

## EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Adult Social Care – Proof of Concepts for Technology Enabled Care
2	Person responsible for the assessment:	Emma Brown, (Director of Adult Social Care)
3	Contact details:	<a href="mailto:emma.brown@trafford.gov.uk">emma.brown@trafford.gov.uk</a>
4	Section & Directorate:	Adult Social Care – part of Adults and Wellbeing Directorate
5	Name and roles of other officers involved in the EIA, if applicable:	TBA

B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="checkbox"/> Function <input checked="" type="checkbox"/>
2	Is this EIA for a new or existing policy or function?	New <input type="checkbox"/> Existing <input checked="" type="checkbox"/> Change to an existing policy or function <input type="checkbox"/>
3	What is the main purpose of the policy/function?	<p>This EIA relates to the Technology Enabled Care (TEC) which Adult Social Care is deploying on a “proof of concept” basis for 12 months. Given this is a Proof of Concept for 12 months – this EIA is subject and updating.</p> <p>The purpose of Technology Enabled Care is to support people to remain as independent for as long as possible in the environment they choose to be in and empower them to have better choice and control over their care and support. It supports the preventative agenda (i.e.: not needing to go into hospital) and it also enables different care models that may reduce the cost of care delivery.</p>

		<p>The proof of concepts focus on products from two companies - <a href="#">Genie Connect</a> and <a href="#">Just Checking</a>. Both of these companies use assistive technology which aim to improve levels of independence; mental health and wellbeing as well as identify savings through the most efficient use of resources. Both companies are assisting us with delivering “Proof of Concepts” – in practical terms to see what savings can be achieved within a 12 month period and whether to extend them post 12 month stage.</p> <p><b>Genie Connect</b> is a 12 month “proof of concept” running Oct 2023 to Oct 2024 and covers four user groups / 45 residents at any one time. These are: Homecare / older people; Learning Disabilities and Preparing for Adulthood and Supported Living</p> <p><b>Just Checking</b> Just Checking has three 12 month “proof of concepts” across Internal Reablement (Care at Home) and In House Supported Living LD (Shaw Road) using Just Checking technology. These are planned to run Nov / Dec 2023 to Nov / Dec 2024.</p> <p><b>Just Roaming</b> Just Roaming is supplied by the company Just Checking. It is a proof of concept, similar to Just Checking but is placed in one location for a longer period of time. To be first used in Cheshire House – run by Consensus for our LD community</p>
4	Is the policy/function associated with any other policies of the Authority?	<ol style="list-style-type: none"> <li>1. Improving Lives Every Day Strategy <a href="#">Improving Lives Everyday Strategy 2023-2025 (office.com)</a></li> <li>2. Care Act, 2014</li> <li>3. Care Act, 2014 Statutory Guidance</li> <li>4. The Care and Support (Eligibility Criteria) Regulations 2015</li> <li>5. The Mental Capacity Act, 2005</li> <li>6. The Mental Capacity Act, 2005, Code of Practice</li> <li>7. National Framework for NHS Continuing Healthcare</li> </ol>

		<p>8. Let's Talk Operational Guidance</p> <p>9. Quality Assurance Framework</p>
5	Do any written procedures exist to enable delivery of this policy/function?	As part of the 12 month Proof of Concepts the Strategic Leads and Service Managers will review and update policies / processes as appropriate to assimilate technology enabled care
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	<p>Our main stakeholders are:</p> <ul style="list-style-type: none"> <li>• Specific groups of residents – residents needing reablement / Older people / Supported Living / Learning Disabilities</li> <li>• In House providers – Care at Home / LD Service</li> <li>• Commissioned Providers such as Homecare; Supported Living</li> <li>• Employees involved in the Proof of Concepts (supporting the Change curve)</li> <li>• Business Support colleagues such as BIU; IT</li> <li>• SLT / DMT / CLT</li> <li>• Elected members at Trafford Council</li> </ul>
8	How will the policy/function (or change/improvement), be implemented?	<p>The Proof of Concepts will run from Nov / Dec 2024 (except for Just Roaming which is planned to start in Jan 2024) for 12 months. There is a formal evaluation framework that the concepts will be measured against – specifically around changed models of healthcare (appropriate usage of automation of certain tasks – such as prompting for taking medication) and identifying what cost savings could be achieved if implemented more widely.</p> <p>Once a review has taken place of the concepts (Autumn 2024) then a more detailed implementation plan can drawn up as to how technology enabled care should be deployed.</p>

9	What factors could contribute or detract from achieving these outcomes for service users?	<p>Relevant factors include:</p> <ol style="list-style-type: none"> <li>1. Identifying the right residents for the proof of concepts. Both in terms of wanting to engage and being able to use the technology and having a current care package that would lend itself to technology enabled care. This would be dependent on the depth/complexity of needs.</li> <li>2. Trafford colleagues – just as we're mindful around the change curve for residents using the new technology so we are for colleagues. Time / resource needs to put into supporting colleagues making the switch to using more technology – so they don't fear it</li> <li>3. Engaging and persuading Commissioned providers to join the programme.</li> <li>4. Getting enough residents onto the proof of concepts eg: Genie Connect (recognised as a "slow burn" starter)</li> </ol>
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	Currently no. Trafford Council is the Local Authority and Adult Social Care is leading on these proof of concepts, with support from IT and Business Intelligence Unit. The Commissioning Service is also supporting, leading the concepts with commissioned providers. Longer term it may well be that this technology could be used in Children's services – but to date nothing has been considered. This could be considered at the end of the 12 month exercise.

### C. Data Collection on People Impacted by Policy or Function

1	Do you have monitoring data on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	<p>As of 21st February 2024 the following technology has been rolled out.</p> <ol style="list-style-type: none"> <li>1. Genie Connect – 6 units with an aim of 10 Genies by March 2024</li> <li>2. Genie Connect – 5 units planned for Woodlea (Mental Health) March 2024</li> <li>3. Genie Connect – 5 units for 3 Commissioned Provides for homecare March 2024</li> </ol>
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		<p>4. Just Checking – has commenced in 1 of 4 Neighbourhood teams with all four Neighbor teams commencing w/c 21<sup>st</sup> February 2024</p> <p>5. Just Checking – Multi Occupancy (2 units) to be used in our Supported Living due to commence end of Feb / beginning of March 2024</p> <p>6. Just Roaming – commencing end of Feb / beginning of March 2024</p> <p>A review of the initial people data is planned for April / May 2024. As an overview regarding the use of technology enabled care – there is no discrimination / impact on residents based on special characteristics (Equality Act 2010). Residents will be assessed for eligible needs in line with the authority's statutory duties under the Care Act 2014 and the technology is potentially beneficial for all groups.</p>
2	Please specify monitoring information you have available and attach relevant information*.	The data is yet to be gathered
3	If monitoring has NOT been undertaken, will it be done in the future, or do you have access to relevant monitoring data?	Yes

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	No formal consultation is required. This 12 month “proof of concept” is about learning how to use technology in social care and what benefits can be gained – both for residents and for the Council / commissioned care provider. It is about understanding and supporting those behaviours that help colleagues to engage and use the technology
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	N/A

3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	N/A
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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low ☐*

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Sex			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
Pregnant women & women on maternity leave			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
Gender Reassignment			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
Marriage & Civil Partnership			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.

<b>Race-</b> include race, nationality & ethnicity (NB: the experiences may be different for different groups)			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
<b>Disability</b> – physical, sensory & mental impairments			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
<b>Age Group</b> - specify e.g. older, younger etc.			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.
<b>Religious/Faith groups</b> (specify)			√	Residents are not being chosen on this characteristic. Care plans / assessment needs are based on criteria from the Care Act 2014. The technology is designed to enable support for this cohort in a positive less restrictive way.

**As a result of completing the above what is the potential negative impact of your policy?**

High ☐

Medium ☐

Low ☐

Neutral ☒

F. Could you minimise or remove any negative potential impact? If yes, explain how.	
Race:	Not applicable
Sex & Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	Not applicable
Disability:	Not applicable
Age:	Not applicable

Sexual Orientation:		Not applicable
Religious/Faith groups:		Not applicable
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	N/A
<b>G. EIA Action Plan</b>		

What actions do we want to include in this?

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Progress milestones</b>
Identify residents taking part in each of four proof of concepts	Gain details of any protected characteristics	This will be an ongoing activity through the 12 months – and will start late Nov 2023	TBA	To be reviewed at Quarterly reviews (March / June / Sept 2024)
Gather feedback from residents on their experience of taking part in the proof of concepts to inform future EIA re impact as well as proposal				



*Please ensure that all actions identified are included in the attached action plan and in your service plan.*

Signed:

Signed

Lead Officer: Emma Brown, ASC Director

Service Head

Nathan Atkinson

Date: 21<sup>st</sup> February 2024

Date:

21/02/2024

*If this EIA is to accompany a budget proposal please include sign off from a member of CLT:*

A handwritten signature in dark ink, appearing to be 'N. Atkinson', written over a horizontal line.

Signed:

Date: 21.02.2024