

## Community and Equality Impact Assessment

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

This is to determine whether the proposals are likely to have significant positive, negative or adverse impacts on the different groups in 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

**About the service or policy development**

Name of service or policy	Reablement At Home Service
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**Why is this service or policy development/review needed?**

Reablement at home service is currently being developed with the opportunity to pilot two distinctly different models of service delivery. Once tested, reviewed and analysed there will be a report to cabinet seeking permission to establish and commission a new service for local residents.

The service aim, purpose and reason for being developed is to support all of our adult residents from the age of 18 who have or are experiencing a crisis in their lives that inhibits or diminishes their ability to live an independent life outside of the adult care system. By providing early help our ambition is to support the individual in crisis back to living the life that had before the crisis or ensuring the minimum amount of intervention for the care system. It needs to be the service they need that does not prevent them from living the life they want to live.

The service does sit within the Care Act 2014 and is part of the ethos of recognising each individuals' strengths and abilities, it will be a key component with the prevention agenda for adult social care with a focus on diverting and delaying the need for long term care services and promoting independence.

The intention will be to procure a new service in 2024 and support our residents over the next four to six years. If the options to extend are taking up during the life of the contract.

The service fits well with all four strategic priorities

**Priority One:** Residents are supported during the current cost of living crisis. Most of the work within reablement is around supporting people through a crisis linked to poor health. However, sometimes the crisis is triggered by poor living conditions and the stresses caused by poverty. One aspect of reablement is to support people in connecting to local networks that can support an individual with advice around income maximisation, coping skills and practical support that can improve the environment they live in.

**Priority Two:** Residents are safe protected and supported at their most vulnerable. The core provision within the new reablement service will be that it is led by a therapist who works with 'enablers/carers' who have an agreed set of goals set by the individual receiving services to support them to regain skills they are at risk of losing so that they can return to feeling safe and able to do what they want with confidence both at home and in their community. A successful outcome is that they are no longer vulnerable.

**Priority Three:** Residents live healthier, happier, independent lives for longer. Each of these are the core values to achieving a successful reablement service. In supporting people to recover and to regain the relevant skills to cope with their lives and manage their futures. Enables them to reduce the need for long term care services.

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Why is this service or policy development/review needed?

**Priority Four:** Residents prosper from good education, skills development, and sustainable employment. For the individuals recipients of the service who may have been diagnosed with a new long-term condition some of the learning for them is around adjusting and learning new skills around daily living, activities, and uses of new technologies to support their independence. There will also be opportunities for the local employment market and the impact that then has on the local economy. The values that drive the council around being a valued, safe and good employer will be threaded through our contracts with those providing services to uphold certain standards and ensure safe recruitment practices are in place alongside being a good employer who values and invests in their staff.

There are a number of elements to the Care Act 2014 that influence how the adult care and health colleagues work together to deliver equitable services for our residents as a commissioner of services and we have a role around shaping the local markets to meet the needs of our residents and communities, to uphold the duty of candour and to co-produce these services with those who can help us understand what adds value and what doesn't.

Within this context our service specification we will set out how the need to consider how to meet the diverse needs of our communities including people who identify as LGBT+, people of a black African, Asian Bangladeshi and Romanian backgrounds this is not an exhaustive listing the changing profile of the residents within Barking and Dagenham since 2011 demonstrates a need for a flexible, responsive service that supports and welcomes new communities into the borough.

Reablement is a short-term intervention aimed at helping people regain their independence for those age 18 plus. Recognising that the range, diversity, and volume of customers it will serve will be substantial. The service providers need to demonstrate (contract monitoring/learning from complaints) their workforce can and does respect, accept and embrace that each individual, has made their own life choices, hold both their own and a wide range of cultural beliefs and is able to adjust and work with that resident.

### 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?

Please state which data sources you have used for your research in your answer below

*Consider:*

- National & 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.

- It is Council policy to consider the impact services and policy developments could have on residents who are socio-economically disadvantaged. There is space to consider the impact below.

### Data Sources:

- Census Data 2021 [Analysis of the 2021 Census](#),
- [JSNA](#)
- Annual Public Health Director Report.
- Adult Social Care Self- Assessment
- Adult Social Care Short and Long Term Data Return (ASC-SALT)

### Barking and Dagenham Facts and Figures

- 2,845 adults received long-term support throughout 2021-22.
- 8,000 people work in adult social care in 2021-22.
  
- Contacts and Assessments to Adult Social Care
  - 6419 contacts were made with the Adult Intake Team in 2022-23, of which 26% led to an adult social care or safeguarding referral.
  - 1239 referrals to adult social care were made in 2022-23
  - 246 carer assessments were completed in 2022-23
  
- Safeguarding – those are risk of harm and/or abuse
  - 1511 safeguarding concerns were raised in 2022-23.
  - Of these 252 enquiries started.
  - With 90% of cases, the risk was reduced or removed following a safeguarding enquiry.
  
- Long Term Care Services:
  - 44% of people received homecare,
  - 21% of people received support in a care home
  - and 29% of people organised support with a direct payment.
  - We have 10 care homes for older people (65 plus)
  - 11 care homes mainly for adults with a learning disability, mental health or substance misuse issue.
  - 113 homecare providers were registered in the borough as of June 2023.
  - 13 providers are on our commissioning homecare framework.
  - 1,000 family carers received support.
  
- Short Term Care Services (aka reablement):

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- 1,133 new clients receiving reablement type services.
  - 629 were discharged from hospital into the service.
  - 917 of these were 65 plus
  - 188 were known to have a family member who could care for them.
- 57% no longer needing care

### -Customer Feedback:

- 64.5% of survey respondents in the 2022-23 Service User Survey reported being extremely or very satisfied with their care and support.

### - Compared to London Authorities

- We support a higher proportion of our older residents versus the London average, impacted by high deprivation levels.
- The cost of support per person getting support in Barking and Dagenham is lower than the London average.
- Barking and Dagenham were 27<sup>th</sup> out of 32 London Boroughs in relation to successfully reablement outcomes (residents no longer needs care services).
- The London Average for reablement customers no longer needing care services was 75% for Barking and Dagenham in 2022/23 this was 57%.

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			<p>+ reablement has a focus on reconnecting people to their communities.</p> <p>+ Physical barriers no longer apply if the community is a virtual one.</p> <p>-Need to recognise that some individuals may appear to not have a community to connect to.</p>	<p>The reablement providers will be expected via the service specification/monitored to reconnect individuals to their known communities. But equally, to show innovation and introduce them to social prescribers or other community groups to connect with communities and people with a common interest that will add value to our client's future independence.</p> <p>Care tech and Community Networks can skill up individuals who lack access to or have a sensory impairment to connect to virtual communities.</p> <p>Caveat if an individual really does not want to connect to a community that is their choice. But they can be made aware of the option and given contact details.</p>

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				+ Tackling Social Isolation and Loneliness	
<b>Age</b>	x			+ This is an all-age service from 18 plus	<p>ASC-SALT Return 2022/23 shows that 19% of those receiving a short-term service (aka reablement) were between the ages of 18 to 64 and 81% were 65 plus.</p> <p>There are no age restrictions or barriers in place in relation to this service.</p> <p>The expectation is that most of those who are demonstrating frailties and vulnerabilities will be elderly. And they may well be the residents who will struggle to recover without support. And hold onto the fear of becoming unwell again or having an accident. Which is where reablement will add value.</p>
<b>Disability</b>	x			+the reablement intervention is not about the persons disability. It is about a crisis that stops them doing something they could do previously.	<p>There are no barriers as such to reabling a person with a disability. The functional element of this service is to</p> <ul style="list-style-type: none"> <li>- assist someone to regain the ability to do what they could do before the crisis.</li> <li>- Or to support the individual to regain some ability in relation to those tasks. The deterioration of the disability may prevent them returning to their previous level of ability.</li> </ul> <p>For those who have never learnt or had the opportunity to explore their personal potential around living independently, doing daily tasks safely. There are other services designed to support this learning.</p>
<b>Gender reassignment</b>	x			+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care	<p>The 2021 census shows that LBBD has the highest proportion of trans women (0.25%), third highest proportion of trans men (0.24%) and the 5<sup>th</sup> highest proportion of people whose gender identify was different but no specific identity given (0.64%) and the 17<sup>th</sup> highest who did not answer the gender identity question (8.4%).</p> <p>Receiving reablement can be the first time an individual experiences home based personal care that is centred around encouraging people to do things for themselves. Providers need to be able to</p>

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					<p>demonstrate their adjustability to serving different clients with different needs delivering a service that satisfies the clients expectations.</p>
<b>Marriage and civil partnership</b>	x			<p>+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care +Opportunity to support family members to care safely</p>	<p>One of the aspirations for emerging in considering the design of the new service is to acknowledge that for those who are married/civil partnership or live with a partner the reablement provision is for the 'family' and there is an opportunity to work with partners/family members to support them to understand if there loved one is diagnosed with a long term condition what to expect going forward, how they can support their loved one in an enabling way, and to upskill them around caring in a safe way to keep them well, able and confident in their new role.</p>
<b>Pregnancy and maternity</b>	x			<p>+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care</p>	<p>The expectation will be older adults (65 plus) who will be recipients of the reablement service. However, if a pregnant or new parent does have a crisis that prevents them for caring for themselves then the support to do that can be provided via reablement. This is a personalised service and that is important to understand for all of these characteristics the assessment sets goals for that person and how that will be achieved. The providers will need to ensure any recovery plans balance the need for the person to be more able to do for themselves but avoiding risks to the unborn child or balancing caring for a new born.</p>
<b>Race (including Gypsies, Roma and Travellers)</b>	x			<p>+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care</p>	<p>In the ten years between the 2011 and 2021 census the shift in the ethnic mix within LBBDD had been dramatic. The borough has adjusted and adapted to changing communities and ethnic groups. Growing services that provide personal services to our residences need to reflect these changes ensuring equitable and fair access to our services.</p> <p>In the ten years there have been</p> <ul style="list-style-type: none"> <li>- 18.6% increase in non-white British residents</li> <li>- 16% Black African residents, the highest across England and Wales.</li> </ul>

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					<ul style="list-style-type: none"> <li>- 10.2% Asian Bangladeshi Residents, 4<sup>th</sup> highest in England and Wales</li> </ul> <p>Using the ASC-SALT return for analysis around outcomes for those receiving short term services (aka reablement) by ethnicity. There are still 26% where their ethnicity has not been recorded. The following percentages have removed those from the analysis.</p> <ul style="list-style-type: none"> <li>- 78% of service users where within the white category.</li> <li>- 10% within the Black category and</li> <li>- 9% within the Asian category.</li> </ul> <p>Of these categories the percentages that went into the long-term care provision (which is a poor outcome for reablement)</p> <ul style="list-style-type: none"> <li>- 25% of the Black service users ended reablement with a long term care package</li> <li>- 27% within the White category</li> <li>- 32% within the Asian category</li> </ul> <p>The 2022/23 ASC-SALT return provides a benchmark for the new service to track take-up and outcomes for our different communities.</p> <p>Reablement providers will be encouraged to recruit locally in such a way that they can comfortably meet the needs and requirements of those they serve.</p>
<b>Religion or belief</b>	x			+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care	<p>Alongside, the shift in ethnicity changes have also occurred over the ten years between the two censuses.</p> <ul style="list-style-type: none"> <li>- 45.4% showed a reduction in those describing themselves as Christians.</li> <li>- 18.8% reported as no religion static.</li> <li>- 24.4% a substantial increase describing themselves as Muslim.</li> </ul> <p>Reablement providers will be encouraged to recruit locally in such a way that they can comfortably meet the needs and requirements of those they serve.</p>
<b>Sex</b>	x			+Reablement is a service that will benefit	Gender mix for those receiving social care in 2022/23:



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			<p>any adult who needs support and assistance to regain their independence and ability to self-care</p>	<p>Women:</p> <ul style="list-style-type: none"> <li>- 59% all ages service users and carers</li> <li>- 64% were older people (65 plus)</li> <li>- 52% were working age (18 to 64)</li> </ul> <p>Men</p> <ul style="list-style-type: none"> <li>- 41% all ages</li> <li>- 36% were older people (65 plus)</li> <li>- 48% were working age (18 to 64)</li> </ul> <p>For carers in receipt of a direct payment 71% were female and 29% were men.</p> <p>From the ASC-SALT return there is a measure looking at age and gender in relation to those still living at home 91 days after reablement this shows that:</p> <ul style="list-style-type: none"> <li>- For all of those 65 plus 82% were still at home 91 days later.</li> <li>- This drops to 73% for men who are over the age of 85.</li> <li>- This drops to 75% for women between the age of 75 to 84. Interestingly then goes up for those over 85.</li> </ul> <p>Reablement providers will be encouraged to recruit locally in such a way that they can comfortably meet the needs and requirements of those they serve. The combination of ethnicity, religion and gender can lead to very specific requirements from our customers that will be identified early on in the assessment process the provider should be in a position to meet their requirements. This will be monitored and evaluated at regular intervals.</p>
<p><b>Sexual orientation</b></p>	<p>x</p>		<p>+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care</p>	<p>89% of residents identify as straight or heterosexual, with 4% identifying as gay, lesbian, bisexual or other.</p> <p>Receiving reablement can be the first time an individual experiences home based personal care that is centred around encouraging people to do things for themselves. Providers need to be able to demonstrate their adjustability to serving different clients with different needs</p>

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					<p>delivering a service that satisfies the clients expectations.</p>
<p><b>Socio-economic Disadvantage</b></p>	<p>x</p>			<p>+Reablement is a service that will benefit any adult who needs support and assistance to regain their independence and ability to self-care</p>	<p>There are deprived areas within LBBB and many residents are on low incomes with limited access to resources.</p> <p>Reablement is covered within the Care Act as a free service up to six weeks. The purpose as already stated is to support recovery back to an independent live outside of the care system. However, the remit is not exclusively around 'physical reablement' it is a dynamic service and will be able to look at skilling someone up to living a healthy life on a restricted budget and connecting the person to additional support services that can provide advice, assistance on financial matters alongside supporting the person back into employment or consider educational opportunities.</p>
<p><b>Any community issues identified for this location?</b></p>					<p>An area of interest in relation to reablement is support to family carers the early opportunity to invest in upskilling them but for those without this support they could already be or may have the potential to be socially isolated/lonely reablement could be involved in (re)connecting people to other services and networks.</p> <p>Usefully the ASC-SALT return 2022/23 identified the known networks of support for service users that year:</p> <ul style="list-style-type: none"> <li>- 50% of those receiving reablement did not have a family carer.</li> <li>- 17% had a family carer.</li> <li>- 33% not known.</li> </ul>

## 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.

If you have already undertaken some consultation, please include:

- Any potential problems or issues raised by the consultation
- What actions will be taken to mitigate these concerns

Going forward with the design and development of a new service will involve the voices of many different interested stakeholders. Early work has taken place to tap into and talk directly to local care providers through a prevention workshop in November 2023, a short survey to test readiness for reablement and a small invitation for expressions of interest to work on one of the pilots – this specifically asked the providers about the understanding of reablement and innovations for service design. Meeting staff internally via team meetings face to face, and small groups of operational managers to pick up on their knowledge and experiences and what they believe would help achieve successful outcomes for our residents.

Forward Plan:

A programme of engagement is about to commence with service users 'accessing the current pilot', and those formally receiving crisis support from the old service. Those providing feedback will be asked to if they would be willing to work with us on designing and procuring the new service.

One of the pilot providers has been commissioned to do four half day training events with family carers within that process feedback will be sort on their views and experiences of the service to their loved one and to them.

Learning to date from the events that have taking place – interestingly thou separate the views of homecare providers are very similar to those of adult social care staff:

- There is a believe that a reablement service is needed and will add value.
- Recognition that when our residents are in hospital they are at risk of deconditioning and more likely to leave hospital still unwell. Is there anything we can do whilst the resident is in hospital.
- Certainly, interested in seeing what the different experiences and outcomes will be from the two different delivery models.
- Small things that they have felt strongly about and need to be considered in more detail:
  - Do not constrain the potential for reablement visits by placing a 'tight time band on the visit' – the risk is the enabler comes in and completes the tasks that the residents need to do for themselves.
  - Use technologies, aids, and adaptations to support the person in the tasks they need to do or simply provide confidence that they can be safe and live independently.
  - An important one the need for physio many believe that reablement fails because the community physio will take at least six week to be allocated and the reablement service has been concluded/closed. Embed physio into the service.

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- Less confident about this a recognition that night care could mean someone goes home from hospital rather than a residential care home – but how to do this is the challenge to unpick.
- Recognising that someone getting less care at the end of reablement is a positive outcome for all.
- Looking at this a 'family reablement' and actively working with the family carer early on.
- Interested in how to tackle social isolation and do more around responding when someone starts to fall over.

Generally, in the last eighteen months a lot of other engagements with different stakeholders has taken place that can inform this EIA within the context of providing a personal care service to residents accessing social care. These are:

- Homecare Survey of service users and families conducted May – July 2023
- Providers focus group – 17 July 2023 Attendees: 8 providers from a range of care home, home care and support living settings.
- Meeting with B&D Collective representatives – 18 July 2023 Attendees: 4 community and voluntary sector providers
- F2F LBBB Framework provider meeting with survey September 2023 (Hybrid)

### **SPOT monthly homecare customer check. Summary of customer feedback:**

- Our biggest positive impacts are on improving the quality of life and feelings of safety, with the need for meaningful social contact and a sense of people spending their time well.
- Timeliness of care visits and being informed about changes to visiting times is sometimes an issue.
- The need for clear, accurate and easy to understand information and advice has been highlighted as an area of improvement by service users who need support and carers.
- Communication between staff and residents has also been highlighted as an area in need of improvement, particularly in relation to hospital discharge.
- There needs to be more emphasis on prevention and community awareness of safeguarding issues.
- People value staff who care, listen and understand the customers.
- As a result of the interviews with people being discharged from hospital, new information for clients has been produced and is given to people at the point of discharge from hospital and new information aimed at carers has been developed.

**Providers focus group 17 July 2023 and B&D Collective (CVS) representatives 18 July 2023**

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- When agreed, it would be useful for the future ASC vision to be in service specifications and contracts we can then all work to the same goal.
- Communication is good still room for improvement. At the council. in some ways,
- There is the “join up the dots” meeting monthly whereby CVS members and key council staff attend to help problem-solve particular issues. Could a similar model be adopted in adult social care?
- Information sharing with providers is an area to improve: an example given of not receiving a copy of a social worker risk assessment.
- However, the details of new care packages are sent through swiftly.
- It is sometimes unclear which team or individual is responsible for resolving a particular issue, and it can be a struggle to get staff to take ‘ownership’ of an issue.
- Support plan detail is not always accurate on important details (e.g. postcode, next-of-kin)
- Agree that provider engagement is good.
- Several people reported a positive relationship with the Provider Quality and Improvement team: Supportive, constructive and open, whereby providers can raise issues.
- It would be useful for the LBBB quality assurance process (overseen by the PQ&I team) to be set out clearly in service specifications and contracts.
- A long-term issue for some providers in relation to picking up new clients. Fair distribution/opportunities.
- On prevention: It would be useful to start forecasting the level and type of need in future. People agreed that care needs are more complex now than in past years, impacted by mental health issues: needs should be identified at an early stage.
- On information and advice: Info and advice on financial assessments is an area to improve. LBBB should make it clearer to service users at an early stage what is charged for.
- Could a named Social Workers be matched to groups of CVS organisations as a ‘main point-of-contact’?
- Feedback that if we expect providers to act in quick and responsive ways, we also have to have admin processes that are quick and responsive – e.g. so providers get paid quickly.
- Overall sense that commissioning is moving / should move away from competition towards collaboration, fully utilising the expertise of the CVS and working in equal partnership.

### **How well does health and social care work together?**

- There is scope for improvement to improve joint working on hospital discharge planning.
- Shared care records are helpful, but we need to ensure both in relation to hospital discharge and GP's.

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- There are good opportunities for care workers to get more involved in certain clinical tasks that could help reduce pressure on the health system.
- Training on the 'significant 7' so care workers can better spot when someone is seriously unwell.
- There is also good practice. One example given was a great relationship with local GP, who started weekly video calls over Covid and has maintained that since then. This has reduced pressure on GPs needing face-to-face appointments and helps keep residents out of hospital.

### **What feedback do you hear from service users about what is good and not so good about social care at the council?**

- Overall, communication with services users is an area to improve.
- With new homecare care packages, service users and families are not always aware who the provider is and when support is going to start.
- A common query providers hear from service users is: "who is the one person I can contact at the council?". Often people are unclear who to contact, and things like having a mental health issue, LD, autism or a language barrier can make it much harder to find the right person to speak to. Solution: be explicit and clear on who a person can contact in the event of questions or problems.
- The importance of being listened to comes out strongly from service users. Some feedback centres around people wanting to be heard and not feeling listened to or believed.

### **We are trying to develop a future 'vision' for adult social care. What do you think this should say?**

- Employ staff who listen and who care.
- Have clear communication on what to expect and who to contact.
- More co-production, connecting with and listening to providers, service users and care workers and co-designing social care together: We are all working towards the same vision and goal.
- Work with providers as equal partners to innovate.
- Tap into provider expertise to plan and deliver care in innovative ways, benefitting LBBB and providing new business opportunities for providers.
- Work towards the same vision

### 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.*

<b>Action</b>	<b>By when?</b>	<b>By who?</b>
SPOT checks of reablement service users conducted	Monthly	By volunteers
Reablement workers will be given the opportunity to regularly meet co-workers to share best practice and limit potential isolation.	6 monthly	Provider forum
Provider contract management and quality assurance review of provider performance	Monthly	Provider Quality and Improvement Team/Contract Management
Dashboard Data Review and Ad Hoc Performance Reports delving into protected characteristics held within our care management system	Ad Hoc	BI/Performance Lead for Lead Commissioner

### 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 wider community.

Take some time to summarise 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

Currently with winter funding from the DHSC LBBB has been able to set up two different methods for delivering a reablement service. The learning from these will inform the potential service design and be reflected in the options put forward to Cabinet when seeking approval to procure and develop a longer-term service for reablement. Feedback already received primarily from internal staff and providers has already added ideas and concepts that will be embedded into the new service.

However, the voice and views of our customers have not yet been picked up. This is purely a matter of timing the first pilot started 8 weeks ago. We are now starting to plan a series customer engagement. LBBB performance team will randomly select a range of customers with different characteristics for us to approach with an initial survey. Within the survey LBBB will be looking to recruit interested customers to work with commissioning and procurement to feed into the design of the new service and to take part in the selection process for a new provider. We are also considering different methods to approach residents who are not receiving social care services or received reablement under the old model of care that we now want to replace to understand their expectations and/or experiences.

There is also an opportunity to create a data flow that can track from referral, acceptance, service start and end – alongside initial outcomes and longer term impact of the service on different cohorts of residents at the moment some of that information is shared in the above analysis.

Clearly from reviewing the data above we have a baseline that enables us to consider if we need any targeted actions to increase awareness and opportunities to access this new provision. Or inform areas that may need action to address any issues or a deep dive to understand the reason for some of the outcomes being seen within our data set. The higher percentage of Asians going onto long term care and not being successfully reabled would be one area to investigate and understand better.

What hasn't been explored within this assessment are the opportunities around social value and around investment in the local economy by having new provider(s) that will be expected to 'employ locally', ensure that they reflect the diverse mix of our communities, work to the same standards and values that the council employs and importantly work in partnership with community networks and the community and voluntary sector organisations referring customers to them and encouraging greater usage of local resources designed to provide our residents with opportunities to connect with each other and lead active, healthy and happy lives. This will be an active part of the procurement process and this EIA will inform potential providers of our expectations in these areas.