SSA EQUALITY IMPACT AND NEEDS ANALYSIS

| Directorate | Adult Social Services and Public Health |
|---|---|
| Service Area | Open Access Preventative Services in Wandsworth |
| Service/policy/function being assessed | Proposal to consolidate Enhanced Age Well Services at one site and commission a lower-level preventative service in the central Wandsworth area. This is a change in the original strategy to offer the support at two sites – one in the East Locality and one in the West. |
| Which borough (s) does the service/policy apply to | Wandsworth |
| Staff involved in developing this EINA | Steve Shaffelburg, Senior Commissioning Manager (Acting) |
| Date approved by Directorate Equality Group (if applicable) | |
| Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager | |
| Date submitted to Directors' Board | |

1. Summary

The purpose of this Equality Impact Needs Assessment is to (a) assess the possible effects of consolidating open access services for vulnerable or frail older adults (Enhanced Age Well) at one site in Putney (SW15) from 1st April 2023 and (b) commissioning an open access Age Well service in the central Battersea area.

These actions mark a policy change from the one approved by the Health Committee in June 2022 (Paper No. 22-155) which sought to procure an Enhanced Age Well Centre in the East of the borough and direct award one in the West.

Users of the Enhanced Age Well service are older residents, most of whom are not currently in receipt of a Council commissioned day service packages but have a level of frailty that is greater than most of the other open access, preventative services that the Council commissions. These services are currently based at St Michael's Church in SW11 and the Platt Centre in SW15 although service users also receive outreach support at home and hospital. Potential users of the open access Age Well service are older residents who are managing well.

In the subsequent procurement exercise the incumbent provider (Regenerate-RISE) decided not to tender. Three other local organisations expressed an interest. The two that have current experience of running open access centres decided not to tender. The third organisation submitted a bid, but it was deemed non-compliant as commissioners felt their model did not provide for sufficient staff to deliver an enhanced service.

The unsuccessful procurement exercise has led commissioners to identify an options that will ensure that frail older residents in Wandsworth will continue to have access to an enhanced service when needed but also to maintain a preventative presence in the central Wandsworth area.

Key findings:

- The average age of service users at the Enhanced Centres is 83. This is ten years older than the average for other Council commissioned preventative services.
- 55% of service users for both building based services are female which is proportionate to percentage of females in this age population.
- 22% of service users from black, Asian and other minority ethnic communities. The percentage of Black, Asian and Other Minority ethnic service users at SW11 is greater than SW15 (30% versus 10%).
- There is a lack of data on religious background and sexual orientation.

The main potential negative impact of the consolidation plans identified in the EINA is a potential fall in the number of existing service users who currently attend SW11. Currently this centre has more members from Black, Asian and Other Minority Ethnic communities than the SW15 centre. However, commissioners are confident that this risk can be mitigated by working with the provider to ensure current SW11 service users can attend SW15 and by working with partners to refer Black, Asian and Other Minority Ethnic residents as appropriate. It should also be noted that a consultation with SW11 members indicated that all but one member are planning to continue attending Regenerate- RISE after the consolidation. The number of service users from protected groups will be monitored on a quarterly basis and plans developed with the provider should any groups appear underrepresented.

The likely positive impact for potential users is that the Enhanced service will have a greater capacity to reach across the borough to support older adults from all protected groups who need the enhanced support.

The plans to commission an Age Well service in central Battersea area will have a positive impact on older residents with protected characteristics as interventions will be developed based on the results of a participatory needs assessment to identify the types of activities local service users want. The specification will outline expectations for the provider to produce a strategy to work with residents from Black, Asian and Other Minority Ethnic communities, LGBQT+ communities etc.

2. Evidence gathering and engagement

a. What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand

| Evidence | Source |
|--|--------------------------------------|
| Quarterly Monitoring Reports on service user | Regenerate RISE |
| demographics | |
| Wandsworth Resident Demographics Aged 65+ | ONS Census 2021/Wandsworth JSNA 2021 |
| Frailty status of service users at Age Well Centres in | ASC Survey 2022 |
| Wandsworth | |

| Individuals/Groups | Consultation/Engagement results | Date | What changed as a result of the consultation |
|---|---|---------|---|
| Service users at Regenerate RISE and Specialist Centre | Confirmed model for Enhanced Services to delay need for specialist centre | 2021/22 | Model proposed in Health Committee paper in June 2022 |
| Age Well Provider survey | Confirmed members of Regenerate- RISE services were, on average, frailer than service users at other Age Well services | | |
| Potential providers of Enhanced Age Well Centre in SW11 | Commissioners concluded that for the funding available there is no market for enhanced service | 12/22 | Proposed policy change as described in summary |
| Regenerate-RISE | Confirmed the vast majority of current members would transfer to SW15 and identified any members who could/would not transfer Confirmed capability to deliver enhanced services across borough given additional resources | 01/23 | Plans developed for any members who are not moving to SW15 Proposed variation to current contract to deliver borough wide Enhanced service |
| Older residents from Black, Asian and Other Minority Ethnic Communities (underway) | Needs assessment commissioned to identify day opportunity needs | Ongoing | Findings will be included in specification for open access Age Well service |

b. Who have you engaged and consulted with as part of your assessment?

3. Analysis of need

Potential impact on this group of residents and actions taken to mitigate impact and advance equality, diversity and inclusion

| Protected group | Findings | |
|-----------------|--|--|
| Age | The average age of service users for Regenerate-RISE's services is 83. The youngest member is 56 and the oldest member is 101. There is no significant difference in the age profiles between the two centres currently provided by Regenerate RISE. | |
| | Age Well services in the borough, similar to the one proposed to be commissioned in SW11, have an average age of about 10 years younger. Analysis | |

| | While the Wandsworth population is increasing across all age brackets | | |
|------------|---|--|--|
| | (6% increase in the last ten years), the increase is greatest in the older | | |
| | population with a 16% increase in the 65+ population in the last ten years | | |
| | and a 8.3% increase in the 85+ population—this is the highest increase in | | |
| | London, | | |
| | This increase is projected to continue, particularly in the older age cohorts | | |
| | with a projected 152% increase in residents aged 85+ by 2050. | | |
| | | | |
| | Conclusions | | |
| | • The Enhanced Age Well service is overrepresented by residents aged 80 | | |
| | plus. This is appropriate given the nature of the support offered and | | |
| | demand is likely to increase given the projected increase in the 85+ | | |
| | population | | |
| | A lower level open access service in the central area will be able to cater | | |
| | to the growing number of residents aged 65+ | | |
| Disability | Fifty-five per cent (55%) of Regenerate-RISE members have mild to moderate | | |
| | memory loss and/or a diagnosis of dementia | | |
| | Soughty per cent (70%) have a level of frailty that means they require support to | | |
| | Seventy per cent (70%) have a level of frailty that means they require support to | | |
| | take part in activities at the centre (this excludes personal care) | | |
| | Sixty-eight per cent (68%) live on their own. While living on your own is not a | | |
| | disability, it can be a risk factor for social isolation, particularly if also associated | | |
| | with frailty. | | |
| | Another indicator of frailty is a fall in the last 12 months, something that 23% of | | |
| | Regenerate-RISE members have experienced. | | |
| | Current members at SW11 are slightly more likely to show signs of frailty – | | |
| | memory loss, history of falls | | |
| | Service users at Age Well services are much less likely to have memory problems | | |
| | (25%), require assistance to participate in activities (24%) or have had a fall in the | | |
| | last year. These are all indicators of a population that is less frail. | | |
| | Analysis | | |
| | The biggest risk factor for dementia is age. According to Alzheimer's | | |
| | research UK, about two in 100 people aged between 65 and 69 have | | |
| | dementia, and this figure rises to one in five for those aged between 85 to | | |
| | 89. | | |
| | | | |

| | The recorded prevalence of dementia in Wandsworth residents aged 65 years and over is 4.7% which is higher than the London and England average. It is projected that the prevalence of dementia in Wandsworth will increase by 47% between 2019 and 2035. In the next 20 year it is projected that there will be double the number of residents living with dementia. One of the key indicators of frailty in older people is falls. Wandsworth has the 6th highest rate in London. Conclusions Even accounting for the evidence that Wandsworth has a high proportion of frail elderly, the current Enhanced service is over-represented by members with significant disabilities. Again this is appropriate given the nature of the service offered. Current service users at SW11 are likely to |
|---------------------|--|
| | be frailer than SW15 members and will be impacted more by the plans to consolidate as travel times will be greater for some. This can be mitigated by creating travel options that are enjoyable for members (e.g. dementia bus, volunteers) and by using Dial-A-Ride and, where possible, private vehicles which will reduce travel times as there will be fewer service users per trip (i.e. less pick-up time) |
| | More able members, and residents who have felt that the Enhanced service in SW11 does not meet their needs as they are managing well, will have more options in the area for activities to attend that help them to stay healthy and independent. |
| Sex | Just over 30% of Regenerate-RISE service users are <mark>mal</mark> e. There is no significant difference between the two sites. |
| | Analysis |
| | • The proportion of the population who are female increases with age. In Wandsworth, 60% of residents aged 80 plus are female. |
| | In Wandsworth, 64% of people over 65 living with dementia are female and 36% are male. |
| | Conclusions |
| | • The proportion of male service users is slightly less than the proportion in the resident population for this age group. It is perhaps not unexpected |
| | however as most day services are over-represented by females. A newly commissioned Age Well service will be required to engage with older men to identify what activities they would like to participate in. |
| Gender reassignment | The service does not collect data on gender reassignment. |
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| | 7 | |
|--------------------------|---|--|
| | The Council has collected this data as of October 2017. However this has not | |
| | been a requirement for the open access services. | |
| | | |
| | Analysis | |
| | 0.22% of residents in England aged 75+ identified as trans in the 2021 | |
| | Census. | |
| | | |
| | Conclusion | |
| | • The prevalence of trans residents aged 75+ does not warrant a separate | |
| | service in Wandsworth although both enhanced and lower level | |
| | preventative services need to remain vigilant to the possibility that they | |
| | will have trans service users with unique needs | |
| Marriage and civil | The provider does not keep records of marriage and civil partnerships, however | |
| partnership | 70% of service users live on their own suggesting that they are not currently in a | |
| F | marriage or civil partnership. Anecdotally, the provider reports that more than | |
| | half of the service users are widowed. | |
| | | |
| | Analysis | |
| | A significantly larger proportion of service users are widowed than the | |
| | borough average (4%). | |
| | | |
| | Conclusion | |
| | These services will be overrepresented by residents who are living on | |
| | their own because they are widowed. As one of the main outcomes of | |
| | these services is to reduce social isolation, it is to be expected that they | |
| | will be overrepresented by people living on their own and/or widowed. | |
| Pregnancy and maternity | All the service users are over childbearing age. | |
| Freghancy and materinity | An the service users are over childbearing age. | |
| | Conclusion | |
| | These services are not for people of child bearing age | |
| Race/ethnicity | Eighteen per cent (18%) of service users are from Black, Asian and other minority | |
| Nace/ etimicity | | |
| | ethnic communities. The proportion of Black, Asian and other minority ethnic | |
| | members is greater in SW11 (28%) compared to SW15 (10%) | |
| | | |
| | The main non-White category for service users is Black British/African/Caribbean | |
| | (72%) followed by Asian British/Indian/Pakistani/Bangladeshi (22%). | |
| | | |
| | Analysis | |
| | | |
| | 32.2% of Wandsworth residents are from Black, Asian and Other Minority | |
| | Ethnic backgrounds although this percentage decreases with increasing | |
| | age | |
| | • 73% of residents aged 60-74 are from White backgrounds and this figure | |
| | rises to 77% of residents aged 85 plus. However, the older Black, Asian | |
| | and Other Minority Ethnic population is increasing at a much faster rate, | |
| | and other winnonly clinic population is increasing at a much laster fate, | |

| Religion and belief, | Conclusions The current service is slightly underrepresented by Black, Asian and Other Minority Ethnic members but the percentage at SW11 is greater than SW15. This means that more current Black, Asian and Other Minority Ethnic members will be more likely affected by the consolidation plans. Given that Black, Asian and Other Minority Ethnic resident population aged 85+ is growing quicker than the White population, the enhanced service will need to consider implications for their activities, food offer etc. The provider will also be required to make closer links with services in the borough that support older residents from Black, Asian and Minority Ethnic communities Potential older residents from Black, Asian and Other Minority Ethnic communities may benefit from the development of the Wandsworth wide offer and closer links with providers over-represented by Black, Asian and Other Minority Ethnic members who may eventually require enhanced support. The new Age Well specification will be required to engage with older Black, Asian and Other Minority Ethnic residents to identify what activities they would like to participate in. |
|----------------------|--|
| including non belief | |
| | Analysis The highest proportion of residents in Wandsworth identify themselves as Christian (53%) and 27% state they have "no religion". The second largest proportion identify as Muslim (8.1%). |
| | Conclusion |
| | • While the provision of these services are not based on faith, providers will need to recognise any particular needs of service users from particular faiths. This could include dietary needs and prayer rooms. |
| Sexual orientation | The current open access services do not collect data on sexual orientation. |
| | Analysis Nationally, 0.37% of residents aged 75 plus identified as LGBQT+ in the 2021 Census. This is much lower than the 16+ percentage of 3.1%. A significant proportion of service user sexual orientation data for both services is recorded as 'Unknown' or 'Not Recorded' which means a true analysis of this characteristic is not possible. |
| | Conclusion Potential older residents from LGBQT+ communities may benefit from the development of the new Age Well service which will be required to |

| | engage with older men to identify what activities they would like to | |
|-------------------------|--|--|
| | participate in. | |
| Across groups i.e older | Ethnic Groups and Dementia | |
| LGBT service users or | There is some national evidence that dementia rates are higher amongst Black | |
| Black, Asian & Minority | populations and lower amongst South Asian populations. (DataWand JSNA | |
| Ethnic young men. | 2021). | |
| | Although this service is not specifically for people living with dementia, the | |
| | percentage of members with memory loss issues from Black, Asian and Other | |
| | | |
| | Minority Ethnic communities should be analysed against the dementia diagnosis | |
| | rates by ethnicity in the borough (if available). | |
| | Geography | |
| | | |
| | Geography can be a limiting factor in attendance, particularly for older residents | |
| | who are no longer able to travel independently over long distances. The location | |
| | of the Enhanced Age Well Centre in Putney is not ideal in terms of travel times | |
| | for potential members who live in the East or South of the borough. However, | |
| | the provider has a long history of treating the travel time as part of the service | |
| | (e.g. dementia bus) and this will continue. The use of Dial-a-Ride and private | |
| | vehicles will also reduce travel times for many members as there will be fewer | |
| | members to pick up on one route. | |
| | | |
| | The development of the SW11 Age Well service is not building based so will | |
| | enable the provider to offer services in the locations that best meet the needs of | |
| | service users | |
| | | |
| | Unpaid Carers | |
| | Some of the older members may have unpaid carers and many of these unpaid | |
| | carers may also be in the age cohort. The additional spots and extended | |
| | outreach will provide respite opportunities for carers who live with a loved one | |
| | with memory loss and/or other dimensions of frailty. | |

Data gaps

| Data gap(s) | How will this be addressed? |
|---|---|
| Religion and Marital Status | Discussions with the provider on collecting data on |
| | these protected characteristics, particularly religion |
| | given the implication for food choices |
| Gender reassignment and Sexual Preference | Although the percentage of service users in these |
| | categories is small, work needs to be carried out to |
| | ensure local data is collected for all service users – |
| | particularly for Sexual Preference at other open access |
| | services in the borough are beginning to see a higher |

| percentage of service users identifying from the |
|--|
| LGBQT+ community. |

4. Impact

| Protected group | Positive | Negative |
|---------------------|--------------------------------------|--|
| Age | The increase in the number of | Most current members attending SW11 will |
| | spots at the consolidated service | face longer travel times to SW15. |
| | (250 pw versus 240 pw), the | |
| | additional of a Saturday month | Travel distances may prove barrier for some |
| | club every month as well as the | potential members although somewhat |
| | scope to work across the borough | mitigated by the use of Dial-a-Ride and |
| | will benefit frailer older people. | private vehicles (which will reduce travel times for some members because the pick up routes will be shorter). The provider also |
| | Overall, the proposal will create | has a proven record of treating their shuttle |
| | increased capacity to support | bus service as part of the day service |
| | vulnerable and frail older people | (through use of music, tactile cushions, |
| | to remain at home for longer, | commentary etc) The provider will also offer |
| | regardless of where they live in | more outreach into member's homes. |
| | the borough. | |
| | | The proposed Age Well service in SW11 will |
| | The proposed Age Well service | not be able to cater to the same level of |
| | will increase the participation of | need as the current Enhanced service |
| | residents aged 65+ with lower | |
| | level needs in activities to support | |
| | their health and independence | |
| Disability | As above | As above |
| Sex | The proposed Age Well service | There is no evidence to suggest that there |
| | will have the potential to offer | will be a negative impact on anyone based |
| | bespoke activities to encourage | on their gender |
| | older men to participate | |
| Gender reassignment | There are no specific issues | There is no evidence to suggest that these |
| | relating to this group from the | proposals will have a disproportionately |
| | service changes. | negative impact on anyone based on gender reassignment |
| | Providers awarded contracts will | |
| | be expected to ensure that all | |
| | service users are treated as | |
| | individuals and their needs are | |
| | met through adopting a person- | |
| | centered approach. | |
| Marriage and civil | There are no specific issues | There is no evidence to suggest that these |
| partnership | relating to this group from the | proposals will have a disproportionately |
| | service changes. | negative impact on anyone based on their marital status |

| Pregnancy and maternity | Service users from this cohort are | There is no evidence to suggest that these |
|-------------------------|--------------------------------------|--|
| | not of childbearing age. | proposals will have a disproportionately |
| | Therefore, there are no specific | negative impact on anyone based on their |
| | issues relating to individual's | pregnancy and maternity status. |
| | pregnancy and maternity status. | pregnancy and maternity status. |
| Race/ethnicity | All services contracted by the | There is some evidence to suggest that these |
| Nace/ etimicity | Council are obligated to train staff | proposals will have negative impact on |
| | in equality and diversity and | Black, Asian and Other Minority Ethnic |
| | | - |
| | support service users to observe | members because currently more from this |
| | their cultural identity. | cohort attend SW11. However, virtually all |
| | | the SW11 members are planning on |
| | The service specification for the | attending the SW15 centre (including all the |
| | SW11 Age Well service will | members from ethnic non-White |
| | require provider to engage with | backgrounds_ |
| | older residents from BAME | |
| | communities to determine needs. | |
| Religion and belief, | There are no specific issues | There is limited evidence to suggest that |
| including non belief | relating to religion from this | these proposals will have a |
| | service provision although people | disproportionately negative impact on |
| | from this group will be affected | anyone based on their religion and belief. |
| | | Food options at SW15 may need to |
| | | expanded to ensure that religious conditions |
| | | are observed although this has not been |
| | | raised at either centre during their member |
| | | meetings as an issue. |
| Sexual orientation | There are no specific issues | There is no evidence to suggest that these |
| | relating to this group from the | proposals will have a disproportionately |
| | service changes. | negative impact on anyone based on their |
| | | sexual orientation. |
| | The service specification for the | |
| | new Age Well service in SW11 will | |
| | require the provider to engage | |
| | with residents from LGBQT+ | |
| | communities and respond to their | |
| | needs as appropriate. | |

5. Actions to advance equality, diversity and inclusion

| Action | Lead Officer | Deadline |
|---|--------------|--------------------|
| Develop robust plans and monitoring arrangements for take up | Commissoning | Ongoing throughout |
| (utilisation) and capacity of the service at SW15. In particular, | Team in | the mobilization |
| monitor the attendance by service users (including protected | conjunction | process |
| characteristics) in SW11 to ensure there is not a drop off. | with QA and | |
| | ASC Ops | |

| Work with the provider of the Enhanced Age Well service at SW15 | Commissioning | Contract Award |
|---|---------------|----------------------|
| on a strategy to ensure the service is meeting the needs of service | team | |
| users from Black, Asian and Other Minority Ethnic communities | | |
| Ensure specification for new Age Well service in SW11 includes | Commissioning | Before ITT is |
| specific targets to engage with older people with protected | team | published |
| characteristics (most notably male, LGBQT+ and Black, Asian and | | |
| Other Minority Ethnic residents) | | |
| Review ethnicity rates of residents in Wandsworth with a diagnosis | Commissioning | Within six months of |
| of dementia and compare to Enhanced Age Well members | Team | mobilisation |

6. Further Consultation (optional section – complete as appropriate)

<u>Guidance</u>

Is any further consultation planned? Set details out below.

| Consultation planned | Date of consultation | |
|--|----------------------|--|
| We will write to service users and carers to explain the service changes relating to the Enhanced Age Well Service | March 2023 | |
| Any current SW11 members who are not intending to shift to SW15 will have their needs assessment and alternative plans put in place | March 2023 | |
| Market engagement with potential providers to help refine Age Well specification for SW11 | April 2023 | |
| Basis of new open access service in central Wandsworth will be a participatory needs assessment completed upon mobilization with older residents | September 2023 | |