unit & Contact Details</p>	<p>Completion Date (DD/MM/YY)</p>	<p>RAG</p>
	<p>Continue statutory provision for young people with SEND</p>	<p>Disabled young people</p>	<p>Positive activities Health and Well-being Employability Personal Development</p>	<p>Solution to emerge from the SEN and Children With Disabilities strategic reviews.</p> <p>Spot purchase funding for disabled young people.</p>	<p>Lesley Hill, Children’s Services Commissioning. Mandy Lawson, Children with disabilities</p>	<p>31/3/2016</p>	<p style="background-color: green;"></p>
	<p>Support providers to develop sustainable business models</p>	<p>All</p>	<p>A strong sustainable future youth offer which meets the needs of young people.</p>	<p>Regular meetings with providers.</p> <p>Capacity</p>	<p>William Parsons Children’s Commissioning</p>	<p>31/10/2016</p>	<p style="background-color: green;"></p>

Page 185			Provide support and training to existing providers.	building support.			
	Ensure Young Westminster Foundation model targets low income areas and key equalities groups	Low income/ deprivation	Retain services which are targeted at low income young people and their families. Council is a co-sponsor of the proposed Young Westminster Foundation.	Officer support for the creation of the foundation model.	William Parsons Children's Commissioning	31/10/2016	
	Engage new funders, charities, trusts, CiL/Section 106, corporate CSR budgets, foundations, and key agencies in the foundation to maximise investment in young people's services.	All	Engagement with a wide variety of potential sponsors. Resource mapping	Officer support Commitment of key stakeholders	William Parsons Children's Commissioning	31/10/2016	

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME:

UNIT:

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY):

WHAT NEXT?

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.

All completed EIAs should be sent to: Equalities@westminster.gov.uk