

## SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	Department of Adult Social Care and Public Health
<b>Service Area</b>	Public Health
<b>Service/policy/function being assessed</b>	Enhanced Care Navigation/ Social Prescribing Offer
<b>Which borough (s) does the service/policy apply to</b>	Wandsworth
<b>Staff involved</b>	Tony May, Public Health Lead Nike Arowobusoye, Consultant in Public Health Adults Social Care and Health
<b>Date approved by Directorate Equality Group (if applicable)</b>	
<b>Date approved by Policy and Review Manager</b> All EINAs must be signed off by the Policy and Review Manager	
<b>Date submitted to Directors' Board</b>	

### SUMMARY

Wandsworth's Transformation Programme aims to improve services to ensure that the Council is delivering the best for residents across the borough. By adopting a preventative and strengths-based approach, residents will be supported to live more independently and with less reliance on social care. One of the key services that will undergo changes as a result of this new initiative will be access to social care services (the Front Door). The service will be complemented by Social Prescribing Link Workers who will provide services to contacts or jointly manage cases and will also train other front door staff to provide social prescribing support. The approach will ensure that people have meaningful contacts earlier on in their social care journey and, as a result, more positive outcomes.

To examine the potential impact of having social prescribing link workers in the front door service, officers carried out an Equality Impact Needs Assessment (EINA), which considered the priority groups in the London Borough of Wandsworth. The main findings of the EINA indicate that the changes will be of benefit to these priority groups as long as social care initiatives and social prescribing offer are targeted and accessible. Any potential negative impacts may result in disengagement with services. In order to mitigate this risk, the service will instil a culture of feedback, stakeholder engagement, evaluation and adaptation throughout the process.

The implications of social prescribing are as outlined below:

- **Age:** There is an increasing ageing population that will be affected by the changes, particularly given the nature of those accessing adult social care. Initiatives, interventions and resources will be targeted to engage older populations and ensure that new models suit their needs.
- **Disability:** Given the high percentage of those receiving support who have a disability, this population group will be significantly affected by the changes. The EINA recommends a targeted approach that builds on existing best practice in order to maximise opportunities for this group.
- **Gender:** As women have a higher life expectancy than men, a larger proportion of the affected cohort will be women. However, the impacts will be largely positive. Female carers will also see benefits to the programme.
- **Race/Ethnicity:** The percentage of the BME population accessing social care is 10% higher than the general borough population. This figure indicates that the programme will have a greater impact on BME groups. Community-based interventions are known to be more effective with these groups, and so the service is confident that the new model will have a positive impact. However, culturally-sensitive and well-located services will be key to ensuring its success in this regard.

This report will be analysed alongside the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework (PHOF) to inform the delivery of the Transformation initiatives and the Social Prescribing model, ensuring that key stakeholders and vulnerable groups are appropriately engaged in the process.

## 1. Background

### **Promote enabling people to remain, gain or re-gain independence**

Prevention and strengths-based approaches form the basis of the Adult Social Care Transformation Programme, Wandsworth Health and Care Plan and the Wandsworth Prevention Framework. ASC&PH directorate set out their approach to transforming adult social care through a Promoting Independence Programme in September 2018. The aim of the programme was to support demand management by enabling people to remain, gain or re-gain independence, targeting resources at those in most need and ensuring value for money. The focus has been to promote independence by adopting a strengths-based and person-centred approach to assessment and review. Increased use of voluntary and community sector organisations is another outcome. A person-centred approach means empowering

the service user or client to feel directly involved with the Front Door team and to have input into how the that service supports them.

The Care Act 2014 presented a shift in focus towards prevention and supporting people to stay as independent as possible. The Act requires the Council to consider people's own strengths and capabilities and what support might be available from their wider support network or their local community to help meet their needs. This is often referred to as a "strengths-based approach", which goes hand in hand with a person-centred approach that is a core aim of social prescribing.

The Enhanced Care Navigation and Social Prescribing offer within the Transformation Programme places social prescribing in the front door service where social prescribing link workers will connect people with wider social needs to community groups and services. It is aimed at helping the service deliver a strengths-based and person-centred approach to assessment and review. Voluntary Community Organisations (VCOs) are a key pillar of SP; the local SP link worker will refer the client on to local VCOs, according to the individual needs of the client

### **Social Prescribing**

The Wandsworth Front Door Service with an integrated social prescribing offer seeks to broaden the benefit of social prescribing to adult social care. Its integration into the Wandsworth Hub will support its aim of fostering residents' agency and ability to improve their own health and wellbeing, enabling them to live more independently for as long as possible and stay connected to their community as well as improve their health.

It also encourages better and closer working between adult social care, social prescribing, public health, health care and the voluntary and community sector. Social Prescribing is a fundamental part of the NHS's Long-Term plan, representing a shift in culture towards personalised nonclinical care for individuals. It allows GPs and primary care professionals to refer patients to local, non-clinical services via a Link Worker. The Link Worker will adopt a holistic approach, developing a personal health plan for individuals and connecting them to voluntary and community services for emotional, lifestyle and other practical support.

The Wandsworth SP model link worker incorporates having Social Services SP link workers based in ASC as part of the SP team based in primary care, working together, and was developed in collaboration with Merton and Wandsworth CCG primary care team and the Adult Social Care front door team with SP link workers in GP Practices.

The table below outlines the core components and functions of the Enhanced Care Navigation and Social Prescribing Offer within the Transformation Programme:

Core Component	Delivery
Enhanced Community Navigation and Social Prescribing	<ol style="list-style-type: none"> <li>1. Whole family approach</li> <li>2. The targeted groups are people living in deprived parts of the borough and protected groups</li> <li>3. Strength-based and personalised-care approach</li> <li>4. Integrated with front door service</li> <li>5. Integrated with the wider social prescribing and community and voluntary offers, psychological, and health and social care services</li> <li>6. Access to healthy eating support and Making Every Contact Count, MECC</li> <li>7. Collate service users needs and provide a gap analysis</li> <li>8. Knife crime team referral pathway</li> </ol>

This Equality Impact and Needs Assessment (EINA) will identify the potential effects of embedding a social prescribing offer within the front door service to support different population groups and ensure that mitigating measures are put in place. Link Workers will be based within a GP Practice, meaning that they will have access to the appropriate resources to see anyone who can see a GP.

**2. Analysis of need and impact**

Protected Group	Findings
Age	<p>The risk of contracting many diseases increases substantially with life-course progression. As of 2018/19, older people made up 53% of our those accessing the councils social care services. Although SP is open to all Wandsworth residents, the council foresees the greatest impact on this age group within the population.</p> <p>While Wandsworth has one of the youngest populations in London and England with a median age of 33.7, it is projected that the largest percentage increase in any age group will be in those over 60. By 2029, there will be a 25% rise in those aged 60-70 and 75-84 and a 42% rise in those over 85. As such, the proportion of the population affected by this programme will also increase over time.</p>
Disability	<p>Those with disabilities will be disproportionately impacted by the Transformation Programme: Front Door Service due to the nature of adult social care. In 2018/19, 22% of those that accessed ASC</p>

	<p>services had a learning disability, 12% had a physical disability and 13% had mental health needs.</p> <p>Unhealthy lifestyle behaviours are disproportionately high amongst people with disabilities. Over 80% of adults with learning disabilities are inactive; less than 10% of adults with learning disabilities who live in supported accommodation eat a balanced diet and 42% of cigarettes are smoked by people with a mental health disorder. Comorbidities are also known to cluster and almost a third of people with long-term physical conditions have a concurrent mental health problem such as depression or anxiety.</p> <p>In Wandsworth, 10.7% of residents report having a disability or impairment which limits their day-to-day activities a little/a lot. However, this is likely to be a significant underestimate, particularly when mental health issues and long-term conditions are accounted for.</p> <p>Social prescribing can meet a wide range of needs, with many schemes aiming to improve mental health and physical wellbeing. In addition to supporting adults, young people and children it can also be used to support people with physical disabilities, or learning disabilities, or mental health problems.</p> <p>The Care Act includes a specific duty on local authorities to maintain registers of deafblind people in their local area. The registers that local authorities already maintain for the sight impaired are very accurate and will be built upon as part of the new model.</p> <p>The social prescribers will provide access to high quality interpreting and translation services that includes manual or hands-on signing for deaf and blind people.</p> <p>Social Prescribers working with deaf and blind people will ensure they have understood what has been discussed and agreed at their visit.</p> <p>Social Prescribing works with all VCOs, including those who work with deaf and blind people.</p>
<p>Race/Ethnicity</p>	<p>71.4% of Wandsworth’s population is of White ethnicity, compared with 59.8% in London and 85.9% nationally. According to JSNA projections, the BME population will remain at around 30% by 2029.</p> <p>However, the percentage of the BME population that access adult social care services is significantly higher than the borough average at 40%. These figures therefore indicate that this population group will be disproportionately affected by the changes. It is recognised that a diverse and proportional response will be required in order to reduce these inequalities.</p>

	<p>It should be noted that overall, people from Black Minority Ethnic (BME) and some non-British white ethnic groups are more likely to have poorer health than the White British population. For example, there are increasing indications that the prevalence of dementia and depression in Black African- Caribbean and South Asian UK populations are greater than the white UK population.</p> <p>The factors behind this inequality include:</p> <ul style="list-style-type: none"> <li>• Genetically-inherited susceptibility to certain health risks and diseases;</li> <li>• Socio-economic disadvantage (e.g. income, employment, and housing);</li> <li>• Health related lifestyles and behaviours (e.g. exercise, diet, smoking);</li> <li>• Difficulties with access (e.g. language, awareness, isolation, inadequate cultural sensitivity, discrimination) to and lower utilisation of disease prevention and health care services.</li> </ul> <p>If we consider that these modifiable and unmodifiable risk factors as common in Wandsworth Adult Social Care, then it is important that the changes appropriately target these communities within the borough.</p>
<p>Gender (sex)</p>	<p>44% of those that accessed Adult Social Care services in 2017/18 were male and 56% female. By comparison, the borough-wide percentages are 48% and 52% respectively.</p> <p>The disproportionate number of females accessing social care is unsurprising given their increased life expectancy. However, these figures do indicate that female service users will be greater affected by the Transformation Programme: Front Door Service and the Enhanced Care Navigation and Social Prescribing offer.</p> <p>In relation to health behaviours and long-term conditions, men and women can be subject to differences in:</p> <ul style="list-style-type: none"> <li>• Risks relating to the wider determinants of health and wellbeing (e.g. employment and educational opportunities, burdens of caring for others).</li> <li>• Biological risks of particular long-term conditions</li> <li>• Awareness of particular health issues and appropriate access to health &amp; social care</li> <li>• Behavioural and lifestyle health risks</li> </ul> <p>The proportion of men and women are roughly equal across life-course age-bands until later life. As women experience longer life expectancy than men, by the time people are aged 85 years and over there are considerably more women than men. This pattern has a number of implications for the needs of women. For instance,</p>

	<p>the older age profile of women means that they suffer higher rates of chronic disease.</p> <p>Men, however, have relatively poorer lifestyle behaviours throughout life (e.g. men smoke more, drink more, and eat less fruit and vegetables) and their patterns of health seeking behaviours are also different, often presenting late to health services.</p>
Gender Reassignment	<p>Estimates of the prevalence and incidence of gender dysphoria and Transsexualism are difficult to quantify due to the lack of robust national data. Commissioning of health services for gender dysphoria has historically been based on the results of a Scottish primary care study published in 1999 which estimated a prevalence of 8.18 per 100,000 population aged over 15 years.</p> <p>It is accepted that gender dysphoria, if not treated, can severely affect a person's quality of life and health status. High levels of depression are reported within Trans communities. The majority of individuals have considered suicide, with an estimated 35% reporting an attempted suicide at least once in their lifetime. Roughly half of Trans individuals have self-harmed at some point.</p> <p>These figures therefore indicate that this population group may require greater access to support. As such, necessary measures to prevent their marginalisation should be taken, such as improving staff awareness and providing appropriately categorised forms for individuals to fill out e.g. gender options including an alternative to female/male binary.</p> <p>Enhanced Care Navigation and Social Prescribing includes a focus on providing support to those affected by health inequalities such as transgender people.</p>
Sexual orientation/	<p>LGBT+ people, have the same health and social care needs as their heterosexual counterparts, though also often have particular additional or different needs (e.g. sexual, reproductive, &amp; mental health), including access to services which are accepting and sensitive to their sexuality, preferences, and needs.</p> <p>Specifically, we know from a consultation undertaken by Healthwatch Wandsworth, that LGBT+ people are more likely to experience mental ill health than the wider population.</p> <p>.</p>
Religion and belief including non belief.	<p>In Wandsworth as a whole, 53% identify as Christian, 27% as no religion, 8.1% Muslim, 2% Hindu and 2% other religions. The final 7.9% did not state their religion.</p>

	<p>According to the most recent set of data from Adult Social Care (2017/18), of those that accessed services 44% were Christian, 50% non-Christian and 6% declared no religion.</p> <p>Little evidence is available on the particular health and social care needs of people of different religions and belief, although more conservative and orthodox religions are less likely to smoke or drink alcohol. Most specific health issues that might be associated with people of different religions are generally associated with their race or ethnic background.</p> <p>Enhanced Care Navigation and Social Prescribing will ensure that its services offer inclusive access for all, regardless of religion or belief.</p>
Marriage and civil partnership	<p>Marriage has been found to have positive impact in men and there is some evidence that working marriages have positive impact on children, however there is limited, systematically considered evidence available on the particular health and social care needs of people in terms of marriage and civil partnership.</p>
Pregnancy and maternity	N/A

**3. Impact**

Link Workers will be based within a GP Practice, meaning that they will have access to the appropriate resources to see anyone who is able to see a GP. There is evidence that individual-based approaches when delivered at the universal level tend to be taken up disproportionately by the more affluent and as such tend to widen inequalities even if average health improves. The Enhanced Care Navigation and Social Prescribing offer will therefore focus on community development and community activities as part of its placed-based and population health approach

Positive Impact – put in here what the policy/service will do

- to address barriers to access/under-representation;
- to foster good relations between groups;
- to support protected groups to benefit from the service/policy
- to advance equality of opportunity
- to eliminate discrimination, harassment or victimisation

Protected group	Positive	Negative
Age	<p>Long-term conditions in older age are not a foregone conclusion, and many amenable to prevention. Indeed, 30% of dementia cases could be prevented by changes in lifestyle behaviours. Therefore, the</p>	<p>No negative impact is anticipated</p>

	<p>preventative and strengths-based focus of social prescribing programme should ensure that the impact on older people is positive one.</p> <p>The population approach taken by Enhanced Care Navigation and Social Prescribing offer (within the Transformation Programme: Front Door Service) will have an impact on residents across the life-course as it is open to all ages, including thorough encouraging volunteering.</p>	
<b>Disability</b>	<p>The strengths-based approach will ensure that all groups are benefited from the implementation of changes as people are supported to live more independently and access services that are wider than the statutory.</p> <p>We will build on existing best practice within our specialist services to create an adapted and adaptable offer for those with a disability. Social prescribers are provided with training to support people with physical and learning disabilities and mental health issues, including dementia awareness training.</p> <p>This is a requirement of social prescribing service specifications/contract. Specialist training is also offered, for example supporting those with physical disabilities to be more physically active in the community.</p>	<p>There will be an unavoidable gap to begin with in supporting those who are housebound and would not be able to attend appointments in person. However, as the service developed, we were looking into establishing home visiting. Prior to lockdown and whilst in lockdown, have worked with our Primary Care colleagues to ensure link workers have access and are trained to use tele-consult and video-consult technologies that are now present in all general practices.</p>
<b>Gender (sex)</b>	<p>An important impact that the programme will have on women is the desired alleviation, reduction and delay of caring responsibilities. The Transformation Programme aims to target carers using a more holistic approach to social care. As more carers are supported by</p>	<p>The service is expected to target both men and women and deliver services that are accessible and acceptable to both genders.</p>

	Wandsworth Council and their respective care receivers supported to live more independently, there will be a particular, if indirect, benefit for women.	
<b>Gender reassignment</b>		
<b>Marriage and civil partnership</b>	Although the estimated impact on this protected characteristic is low, it remains important that health and social care/ social prescribing services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families.	No negative impact is anticipated
<b>Pregnancy and maternity</b>	No inequitable impacts upon pregnancy and maternity have been identified with regards to the Transformation Programme and social prescribing. There will be opportunities to refer mothers to interventions by voluntary sector organisations and activities aimed at preventing depression, and related activities in the community with other new mothers.	No negative impact is anticipated
<b>Race/ethnicity</b>	Community-based health interventions are known to be more effective in these groups than information giving. The Front Door Service with enhanced care navigation and social prescribing offer will be culturally sensitive and accessible to those with English as an additional language.  Enhanced Care Navigation and Social Prescribing includes a focus on providing support to those affected by health inequalities such as people from BAME backgrounds with or without complex needs	No negative impact is anticipated

<b>Religion and belief, including non-belief</b>		It is important to ensure that no one religious group is unfairly advantaged in terms of accessing health and social care. This consideration is particularly relevant with regards to the community hubs. For example, if churches were identified as a potential hub location for a social prescribing intervention, there would be a careful effort to ensure provision of alternative religious or secular spaces for those residents that would not wish to visit a Christian establishment.
<b>Sexual orientation</b>	Social prescribers will work with the VCOs available and identify and raise gaps in service provision to be supported through grants etc	No negative impact is anticipated

#### 4. Gaps in data

Enhanced Care Navigation and Social Prescribing focuses largely among those that are yet to access the service, we must consider the fact that to a certain extent the equalities data is limited as the specific target group is yet to be determined. In order to mitigate this gap, we have considered both the existing service user data alongside borough-wide statistics to assess the comparative need.

Moreover, as specified above, there are several data sets that are entirely unclear or missing from current data provision. Notably these sets include statistics on gender reassignment, sexual orientation and marital status within Wandsworth.

#### Sources of data

The information used to carry out this EINA was found in the following sources:

1. ASC Transformation Programme strategy
2. Social Prescribing (NHS Long-Term Plan)
3. Care Act 2014
4. Census data
5. Data Wand <https://www.datawand.info/equalities/>
6. Joint Strategic Needs Assessment (JSNA) data, January 2020.

#### 5. Actions

Put in this table actions you have identified that will be included in your strategy/policy and supporting action plan or mitigating actions you have identified that need to be undertaken

Action	Lead Officer	Deadline
Develop equality KPIs for new contract	Tony May	November 2020
Update EINA accordingly	Tony May	March 2020
Co-produce an Enhanced Care Navigation and Social Prescribing Service (ECNSP) Specification and work with Wandsworth CCG to use this as the basis of a Deed of Variation to their current Social Prescribing Provider's contract.	Tony May/	September to November 2020
Take a more targeted approach to support groups with the greatest need i.e. BME, older people, those with a disability to achieve a reduction in inequalities	Tony May/ Nadine Hessler	Ongoing
Increase monitoring and evaluation processes and develop consistent equality monitoring reporting processes.	Tony May/	Ongoing
Improve data collection in contracts	Tony May	March 2021

## 6. Consultation

- The Merton and Wandsworth Social Prescribing paper went to the Merton CCGs Executive Management Team on 30th January 2019 and gained the approval for funding to run 2 separate SP services in Merton and Wandsworth.
- Ongoing discussions with the Public and Patient Involvement team with regards to how to ensure that protected characteristics would be considered and ensure that there were no or limited barriers to access for these groups.
- SWL Social Prescribing conference with Wandsworth Council, Wandsworth CCG, Social Prescribing Provider, and stakeholders took place on Thursday 28 November 2019. This explored the social prescribing offer in Wandsworth and future direction of travel.
- Subsequent to the above a social prescribing survey was carried out amongst stakeholders. The aim of the survey exercise was to gain an understanding of the views of voluntary and community organisations (VCOs) with regards to social prescribing in Wandsworth, focusing on their expectations, any benefits and challenges that they envisage. The results of this survey will continue to inform social prescribing in Wandsworth.
- Please see front EINA for Transformation Programme that involves the creation of a new front door service incorporating an enhanced care navigation and social prescribing offer is now based.

- As part of the Front Door pilot, there will be feedback channels that will consider and relay the opinions of service users within the service.

## **7. Monitoring and Review**

- An evaluation of the SP programme and any data, complaints and user feedback will be recorded.
- Once the pilot phases of the Transforming Programme have been completed (2020/21), a review of equalities monitoring will be carried out in order to identify any necessary areas for improvement.