

SSA EQUALITY IMPACT AND NEEDS ASSESSMENT

Directorate	Adult Social Services
Service Area	Commissioning and Quality Standards Operations
Service/policy/function being assessed	The recommissioning of Advocacy services across Wandsworth.
Which borough (s) does the service/policy apply to	Wandsworth
Staff involved	EINA Team: Una O'Brien (author) Preeti Virk
Date approved by Directorate Equality Group (if applicable)	2020
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	

SUMMARY

This EINA relates to the recommissioning of Advocacy services in Wandsworth. The purpose of this Equality Impact Needs Assessment is to assess the potential impact of recommissioning Advocacy as an integrated service.

The Council has a statutory duty to provide advocacy services under several legislative frameworks. The current Wandsworth contracts will be ending in May 2021 following the approval of a 14-month direct award to align the end dates with the Richmond contracts to enable a single procurement to be undertaken.

The statutory services including all the advocacy strands delivered will remain the same as the current service. There are impending legislative changes with regards to the Liberty Protection Safeguards which are due to be implemented in late 2020, the impact of these are difficult to assess at present, but commissioners will continue to undertake demand modelling once the scope of these changes is clearer following the publication of the code of practice in summer 2020

Key Findings

- The numbers of 65 plus service users are well represented as there are proportionality more service users in the 65+ age group than the borough averages.
- There are also proportionately more service users with dementia and a mental health issue in receipt of advocacy services than the borough average. There are significantly fewer service users with a physical disability than the borough average.
- In addition, there are fewer service users from the Black and Minority Ethnic backgrounds in receipt of advocacy services than the borough averages.

1. Background

Introduction

The purpose of this EINA is to assess the potential impact of recommissioning Advocacy services in Wandsworth.

Advocacy is a process of supporting and enabling people to

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities
- Explore choices and options

The local authority does not have to provide an advocate if the patient or service user is happy for an 'appropriate person'- such as friend, family member or unpaid carer to support them.

Council commissioned services:

Following are the services to be commissioned, these are the same as the existing services in place and no change is being made to the elements of advocacy in scope.

Statutory services:

- Independent Mental Health Advocacy (IMHA) -Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship or on a community treatment order (CTO)
- Independent Mental Capacity Advocacy (IMCA) IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options.
- Relevant paid representative (RPR). The role is to support the person subject to a standard authorisation to deprive them of their liberty.
- Care Act advocacy: Care Act 2014 places a duty on local authorities to provide independent advocacy provision to eligible people with support to engage in assessments, reviews and safeguarding.
- Independent Health complaints advocacy
- General Advocacy (non-statutory)

Overview of the current provision:

The current advocacy services are delivered under three contracts with three separate providers. Advocacy Strand	Provider	Contract end date
Independent Mental Capacity Advocacy (IMCA) Care Act and Independent Professional Advocacy	Voiceability	May 2021
Independent Mental Health Advocacy	Rethink	May 2021
NHS complaints advocacy	Pohwer (via the Southwark Consortium)	May 2021

Future service:

Engagement with service users, referring agencies, wider stakeholders, benchmarking against other local authorities and soft market with the provider has been undertaken. Feedback collated has identified an integrated model to be a more effective. This will ensure a seamless pathway for service users moving from one element of advocacy to another, improved access to services, and a more cost-effective provision. The current

service is somewhat fragmented, and a single provider model will ensure a seamless service. Due to future legislative changes expected with the implementation of the Liberty Protection Safeguards expected to come into place in October 2020 the following changes are expected:

- as legislation is changing the RPR role will no longer be relevant and will be replaced by LPS, this function in future will be undertaken by an IMCA instead of paid representatives.
- Broader client group people in the community
- Age criteria reduced to 16+
- Authorising bodies will now include hospitals, CCG and Care Homes

Work is underway to assess the impact these changes will have on the demand for the service, it is expected that there will be a significant increase in the demand for IMCA advocacy services as result.

The council will continue to meet its statutory obligations and deliver the required advocacy services as required and will continue to provide an element of general advocacy to support the most vulnerable.

2. Analysis of need and impact

Protected group	Findings																																																																																																																																																							
Age	<p data-bbox="427 339 792 371">Projecting Adult Needs:</p> <table border="1" data-bbox="427 371 1890 544"> <thead> <tr> <th>Age</th> <th>2020</th> <th>%</th> <th>2025</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>24,800</td> <td>9%</td> <td>25,200</td> <td>9%</td> </tr> <tr> <td>25-64</td> <td>208,700</td> <td>79%</td> <td>210,000</td> <td>78%</td> </tr> <tr> <td>65+</td> <td>31,500</td> <td>12%</td> <td>34,800</td> <td>13%</td> </tr> <tr> <td>Total population</td> <td>265,000</td> <td>100%</td> <td>270,000</td> <td>100%</td> </tr> </tbody> </table> <p data-bbox="427 547 1301 571">Source: POPPI and PANSI Figures (updated 2019 so projections may differ to census data).</p> <p data-bbox="427 611 1906 643">Wandsworth advocacy service users' breakdown by age. (Snapshot, Quarter 1 April - June 2019).</p> <table border="1" data-bbox="427 646 2210 1002"> <thead> <tr> <th colspan="3">NHS COMPLAINTS</th> <th colspan="3">IMCA</th> <th colspan="3">Care Act</th> <th colspan="3">General Advocacy</th> <th colspan="3">IMHA</th> <th colspan="3">RPR</th> </tr> <tr> <th>Age Bands</th> <th colspan="2">Q1</th> <th>Age Bands</th> <th colspan="2">Q1</th> <th>Age Bands</th> <th colspan="2">Q1</th> <th>Age Bands</th> <th colspan="2">Q1</th> <th>Age Bands</th> <th colspan="2">Q1</th> <th>Age Bands</th> <th colspan="2">Q1</th> </tr> </thead> <tbody> <tr> <td>not recorded</td> <td>1</td> <td>3%</td> <td>not recorded</td> <td>5</td> <td>7%</td> <td>not recorded</td> <td>2</td> <td>9%</td> <td>not recorded</td> <td>1</td> <td>12.50%</td> <td>not recorded</td> <td>0</td> <td>0%</td> <td>not recorded</td> <td>0</td> <td>0%</td> </tr> <tr> <td>16 - 24</td> <td>1</td> <td>3%</td> <td>16-24</td> <td>0</td> <td>0%</td> <td>16-24</td> <td>0</td> <td>0%</td> <td>16-24</td> <td>0</td> <td>0%</td> <td>16-24</td> <td>1</td> <td>2%</td> <td>16-24</td> <td>0</td> <td>0%</td> </tr> <tr> <td>25 - 64</td> <td>26</td> <td>79%</td> <td>25-64</td> <td>23</td> <td>35%</td> <td>25-64</td> <td>8</td> <td>35%</td> <td>25-64</td> <td>6</td> <td>75%</td> <td>25-64</td> <td>11</td> <td>19%</td> <td>25-64</td> <td>34</td> <td>27%</td> </tr> <tr> <td>65+</td> <td>5</td> <td>15%</td> <td>65+</td> <td>39</td> <td>58%</td> <td>65+</td> <td>13</td> <td>56%</td> <td>65+</td> <td>1</td> <td>12.50%</td> <td>65+</td> <td>45</td> <td>79%</td> <td>65+</td> <td>90</td> <td>73%</td> </tr> <tr> <td>Grand Total</td> <td>33</td> <td>100%</td> <td>Grand Total</td> <td>67</td> <td>100%</td> <td>Grand Total</td> <td>23</td> <td>100%</td> <td>Grand Total</td> <td>8</td> <td>100%</td> <td>Grand Total</td> <td>57</td> <td>100%</td> <td>Grand Total</td> <td>124</td> <td>100%</td> </tr> </tbody> </table> <p data-bbox="427 1010 853 1034">Source: Provider quarterly monitoring report.</p> <p data-bbox="427 1074 573 1106">Analysis:</p> <ul data-bbox="479 1114 2201 1356" style="list-style-type: none"> • Higher proportion of service user aged 65+ use the IMCA, IMHA and RPR service, this is reflective of the need as a greater proportion of service users in this group have issue with mental capacity due to old age. • Higher proportion of 25-64 age group use the NHS complaints and general advocacy service. • A lower proportion of people aged 65+ than the borough average use the NHS complaints service. • The 65+ age group (62%) of advocacy recipients is overrepresented when compared to the borough average (12%). This is to be expected as the service supports a higher proportion of service users in residential and nursing homes and those experiencing loss a capacity due to dementia. 	Age	2020	%	2025	%	18-24	24,800	9%	25,200	9%	25-64	208,700	79%	210,000	78%	65+	31,500	12%	34,800	13%	Total population	265,000	100%	270,000	100%	NHS COMPLAINTS			IMCA			Care Act			General Advocacy			IMHA			RPR			Age Bands	Q1		Age Bands	Q1		Age Bands	Q1		Age Bands	Q1		Age Bands	Q1		Age Bands	Q1		not recorded	1	3%	not recorded	5	7%	not recorded	2	9%	not recorded	1	12.50%	not recorded	0	0%	not recorded	0	0%	16 - 24	1	3%	16-24	0	0%	16-24	0	0%	16-24	0	0%	16-24	1	2%	16-24	0	0%	25 - 64	26	79%	25-64	23	35%	25-64	8	35%	25-64	6	75%	25-64	11	19%	25-64	34	27%	65+	5	15%	65+	39	58%	65+	13	56%	65+	1	12.50%	65+	45	79%	65+	90	73%	Grand Total	33	100%	Grand Total	67	100%	Grand Total	23	100%	Grand Total	8	100%	Grand Total	57	100%	Grand Total	124	100%
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- There is a 1% decrease in the age group 25-64 from 2020 to 2025 and a 1% in the 65+ group from 12% to 13% in this same time frame which indicates an increase in the ageing population.

Disability

Projecting Adult Needs: Wandsworth

Client Group	2020	%	2025	%
Physical Disability (PD)	90,622	27.%	103,459	38%
Mental Health* (MH)	16,836	5%	16,951	5%
Older People (OP)	31,500	9%	34,800	10%
Learning Disability (LD)	6,397	2%	6,505	2%
Autism	2,537	1%	2,585	1%
Dementia	2,228	1%	2,467	1%
Total Population 18+	233,500		235,200	
Total Population all ages	330,400		337,000	

*This information is only available for people aged 18-64
 Source: POPPI and PANSI Figures (updated 2019 so projections may differ to census data).

Wandsworth advocacy service users' breakdown by disability. (Snapshot, Quarter 1 April - June 2019).

NHS COMPLAINTS

Client Group		
PD	4	12%
MH	11	33%
OP	0	0%
LD	0	0%
Autism	0	0%
Dementia	0	0%

IMCA

Client Group		
PD	0	0%
MH	11	16%
OP	1	1%
LD	7	11%
Autism	1	1%
Dementia	34	51%

Care Act

Client Group		
PD	2	9%
MH	2	9%
OP	1	4%
LD	6	26%
Autism	0	0%
Dementia	8	35%

General Advocacy

Client Group		
PD	0	0%
MH	4	50%
OP	0	0%
LD	4	50%
Autism	0	0%
Dementia	0	0%

IMHA

Client Group		
PD	0	0%
MH	3	5%
OP	0	0%
LD	0	0%
Autism	0	0%
Dementia	0	0%

RPR

Client Group		
PD	1	1%
MH	18	14%
OP	0	0%
LD	20	16%
Autism	7	6%
Dementia	60	49%

Acquired Brain Injury	0	0%	Acquired Brain Injury	7	11%	Acquired Brain Injury	1	4%	Acquired Brain Injury	0	0%	Acquired Brain Injury	0	0%	Acquired Brain Injury	3	2%
Neurological condition	0	0%	Neurological condition	0	0%	Neurological condition	2	9%	Neurological condition	0	0%	Neurological condition	0	0%	Neurological condition	4	3%
Not Provided	8	24%	Not Provided	0	0%	Not Provided	0	0%	Not Provided	0	0%	Not Provided	5	95%	Not Provided	0	0%
Other	10	31%	Other	6	9%	Other	1	4%	Other	0	0%	Other	0	0%	Other	11	9%
Total	33	100%	Total	67	100%	Total	2	100%	Total	8	100%	Total	5	0%	Total	12	100%

Source: Provider quarterly monitoring report

Analysis:

- Based on the data above there are more residents in Wandsworth with mental health issue (16%) and dementia (33%) accessing the service than the borough average, this indicates that the service is being accessed by those it aims to support.
- The borough average for people with a mental health issue is 5% and the borough average for people with dementia is 1%
- IMCA and RPR in particular have a much higher rate of people with dementia (51% and 49% respectively) using the service compared to the borough average (1%). This is to be expected as IMCA, RPR supports those that lack capacity for example people with dementia.

Gender identity

Wandsworth population gender breakdown

Gender	Wandsworth total	% of the total population
Male	125,400	47%
Female	139,600	53%
Total population 18+	265,000	100%

Source: POPPI and PANSI Figures (updated 2019 so projections may differ to census data)

Wandsworth advocacy service users' breakdown by gender. (Snapshot, Quarter 1 April - June 2019).

NHS COMPLAINTS			IMCA			Care Act			General Advocacy			IMHA			RPR		
Gender Identity			Gender Identity			Gender Identity			Gender Identity			Gender Identity			Gender Identity		
Male	15	45%	Male	29	43%	Male	9	39%	Male	4	50%	Male	30	51%	Male	46	37%

Female	18	55%	Female	36	54%	Female	12	53%	Female	4	50%	Female	20	34%	Female	72	58%
Other	0	0	Other	0	0%	Other	1	4%	Other	0	0%	Other	0	0%	Other	0	0%
Unknown	0	0	Unknown	2	3%	Unknown	1	4%	Unknown	0	0%	Unknown	9	15%	Unknown	6	5%
Total	33	100%	Total	67	100%	Total	23	100%	Total	8	100%	Total	59	100%	Total	124	100%

Source: Provider quarterly monitoring report

Analysis:

- The service utilization is in line with the gender split in the borough. A higher proportion of males use the IMHA service, but it is in line with the gender split

Gender reassignment There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council

Marital status There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council

Pregnancy and maternity There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council

Race/ ethnicity **Breakdown of Wandsworth population by ethnicity**

Ethnicity	Total	% total population
Asian / Asian British	26,389	10%
Black/ African/ Caribbean/ Black British	23,365	9%
Mixed/multiple ethnic group	8,862	4%
Other ethnic group	5,147	2%
White	187,605	75%
Total	251,368	100%

Source: POPPI and PANSI

Breakdown of Wandsworth advocacy service users' breakdown by ethnicity. (Snapshot, Quarter 1 April - June 2019).

NHS COMPLAINTS			IMCA			Care Act			General Advocacy			IMHA			RPR		
Ethnicity			Ethnicity			Ethnicity			Ethnicity			Ethnicity			Ethnicity		

Asian / Asian British	5	15%	Asian / Asian British	1	1%	Asian / Asian British	2	9%	Asian / Asian British	2	25%	Asian / Asian British	0	0%	Asian / Asian British	3	2%
Black /African/ Caribbean / British	6	18%	Black /African/ Caribbean / British	2	3%	Black /African/ Caribbean / British	2	9%	Black /African/ Caribbean / British	0	0%	Black /African/ Caribbean / British	3	5%	Black /African/ Caribbean / British	4	3%
Mixed / multiple ethnic groups	4	12%	Mixed / multiple ethnic groups	5	8%	Mixed / multiple ethnic groups	1	4%	Mixed / multiple ethnic groups	0	0%	Mixed / multiple ethnic groups	0	0%	Mixed / multiple ethnic groups	4	3%
Other	2	6%	Other	2	3%	Other	1	4%	Other	0	0%	Other	0	0%	Other	1	1%
White	13	40%	White	29	43%	White	13	57%	White	3	37.50%	White	2	3%	White	50	41%
Unknown	0	0%	Unknown	26	39%	Unknown	4	17%	Unknown	3	37.50%	Unknown	54	92%	Unknown	52	42%
Refused	3	9%	Refused	2	3%	Refused	0	0%	Refused	0	0%	Refused	0	0%	Refused	10	8%
Total	33	100%	Total	67	100%	Total	23	100%	Total	8	100%	Total	59	100%	Total	124	100%

Source: Provider quarterly monitoring report

Analysis:

- In Wandsworth, less BAME residents use the service (11%), than the borough average (23%).
- General advocacy has a much higher rate of Asian or Asian British people using the service (25%) compared the borough average (10%).
- The ethnicity of 44% service users in Wandsworth is unknown as the referring agencies do not always provide this information.

Religion and belief, including non-belief

Breakdown of Wandsworth population by Religious belief

Religion	Total	% of total population
Christian	162,590	53%
Buddhist	2,574	1%
Hindu	6,496	2%
Jewish	1,617	1%
Muslim	24,746	8%
Sikh	832	0.3%
Other religion	1,283	0.4%

No religion	82,740	27%
Religion not stated	24,117	8%
Total	306,995	100%

Source: Census data 2011

Breakdown of Wandsworth Advocacy service users by religion (Snapshot, Quarter 1 April - June 2019).

NHS COMPLAINTS

Religion		
Buddhist	1	3%
No belief	9	27%
Unknown	0	0%
Christian	12	36%
Jewish	1	3%
Muslim	4	12%
Refused	4	12%
Other	2	7%
Total	33	100%

IMCA

Religion		
Buddhist	0	0%
No belief	5	7%
Unknown	50	75%
Christian	10	15%
Jewish	0	0%
Muslim	0	0%
Refused	2	3%
Other	0	0%
Total	67	100%

Care Act

Religion		
Buddhist	0	0%
No belief	0	0%
Unknown	12	52%
Christian	5	22%
Jewish	0	0%
Muslim	1	4%
Refused	4	18%
Other	1	4%
Total	23	100%

General Advocacy

Religion		
Buddhist	0	0%
No belief	0	0%
Unknown	7	87.5%
Christian	0	0%
Jewish	0	0%
Muslim	0	0%
Refused	1	12.5%
Other	0	0%
Total	8	100%

IMHA

Religion		
Buddhist	0	0%
No belief	0	0%
Unknown	59	100%
Christian	0	0%
Jewish	0	0%
Muslim	0	0%
Refused	0	0%
Other	0	0%
Total	59	100%

RPR

Religion		
Buddhist	0	0%
No belief	2	2%
Unknown	112	90%
Christian	8	6%
Jewish	0	0%
Muslim	1	1%
Refused	1	1%
Other	0	0%
Total	124	100%

Source: Provider quarterly monitoring report

Analysis:

- The religious belief of 76% of advocacy services users in Wandsworth is unknown.
- There are fewer residents who use the service who identify as Christian (11%) than the borough average (53%).
- There are fewer residents who use the service who identify as Muslim (2%) than the borough average (8%).

Sexual orientation

Data on the sexual orientation of Wandsworth residents is very limited. The 2011 Census did not have a question regarding sexual orientation.

According to DataWand, nationally, it is estimated that the gay, lesbian and bisexual population in England and Wales constitute between 5% and 7% of the population. The ONS Integrated Household Survey (2011) reports that 1.5% of the population describe themselves as being gay, lesbian or bisexual. In London, this figure rises to 2.5%.

NHS COMPLAINTS

Sexual Orientation		
Refused	7	21%
Heterosexual	26	79%
Bisexual	0	0%
Homosexual	0	0%
Unknown	0	0%
Other	0	0%
Total	33	100%

IMCA

Sexual Orientation		
Refused	6	9%
Heterosexual	1	6
Bisexual	0	0%
Homosexual	0	0%
Unknown	4	5
Other	0	0%
Total	6	100%

Care Act

Sexual Orientation		
Refused	8	35%
Heterosexual	5	22%
Bisexual	0	0%
Homosexual	0	0%
Unknown	9	39%
Other	1	4%
Total	23	100%

General Advocacy

Sexual Orientation		
Refused	1	12.50%
Heterosexual	0	0%
Bisexual	0	0%
Homosexual	0	0%
Unknown	7	87.50%
Other	0	0%
Total	8	100%

IMHA

Sexual Orientation		
Refused	0	0%
Heterosexual	0	0%
Bisexual	0	0%
Homosexual	0	0%
Unknown	5	100%
Other	0	0%
Total	5	100%

RPR

Sexual Orientation		
Refused	1	1%
Heterosexual	11	9%
Bisexual	0	0%
Homosexual	0	0%
Unknown	112	90%
Other	0	0%
Total	124	100%

Source: Provider quarterly monitoring report

Analysis:

- The sexual orientation of 74% of residents who use advocacy services is unknown.
- 18% of residents in Wandsworth who are in receipt of advocacy services identify themselves as heterosexual.
- 0% of residents in Wandsworth who are in receipt of advocacy services identify themselves as homosexual.

Across groups i.e. older LGBT service users or some young men

6% of Wandsworth advocacy services users are Female and Christian.

Caring responsibilities (i.e. carers)	There is no data available regarding the number of people with caring responsibilities for those who are in receipt of advocacy services commissioned by the Council.
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Data gaps.

Data gap(s)	How will this be addressed?
Gender Reassignment	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council. The new contract performance monitoring requirements will ensure that this information is collected in the future contracts
Pregnancy and maternity	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council. The new contract performance monitoring requirements will ensure that this information is collected in the future contracts
Marital status	There is no data available regarding the number of people with this protected characteristic who are in receipt of advocacy services commissioned by the Council. The new contract performance monitoring requirements will ensure that this information is collected in the future contracts

3. Impact

Protected group	Positive	Negative
Age	There is no change in terms of the advocacy elements proposed for the future service. However, the service will be delivered through an integrated model to ensure a more seamless service for the service user and improves referral pathway for the stakeholders and referring agencies. It will have one provider across all elements of the service and will need to align with legislative changes with regards to LPS which would broaden the criteria to include all adults over 16 years of age who require its services.	<p>The data shows that there are more residents age 65+ who use the advocacy service than the borough average. As a result, residents age 65+ are more likely to be impacted by any changes made to the service.</p> <p>There is no evidence to suggest that an integrated model will have a direct impact on anyone due to age.</p> <p>However, a change in provider could be unsettling, this will be tightly managed through the contract mobilisation process and monitored to</p>

Protected group	Positive	Negative
	<p>The new model will enable robust and effective quality assurance and contract monitoring as there will be fewer providers to monitor to ensure the provision of high-quality services.</p> <p>The requirement for equality needs to be met is outlined in the specification, it will form one of the evaluation criteria for the tender and will comprise a key part of the monitoring framework.</p> <p>The demand for IMCA, RPR and Care Act advocacy service is driven by the referrals made by Adult Social Services therefore providers have limited influence in attracting people with protected characteristics into the service. However, the successful provider will have to demonstrate that the needs of people with protected characteristics accessing the IMCA service are met regardless of age.</p>	<p>ensure that the transition does not have any unintended consequence and disruption is minimised.</p> <p>In order to ensure the service supports the user group in the future, the Council will explore spot purchasing arrangements or an alteration to the block with the provider should demand increase.</p>
Disability	<p>Service level data demonstrates that the service currently supports more residents with a Mental Health issue and Dementia than the borough average, indicating the service is meeting the needs of those who require it most.</p> <p>As above.</p>	<p>The data shows that more residents with dementia or a mental health issue use the advocacy service than the borough average. As a result, residents with dementia or a mental health issue are more likely to be impacted by any changes made to the service. The statutory elements are provided to those in need regardless of the protected characteristics.</p> <p>As above.</p>
Gender identity	<p>No positive or negative impacts have been identified for those accessing the service, by gender identity. The service is provided to all people referred and can be accessed regardless of any protected characteristics.</p> <p>As above.</p>	<p>The data shows that access to services is in line with the borough gender split with a slightly higher number of female residents using the advocacy service than the males across most strands except IMHA. 6% of residents in Wandsworth that use the advocacy service gender identity is unknown. By requiring the new provider to collect this data we will have a better understanding if it is reaching this group.</p> <p>As above.</p>

Protected group	Positive	Negative
Gender reassignment	<p>By requiring the new provider to collect this data we will have a better understanding if it is reaching this group.</p> <p>As above.</p>	<p>Estimates of the prevalence and incidence of gender dysphoria and Transsexualism are difficult to quantify due to the lack of robust national and local data.</p> <p>Currently the data for gender reassignment is not collected or monitored. Collection of data related to this protected characteristic will be a contractual requirement of the new service contract.</p> <p>The statutory elements are provided to those in need regardless of the protected characteristics.</p> <p>As above.</p>
Marital status	<p>No positive or negative impacts have been identified for those accessing the service, by marital status.</p> <p>As above.</p>	<p>Currently the data for marriage and civil partnership is not collected or monitored. However, the new service needs to be responsive to the needs of people with this protected characteristic. The new provider will collect and monitor the impact of the service on people with this protected characteristic.</p> <p>The statutory elements are provided to those in need regardless of the protected characteristics.</p> <p>As above.</p>
Pregnancy and maternity	<p>By requiring the new provider to collect this data we will have a better understanding if it is reaching this group.</p> <p>As above.</p>	<p>Currently the data for pregnancy and maternity is not collected or monitored. However, the new service needs to be responsive to the needs of people with this protected characteristic. The new provider will collect and monitor the impact of the service on people with this protected characteristic.</p> <p>As above.</p>
Race/ethnicity	<p>The provider will continue to be required to comply with Equalities and Anti- Discriminatory Legislation, and the appropriate policies and legislation used by the Council.</p> <p>As above.</p>	<p>Race / ethnicity is not monitored consistently across all the advocacy services. The available data shows that the ethnicity of 44% of advocacy service users in Wandsworth is unknown.</p> <p>In Wandsworth, more Asian or Asian British people use General Advocacy (25%) than the borough average (10%). This means that Asian or Asian British people are more likely to be impacted by any</p>

Protected group	Positive	Negative
		<p>changes to the service. The statutory elements are provided to those in need regardless of the protected characteristics. The requirement to ensure that the service is promoted within and engages with the BAME community will be detailed in the service specification.</p> <p>As above.</p>
Religion and belief, including non-belief	<p>The provider will continue to be required to comply with Equalities and Anti- Discriminatory Legislation, and the appropriate policies and legislation used by the Council.</p> <p>As above.</p>	<p>Religion and belief is not monitored consistently across all the advocacy services. The available data shows that the religious belief of 76% of advocacy services users in Wandsworth is unknown. Whilst there is no evident connection between the advocacy service provided to an individual and their religion/belief or non-belief, the new service needs to be responsive to the needs of people with this protected characteristic.</p> <p>As above.</p>
Sexual orientation	<p>The provider will continue to be required to comply with Equalities and Anti- Discriminatory Legislation, and the appropriate policies and legislation used by the Council.</p> <p>As above.</p>	<p>There is no evidence to suggest that changing the current advocacy providers from three to one will have a direct impact on anyone due to sexual orientation.</p> <p>As above.</p>
Carers	<p>The Relevant Paid Representative (RPR) service supports carers. No positive or negative impact have been identified for carers.</p> <p>As above.</p>	<p>Currently the data for carers is not collected or monitored. However, the new service needs to be responsive to the needs of people with this protected characteristic. The new provider will collect and monitor the impact of the service on people with this protected characteristic.</p> <p>There is no evidence to suggest that the new service will negatively impact on groups with these protected characteristics. However, change of provider could be unsettling, but this will be tightly managed through the review process and monitored to ensure that there is no unintended consequence.</p>

4. Actions
ACTION PLAN

Action	Lead officer	Deadline
The demand for IMCA, RPR and Care Act advocacy service is driven by the referrals made by Adult Social Services, the IMHA service is to support those that meet the qualifying criteria detailed in legislation and therefore providers have limited influence in attracting people with protected characteristics into the service. However, the successful provider will have to demonstrate that the needs of people with protected characteristics accessing the services are met. Contractors will have to comply with equality legislation and ensure their staff are trained and support individuals with protected characteristics.	Commissioning Manager and Commissioning Officer	January 2021
Issue communications to operational staff and wider stakeholders to notify them of the new provider.	Commissioning Officer	January 2021
Issue written communications to service users to inform them of the new provider.	Commissioning Officer	January 2021
Actions to mitigate possible disruption will take place through a robust mobilisation and service transition plan which will be drawn up in partnership with the commissioning team, Quality Assurance team and the Provider.	Commissioning Manager and Commissioning Officer	January 2021 – May 2021
Ensure equalities forms part of the monitoring framework.	Commissioning Manager and Commissioning Officer	July 2020
Ensure equalities forms a part of the evaluation criteria for the tender	Commissioning Manager and Commissioning Officer	July 2020
Annual review of the service to ensure the service continues to meet the needs of those with protected characteristics.	Commissioning Manager and Commissioning Officer	June 2022

5. Consultation / engagement (optional section– as appropriate)

Stakeholders	Element	Method	Timeframe
Service users	IMHA and Care Act General Advocacy	Attend community meetings on IMHA wards at Queen Mary Hospital Roehampton and Springfield Hospital Tooting. Contacted service users who have been identified by the provider	Sept -Oct 19 Completed
Provider Market	All elements of advocacy	Soft market testing via questionnaire Market engagement event to be held in 2020	Sept 19 Completed Spring 2020
Springfield Hospital and other hospitals accessing the service	IMHA	Attend patient involvement meetings on the ward and face to face interviews with ward managers.	Sept – Oct 19 Completed
Wandsworth Carers Forum	All elements	Focus group with carers	Sept -Oct 19 Completed
Referring agencies including wider voluntary groups, Wandsworth CCG, Mental Health Provider forum, Care and Partnership Group (vol groups)	All elements of advocacy	Use professional's questionnaire and engage at Mental health providers Forum and Care and Support Forum	Sept- Oct 19 Completed
Adult Social Care Locality Teams, Mental Health and DoLS Team for both boroughs	IMCA, RPR, Care act advocacy, General advocacy and NHS complaints	Use professional questionnaire and engagement via attend team meeting	Sept – Oct 19 Completed
Learning Disability Partnership Board	All elements	Attended Partnership Board meeting to seek views and promote the online questionnaire	Sept – Oct 19 Completed

Feedback from the above has been reviewed and will inform the future service specification.