

## Community and Equality Impact Assessment

As an authority we have made a commitment to apply a systematic screening process to both new policy development or changes to services.

This is to determine whether the proposals are likely to have a significant impact on different groups within our community.

This process has been developed, together with **full guidance** to support officers in meeting our duties under the:

- Equality Act 2010.
- The Best Value Guidance
- The Public Services (Social Value) 2012 Act

As well as supporting you to look at whether there is, or will be, a significant impact, the guidance will also consider ways in which you might mitigate this in the future.

**About the service or policy development**

Name of service or policy	All-Age Care Technology Service
Lead Officer	Lewis Sheldrake, lewis.sheldrake@lbbd.gov.uk
Contact Details	Lead Commissioner – Innovation and Personalisation, Care and Support Commissioning
Supporting Officer	Lydia Freeman, lydia.freeman@lbbd.gov.uk
Contact Details	National Management Trainee – Care and Support Commissioning

Why is this service or policy development/review needed?

**Placing equality central to our discussions and considerations.**

The importance of equality and diversity consideration is central to all aspects of the Council's work. The Equalities Impact Assessment (EIA) aims to ensure the council is meeting its duties outlined by the Equality Act (2010) to assess the impact of service and policy regarding the nine protected characteristics outlined within the act:

- Age
- Disability
- Gender
- Gender Reassignment
- Pregnancy and maternity status
- Marriage and civil partnership
- Ethnicity
- Religion or belief
- Sexual orientation

Under the Equality Act, we must ensure that steps to eliminate unlawful discrimination, harassment, victimisation, and other conducts prohibited by the act are taken. The Council has a duty to advance equality of opportunity and foster good relations across those who share protected characteristics and those who do not.

The duty to consider and protect the impact of policy and service changes on socio-economically disadvantaged groups is out with the Equality Act. We consider it in line with the councils' strategic Diversity and Equality agenda and good practice to address the socio-economic impact of changes to improve outcomes for all, ensure no one is left behind and to ensure fair and open service delivery.

The EIA helps to ensure that change is always considered from the residents' perspective in-line with the councils' DRIVE values and mitigate negative impacts. The development of an all-age Care Technology service must mitigate the impact on the groups discussed due to the nature of the service and working with vulnerable groups. The Council throughout this project must advocate effectively on behalf of vulnerable groups and residents to ensure equal opportunity and improve access to services of this nature.

Why is this service or policy development/review needed?

**Background and future equity.**

The Equality Impact Assessment engages us to understand the consequences of the change of service and how this may impact the most vulnerable groups of our community. The assessment will provide an in-depth understanding of the current service factoring in the current context, need and how this will change in the future. This document is to provide an initial basis in which equality concerns are discussed and considered, this will be reviewed subsequently and consistently throughout the progress of this project.

Since 2010 the Council commissioned Careline via Elevate to implement care technology for residents, the enhanced implementation of Care Technology contributes to meeting the duties outlined by the Care Act 2014. There are approximately 2,500 users of the current service with 80% only having access to a basic pendant alarm. Approximately one-third of all current service users reside in Sheltered Accommodation. This service was re-absorbed into the Council's Customer Contact Service area during the Elevate repatriation in February 2020.

The priorities for Care and Support Commissioning are to work with the market to create conditions for innovation and improvement resulting in the development in a range of services which will transform Care and Support. The main caveat of the current Careline service is that it cannot align with the Council's ambitions for care technology. It has been outlined through an in-depth external service review that the current service lacks equity. The current Careline provision has no related expertise within the service resulting in insufficient knowledge within the social care space. This limited social care understanding results in limited assessment capacity to implement the appropriate technologies and insufficient oversight of the associated risks compromising service safety.

The current service is predominantly limited to older people, with only 25% of the current 2,500 Careline users known to social care. The current clientele indicate that the service is not implemented within the areas which would benefit most and reduce demand on social care services such as those within Disability services and those known to social care who could benefit from increased independence and a de-escalation of care. The Care Act 2014 and The Social Value Act (2012) outline the duty the Council has within the public sector to pay particular attention to protected characteristics where improvements in health and life expectancy are not keeping pace with the rest of the population. This duty to equity is unlikely to be met through the current service due to the deficits outlined above.

The current service has been deemed insufficient from the perspectives of service users, such as those with sensory need. Following a series of engagement and consultation activities, the Sensory Team provided feedback on behalf of service users. The feedback stated that the current service has not progressed in line with the advances in sensory technology and the lack of innovation had inadvertently excluded those with sensory needs. Innovative technology has been piloted within the borough outside of the scope of the current Careline service to great success and benefit of service users, indicating the potential success of an innovation partner and the need for growing the application of innovative technology in the borough.

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Why is this service or policy development/review needed?

The procurement of an Innovation Partner to provide an all-age care technology service will improve the equality of the service through improving access and broadening the scope of the service. The external service review highlighted the dangers of a stagnant service, drawing attention to safeguarding risks. Culturally throughout health and social care, there has been a shift from reactive approaches toward proactive approaches - which will be reflected within the transformation of our current Careline service. An Innovation Partner will enable the Council to benefit from advancements in care technology as they arise, aiding the shift towards a preventative approach; this will align with the priorities outlined in Joint Health and Well Being Strategy 2019-2021 that underpin commissioning plans.

### 1. Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).

What impacts will this service or policy development have on communities?  
Look at what you know? What does your research tell you?

*Consider:*

- National and local data sets
- Complaints
- Consultation and service monitoring information
- Voluntary and Community Organisations
- The Equality Act places a specific duty on people with 'protected characteristics'. The table below details these groups and helps you to consider the impact on these groups.

#### **Demographic and data-led equity:**

Barking and Dagenham is a highly diverse Borough in every aspect, particularly within the protected characteristics outlined by the Equalities Act. The Borough also has a deprived socio-economic background with the highest Index of Multiple Deprivations (IMD) in London. The IMD takes into consideration income, employment, health, housing, criminal, educational and environmental-related variables. As a local authority we must ensure that both the strengths and nuances of diversity are understood and taken into consideration as best practice and to fulfil our duties outlined by both the Social Value Act 2012 and the Equality Act 2010. We must continue to value diversity in line with the Fairness theme stated in the Borough Manifesto and evolve how we plan and deliver the service in the future in the most equitable and accessible manner.

The data included outlines the demographics with the Borough to be considered, we are continuing to gather data to reflect the current caseload to inform the procurement. We are committed to continual monitoring of these demographics to inform the service provided is truly equitable and reflective of the demographic across Care and Support.

**Age**

Barking and Dagenham has the largest birth rate within London alongside the highest proportion of under 16-year olds in the UK and a large ageing population, those over 65, which is projected to have a 15% increase by 2025. The growth rate of the over 65 population is much faster than that of over 18s which is projected to increase by 12% further indicating an ageing population. The Borough's life expectancy at birth is 77.5 and 81.8 for males and females, respectively (Borough Data Explorer). 9.3% of the population in LBBDD are over the age of 65 according to the mid-2019 population estimates from the Office for National Statistics. 86% of users of the Disability Service are between 18-64 demonstrating a highly different landscape to that of Adult's Care and Support which is 51% 18-64, 49% 65+. The new service will need to be responsive to both the current and projected age demographics to ensure it is adequately future-proofed, particularly within the context of Care and Support provision.

**Disability**

Barking and Dagenham performs poorly in a range of health determinants which provide an insight into the landscape of demand on Care and Support. The data presented at the State of the Borough Conference stated that the healthy life expectancy of residents is 60.1 and 62.5 for males and females, respectively. LBBDD has the lowest life expectancy in London for both men and women, this means that our residents are living shorter lives and spending a greater proportion of their lives in poor health compared to the London averages of 64.2 and 64.4 for males and females, respectively. To further support this 86% of Disability Service users are comprised of 18-64-year-old individuals highlighting a much younger cohort than the rest of Care and Support (51% 18-64, 49% 65+). Low healthy life expectancy coinciding with the highest rate of avoidable mortality in London, paints a picture of disease which could be prevented through increased monitoring methods. However, we must look outside mortality related figures to identify further the individual and societal costs highlighted by the Director of Public Health's Annual Report.

The insight work led by the Council has highlighted that demand for Care and Support occurs across all areas of the life course with focuses on mental health/disability and frailty. According to the Joint Strategic Needs Assessment around 1 in 21 people have a recorded dementia diagnosis in the Borough and it is predicted that 3 in 10 individuals with dementia currently remain undiagnosed. As part of improving resilience within the borough and minimising dependency on social care, outcomes must support independent and semi-independent environments through support services such as Care Technology. The new service will help support residents struggling to manage at home with the least restrictive and most enabling support.

Approximately 9,030 people of working age 16-64 are claiming disability allowance according to the Department for Work And Pensions. The Borough has one of the highest incidences of health deprivation and disability, shown through high indices of multiple deprivations. 19.7% of the 16-64 population have a long-term disability which substantially limits their day-to-day activities or a work-limiting disability which is greater than the London average of 17.4% (Annual Population Survey 2020).

**Gender**

50.3% of residents are female and 49.7% are male according to the office for National Statistics (2019). The demographic distribution in Adults Care and Support is 59% and 41% for female and male respectively, this is the same across Mental Health services. In Disability Services the distribution is 55% and 45% male and female respectively. The current Careline service supports 68% female clients compared to 32% male.

**Ethnicity**

According to the Barking and Dagenham Residents Matrix 2020 48% of individuals within the Borough identify as black, Asian and minority ethnic. Within the Borough 33% of individuals identify as white British and 18.8% identify as 'white other'. The mid-2019 population estimates from the Office of National Statistics (ONS) states the current population of Barking and Dagenham to be 212,906. The last census showed that not only the population was growing rapidly, but it was also diversifying rapidly. The white British ethnic group had declined from 80.9% to 49.5% by 2011. Since 2011 the white British ethnic population has continued to decrease with an increase in 'white other' ethnic groups. It is projected that 46% of people aged 18 and over identify as a black, Asian, or other minority ethnic background<sup>1</sup>. The 2011 census also indicated that 18.7% of the population aged 3 and over did not have English as their first language, since then the Schools Census in 2020 showed that for 51.4% of pupils in LBBDD English is not their first language. This diversity in nationalities and language must be considered throughout the process to ensure the service is truly accessible for those eligible.

The Adult Social Care ethnic landscape constitutes of; 72% identifying as White ethnic background, 15% Black ethnic background, 10% Asian ethnic background, 1% mixed ethnic background, 1% other ethnic background. This was similar to the landscape of the Disability Service and Mental Health service however this is different to the landscape of the total adult population of the Borough.

**Religion or belief**

As per the 2011 Census Barking and Dagenham is a multifaith Borough; 56% Christian, 18.9% areligious or no faith, 13.7% Muslim, 6.4% religion not stated, 2.4% Hindu, 1.6% Sikh, 0.5% Buddhist, 0.3% other faith and 0.2% Jewish.

**Sexual Orientation**

According to the 2011 Census, 0.2% of the population of LBBDD are in a same-sex civil partnership, 41.9% of the population over 16 are married with 38.8 of the population being single and never married.

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<sup>1</sup> The use of this language is a point of contention, in this instance the use of this language is to ensure accurate description to delineate population groups in collective terms. We will use this terminology in relation to data until an appropriate replacement can be made. In line with the advice from the Cabinet Office and Office for National statistics we will not use acronyms. Aspinall PJ. BAME (black, Asian and minority ethnic): the 'new normal' in collective terminology *J Epidemiol Community Health* 2021;**75**:10

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### Socio-economic factors.

The indices of deprivation 2019 are the governments' primary measure of deprivation for small areas (LSOAs). Barking and Dagenham has the highest proportion of LSOAs in the most deprived quintile with no LSOAs in the least deprived quintile. The main index is the IMD which considers income, employment, education, health, crime, barriers to housing and services and living environment.

Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
<b>Local communities in general</b>	X		X	<p><b>Positives:</b> The service will help to improve resilience within our community and aid independence of individuals in line with the ambitions and themes of the Borough Manifesto and Joint Strategic Needs Assessment of the Borough.</p> <p>Establishing a pioneering service to improve reputation of the Borough increasing public interest. This will provide specialist knowledge and skills regarding care technology for stakeholders within the Borough through the care technology learning and development programme.</p> <p><b>Negatives:</b> Moving the current service from within the Council to an external outside service may carry Procurement and Workforce implications. Some staff currently engaged on the current services work exclusively on this contract. It is currently unclear at present whether Transfer of Undertakings (Protection of Employment) (TUPE)</p>	<p>Better data-insight lead care which helps to provide only necessary resource, freeing capacity to reach other members of the community. The collection of behavioural data as a consequence of implemented technology and the shift to preventative digital measures will improve resilience, independence and prevent escalation of social care measures, reducing strain on resources. This will help improve access to care resource for those who need it whilst also improving quality.</p> <p>Further enhance community resilience by creating a self-pay offer for residents who do not currently qualify under the Care Act 2014 but wish to have additional support.</p> <p>Ongoing proactive communication, engagement, and skills development of stakeholders, including local health and social care organisations, wider Council staff, local health and social care providers, and voluntary and community groups.</p> <p>We will require the innovation partner to work with local partners such as Barking and</p>

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			<p>Regulations 2006 will apply. This will become clear once bids are received. If TUPE does not apply there will be risks of redundancy or redeployment.</p>	<p>Dagenham College and Care City CIC as an innovation centre for healthy ageing and regeneration.</p> <p><b>Negatives:</b> In order to mitigate the negatives, we will continue to receive advice regarding the TUPE. These issues are continually being addressed through consultation activities with staff and redeployment where appropriate.</p> <p>We will reflect the Council's social value policy throughout the procurement process. We will award the contract in respect to the price/quality ratio of: 40% price; 50% quality; and 10% social value.</p>
<p><b>Age</b></p>	<p>X</p>		<p>Increasing accessibility to all age groups to include those outside the traditional adult social care remit.</p>	<p>Initial emphasis will aim to benefit the current users within the service who are eligible under the Care Act 2014. As the service has traditionally only been accessible to older people, we aim to broaden the scope to all ages. The service will be implemented across all areas of Care and Support in which timely intervention can improve independence and delay or avoid the need of more intensive social care provision.</p> <p>We ensure that the procurement process interrogates the partner's knowledge in all spaces in which Care and Support is delivered. We will also establish how they plan to bring innovation and engagement with care technology across all ages through the Method Statement Questions and subsequent negotiation.</p>



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<b>Disability</b>	X			Increasing accessibility outside the current remit to include people with disability as well as those with dementia. Through improved early intervention, the service will aid people with a disability to maintain independence.	Increase the scope and access of the service outside the traditional adult social care remit. We will ask the partner during the procurement process their specialist knowledge regarding care technology within the disabilities social care space.
<b>Gender reassignment</b>		X		No perceived impact.	
<b>Marriage and civil partnership</b>		X		No perceived impact.	
<b>Pregnancy and maternity</b>		X		No perceived impact.	
<b>Race (including Gypsies, Roma and Travellers)</b>		X		No perceived impact.	The Innovation Partner will have to provide language support reflective of LBBB's diverse population to ensure service is accessible to those who do not have English as a first language.
<b>Religion or belief</b>		X		No perceived impact.	The Innovation Partner will have to accommodate all religions and beliefs and organise visits compatible with preferences and religious observances, reflective of LBBB's diverse population.
<b>Sex</b>		X		No perceived impact.	
<b>Sexual orientation</b>		X		No perceived impact.	
<b>Socio-economic Disadvantage</b>	X			<p>The procurement through establishing innovation in care technology can raise the profile of the Borough.</p> <p>As outlined in the Care and Support Charging Policy, if as part of an assessment for eligible care needs a resident has been assessed as benefiting from Care Technology they will not charge for this component.</p>	<p>The raised profile of the Borough from establishing an innovative approach to Care Technology may increase external interest and investment.</p> <p>We ensure to first serve those who will benefit from the service in a 'technology first' approach when an individual first encounters Social Care services. Those who are not eligible under our Care and</p>

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					Support Charging Policy who wish to purchase the service will benefit by purchasing the service through the Council's economy of scale. This will improve affordability for those at socio-economic disadvantage, and without eligible care needs compared with an alternative external supplier.
<b>Any community issues identified for this location?</b>		X		No other perceived impacts.	

## 2. Consultation.

Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups?

Over the last few years, the Council has engaged in several exercises which evaluate the current service provided by Careline. A joint strategic review was conducted by the Society for Innovation, Technology and Modernisation (SOCITM) which provided insight from an independent and objective external body. This involved a review of the current operating model of Careline and consulting service users for their perspective on their experience. This provided the foundation for further operational learning exercises using external bodies such as PA Argenti. The PA Argenti pathfinder consulted with service users and staff and found that the engagement with Care Technology was inconsistent and its role misunderstood. PA Argenti recommended transformation of the current service to provide benefit to the Council, staff, and service users. Internally the Sensory Team provided feedback of the current Careline Service who said that the current service is ineffective and leaves service users vulnerable. The Sensory Team also highlighted the need for further training and innovation for the current service to provide benefit to those with sensory needs improving equity and accessibility.

A pilot study was also done implementing 'Breezie' tablets to service users within the borough to help isolated residents to get online. The pilot study highlighted the positive impact technology, outside our existing Carline provision, can have. After using the device for three months 72% of users reported they received a desired level of social interaction compared to 22% of users prior. It was also reported that 83% said they had an improved overall sense of well-being. This was further supported throughout the COVID-19 pandemic when the Healthwatch consulted Care Home residents, who were found to have benefited from video calling relatives. The Healthwatch Barking and Dagenham also recommended that there should be a trained individual within Care Homes to enable residents to video call, highlighting the desire for a change in our current Care Technology provision.

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Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups?

The engagement with residents directly through the reviews conducted by Healthwatch, SOCITM, Care City, and 'Breezie' support the procurement for an Innovation Partner. We have also looked toward other councils through case studies to support engagement with groups outside our usual Care Technology remit, such as those with learning disabilities. As part of the discussion and design of an all-age Care Technology service we have consulted with or with members of;

- Commissioning Director
- Children's Commissioning
- Adult's Commissioning
- Disability Commissioning
- The Procurement and Commercial Team
- The Data Insights Team

We will also continue to consult with stakeholders, service users and the Council to help develop the service, to ensure that the nuances of individual user's experiences are heard. We wish to use future service user and stakeholder opinions to inform operational decisions undertake on behalf of the service users by the innovation partner. Throughout the procurement we will ensure that the partner will engage with stakeholders through demonstrations within the community, local forum events, promotional exercises to raise awareness to stakeholders and future service users.

### 3. Monitoring and Review

How will you review community and equality impact once the service or policy has been implemented?

*These actions should be developed using the information gathered in **Section 1 and 2** and should be picked up in your departmental/service business plans.*

Action	By when?	By who?
Ensure that some method statement questions during the procurement pertain to the development of the service to include other demographics such as those within disability services. This will ensure demonstratable evidence of specialist knowledge and enable us to hold the new partner to account.	Procurement and on-going	Innovation Partner and Lead Commissioner
Transfer all 2,500 current Careline service users to the new service, reviewing current clients to upgrade or decommission where appropriate. Ensuring continuity of service for existing users not leaving a vulnerable demographic at risk.	First 6 months	Innovation Partner, overseen by Lead Commissioner

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*These actions should be developed using the information gathered in **Section 1 and 2** and should be picked up in your departmental/service business plans.*

Using regularly monitored KPIs ensure that those who access Care Technology reflect the demographic of Social Care. Monitor referrals and successful installation to allow investigation and analysis to spot and seek to understand why some demographics may be under accessing the service.	On-going	Innovation Partner, overseen by Lead Commissioner
Ensure that the service provided is truly accessible for all ethnicities and beliefs using demographic data to inform these actions. For example, ensure the appropriate languages are available and appropriate timings for installations and appointments are available.	On-going	Innovation Partner, overseen by Lead Commissioner
Ensure engagement with local stakeholders to ensure knowledge and innovation is taught to those within our community. Regular engagement events and use of innovation KPIs.	On-going	Innovation Partner, Stakeholders, the council.

### 4. Next steps

It is important the information gathered is used to inform any Council reports that are presented to Cabinet or appropriate committees. This will allow Members to be furnished with all the facts in relation to the impact their decisions will have on different equality groups and the community as a whole.

Take some time to précis your findings below. This can then be added to your report template for sign off by the Strategy Team at the consultation stage of the report cycle.

#### Implications/ Customer Impact

The procurement of an Innovation Partner will allow the Council to expand its current service offer to increase the scope of people who can participate and benefit from Care Technology and digital solution as and when they become available. The new service design will first focus on transferring existing users to the new service seamlessly with limited disruption for the service user. After a comprehensive review of current service users to upgrade or decommission their technology, we will improve access to those already eligible under the Care Act 2014. The scope of the service will broaden to incorporate groups, such as those with a disability, who would benefit from intervention reducing the demand on Care and Support services. The service will improve on the current Careline provision to increase accessibility and equity. The service will better align both the themes of the Borough

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Manifesto and the Joint Strategic Needs Assessment.

The new service will meet the needs of diverse user groups by providing language support reflective of the cultural diversity within the Borough and arranging visits compatible with religious preferences. The new service will also adhere to the Council's Social Value policy to ensure continued engagement with stakeholders in the local community providing benefits to residents.

### 5. Sign off

The information contained in this template should be authorised by the relevant project sponsor or Divisional Director who will be responsible for the accuracy of the information now provided and delivery of actions detailed.

Name	Role (e.g. project sponsor, head of service)	Date
Lydia Freeman	National Management Trainee – Care and Support Commissioning	Jan 2021
Lewis Sheldrake	Lead Commissioner for Innovation and Personalisation	Jan 2021
Louise Hider-Davies	Head of Commissioning - Adults	Jan 2021
Chris Bush	Commissioning Director, Care and Support (Project Sponsor)	Jan 2021