

APPENDIX 1 – Draft Updated Equality Impact Assessment (EqIA)

1. Who is completing the EqIA and why is it being done?	
Title of service/proposal/project/strategy/procurement you are assessing	Hertfordshire's County wide Data Inspired Living (DIL) (formerly Assistive Technology)
Names of those involved in completing the EqIA	David Coolbear, Strategic Lead, Assistive Technology Pauline Jones, Assistive Technology Practitioner, Adult Care Services Carolyn Floyd, Business Improvement Manager
Head of Service or Business Manager	Jackie Albery, Director
Team/Department	Planning and Resources, Adult Care Services
Lead officer contact details	David Coolbear, Strategic Lead, Assistive Technology. Tel: 01438 843872
Focus of EqIA?	<p>The Care Act and the affordability issues relating to Adult Social Care require solutions which are more personalised, more efficient, more affordable and more responsive to people's needs, aspirations. To achieve an holistic and effective County-wide assistive technology offer across the range of services provided to vulnerable adults this strategy seeks to build a common aspiration which stakeholders can group around to help respond to these challenges.</p> <p>With rising demand for social care support alongside an ongoing reduction in resources, social care will have to be delivered differently. The department needs to focus on opportunities to prevent, reduce and delay the need for social care services, to successfully minimise the need for local authority funded support. This will be achieved by making full use of community support underpinned by personalised, progressive support that maximises independence and the use of new technology offer a real opportunity to meet needs more effectively.</p> <p>The present landscape of telecare provision and its impact is sizeable and the assessment and access pathways are complex. Work is underway to highlight these</p>

complexities, outlines opportunities to address some of the current pressures facing local authorities, as well improving lives with the least intrusive forms of support.

The County-wide offer emphasises, in line with the Care Act 2014 that co-ordinated advice and information is key to supporting people to take responsibility to plan for their future needs, including information about maintaining independence through the use of DILI. Promoting self-serve and effective self- assessment for those people who do not want to or do not need to access public services provision, alongside information that guides those people with more complex needs to appropriate referral points for access to specialised assessments, are fundamental for ensuring the right person gets the right support.

The offer also recognises that the opportunities that DIL provide, particularly around re-ablement, recovery and assessment for long term support, should be made more integral to social care assessment and commissioning processes and the benefits could be better understood by the public.

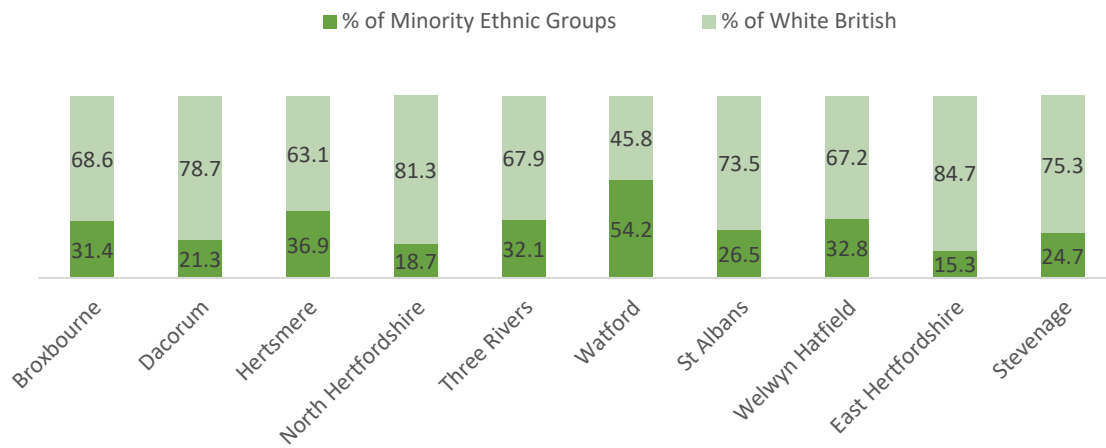
Following completion of a Proof of Concept Pilot and AT Phase 2 pilot and Evaluations (by Public Health Hertfordshire), ACSMB decision was that the DIL would undertake a phased roll out as a business as usual offer across all Hertfordshire. This included engagement with community groups to ensure that the offer can be accessible to all. As the service is now part way through the first year of the roll out this would seem an opportune time to undertake a review of the EQIA completed in March 2023 to assess progress of the action plan, undertake further demographic analysis and assess progress with co-production approaches in order to identify areas of focus, for example in order to accommodate different cultural needs and preferences.

Stakeholders

The public; Hertfordshire County Council Operational staff; Members; North Herts District Council, partner organisations (particularly housing providers, district councils, Clinical Commissioning Groups); Health and Social Care providers.

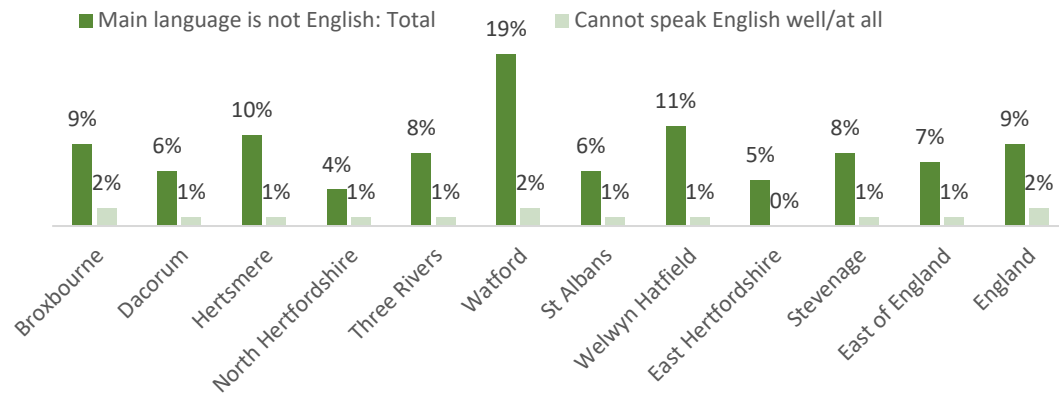
List of data sources used for this EqIA

Title and brief description	Date	Gaps in data
Age It is estimated that there are currently 204,300 people aged 65 and over in Hertfordshire and this number is expected to increase to over 287,000, an increase of 38% by 2040.	April 2024	
Ethnicity 2021 census data shows that 71.8% of the Hertfordshire population is White British with 28.2% of the population from communities other than White British. Proportions of ethnic groups varies considerably between districts demonstrating the diversity of communities across different areas of the county.	April 2024	



This shows a much higher population from a non-White British communities in Watford, Hertsmere and Broxbourne for example, compared to other districts such as East Herts and Stevenage.

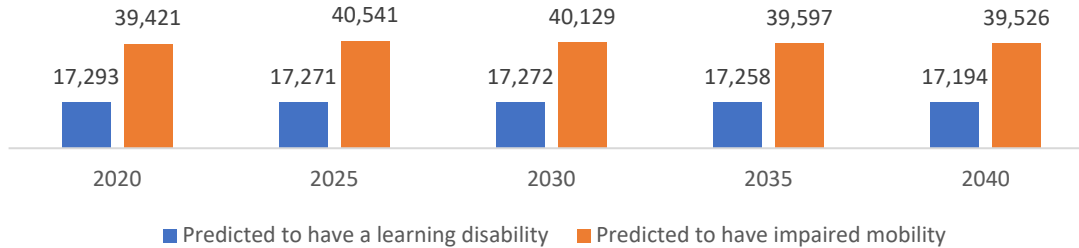
The main language of 92% of the Hertfordshire population is English. Of those whose main language is not English, 1-2% across the different districts report as 'cannot speak English well or at all'.



Disability

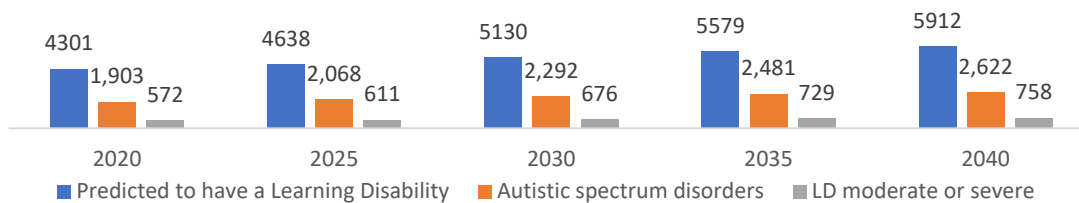
Population estimates for Hertfordshire show that the number of younger people projected to have impaired / learning disability remains stable. Further research is needed to understand how these communities could be supported with DIL intervention.

Population projections 18-64



Population estimates predict that the number of people aged 65+ predicted to have a learning disability will increase by 37% by 2040. Research shows that older people with learning disabilities experience poorer health, poorer housing and social exclusion.

65+ predicted to have a Learning Disability



The 2021 Census recorded whether a person reported as disabled under the Equality Act and of those whether an individual's day to day activities are limited by their condition.

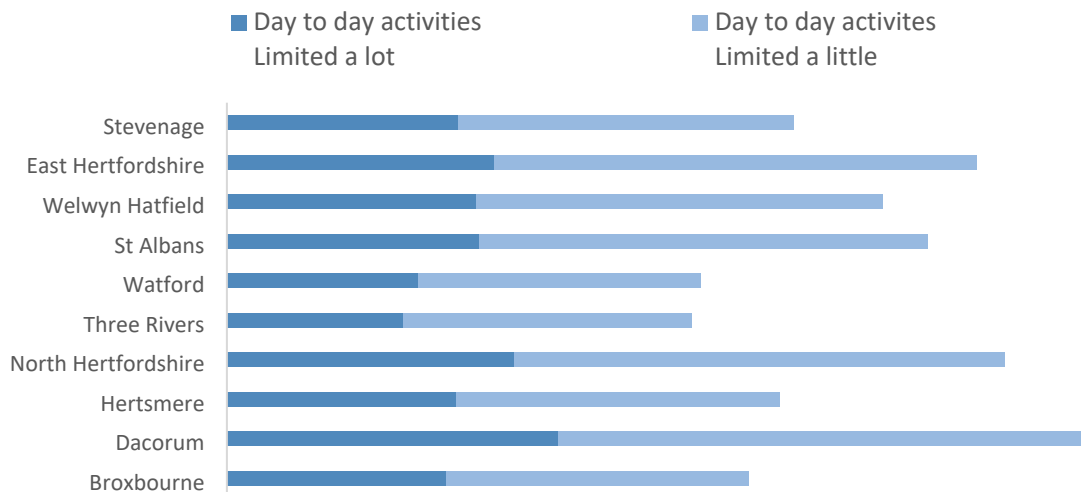
April 2024

Co-production opportunities should be utilised to identify where services are able to support the needs of younger people with impaired mobility and / or learning disabilities and for older people with learning disabilities.

Further insight to understand the nature of difficulties individuals are experiencing is required in order to assess whether DIL

A total of 172,675 people reported as disabled under the Equality Act:

- 38% (66,460) reported their day-to-day activities were limited a lot
- 62% (106,215) reported their day-to-day activities were limited a little



solutions may be beneficial.

New Referrals

1 April 2023 – 31 March 24

- 47 new referrals have been received during the year 1 April 2023 – 31 March 2024.
- Of these 35 (74%) are female and 12 (26%) are male.
- 2 individuals are from ethnic groups other than White British
- Totals per district tbc

Careline – current users

Breakdown by Age and District

April 2024

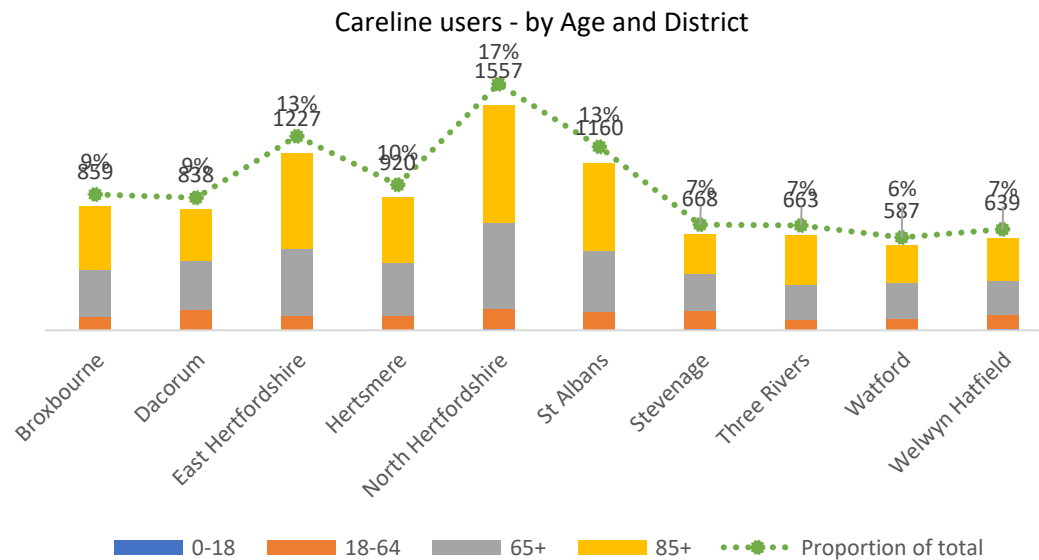
The County-wide offer presents an opportunity to make a clear statement on the standards the service expect DIL providers to deliver, particularly in terms of equality of access and to develop an offer that is open to all and can be flexible to meet a diverse range of needs.

Co-production opportunities should be

Hertfordshire County Council's offer has now been transferred to one provider ensuring a rationalisation of service for residents across the whole County with social care needs and enable more proactive and holistic working arrangements with other providers in Hertfordshire.

88% of these services are provided for older people with 68% of services for female residents and 32% for male. Predominant care needs are noted as physical, sensory and mental impairments.

The proportion of current users of the Careline service is higher in the East & North of the County where the service originated.

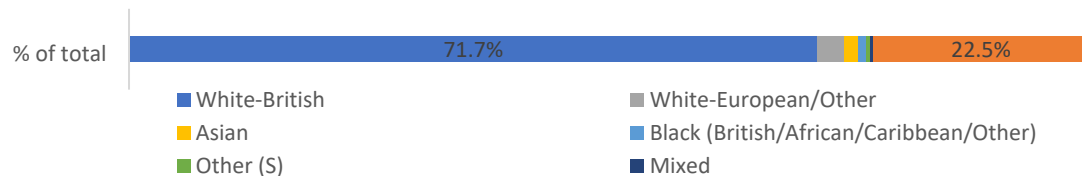


Ethnicity

The majority of users (71.7%) are from a White British background, with only 5.7% recorded as from an ethnic minority background. Ethnicity is not recorded for 22.5% of users.

utilised to identify where services are able to support local communities.

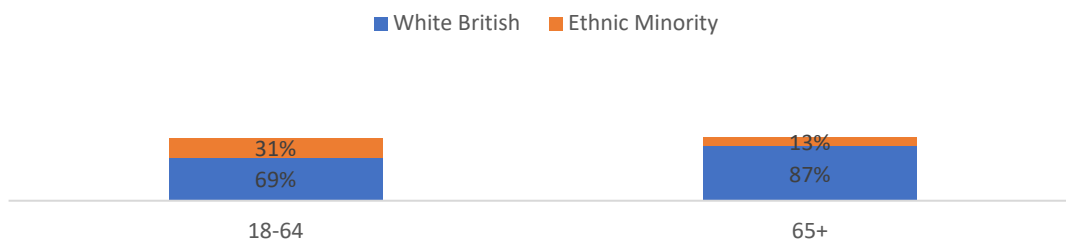
Primary support reason and ethnicity are not recorded for all current users of Careline.



Census data shows us that 73% of the adult population in Hertfordshire is White British, with 27% reported as from an ethnic minority background.

When looking at population by age group it can be seen that a greater proportion of the younger population reported as from an ethnic minority background.

Adult Population by Age Group / Ethnicity



Data Inspired Living Dashboard

The DIL professional’s dashboard continues to provide front line workers with a better understanding of residents that has not been previously available. It continues to support care planning and assessments as well as enabling more informed care conversations with family members, care agencies and informal carers.

The preventative aspect of the dashboard has shown to be vital for both increasing the quality of life for people supported and to reduce the number of crisis interventions required which place significant pressures on the health and care system. One example outlined in the 9 month evaluation was UTI identification through preventative alerts from identifying reduced mobility and

It would be beneficial to be able to determine ethnicity of current users in order to compare to the demography of the local population as a whole, in order to inform services where they may be opportunities to engage with a wider range of different communities to determine whether a DIL offer may provide support.

change in toilet usage. This resulted in their GP being contacted who prescribed antibiotics.

It covers a number of others features such as,

- Falls
- Activity
- Sleep
- Routines
- Medication
- Light
- Temperature
- Self care
- Topology
- Mobility
- Toilet use

The AWS platform, currently in development, includes a range of features that have improved functionality and additional data and information.

2. Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	What do you know? What do people tell you?	What does this mean – what are the potential impacts of the proposal(s)?	What can you do?
Age	Older people make up the largest group of users of social care and present DIL solutions, and numbers are increasing. Some older people may lack confidence in using technology or self-service facilities,	There is the potential for a negative impact on people if they do not feel confident that DIL will meet their needs and will have a positive impact, instead seeing it as a replacement for 'human support'.	Lunch and learn events and skills in DIL will be evaluated and a programme of skills training and awareness raising for staff will be undertaken (especially with hospital discharge teams and community health providers). This will enable staff to be able to better promote,

<p>particularly those with age-related conditions such as dementia.</p>	<p>However, there is also the potential for a positive impact if older people can be more easily supported (due to making access/pathways into DIL support simpler) through technology to remain living independently in their own homes for longer and if the need for more formal support from statutory services is delayed.</p>	<p>advocate and support older people to make the best use of available DIL solutions.</p> <p>To attend Early Intervention Vehicle service visits to provide the opportunity to engage with a diverse range of residents.</p> <p>Contact has been made with the Alzheimer's Society and communication with HCC staff involved with local voluntary organisations has been made and will continue to foster engagement and widen understanding of the DIL offer.</p> <p>Information, advice and guidance around DIL will also clearly set out the potential benefits and include case studies so people can see real examples of it working in practice. Engage with Hertfordshire's Library service will be a key action so they can help support people access relevant information.</p> <p>As a commissioning council, the service needs to move away from thinking strictly in specific service user groups but focus on outcomes individuals want to achieve and on how support can be offered with a focus on these outcomes rather than on an individual diagnosis.</p> <p>Ongoing service user and carer feedback about DIL solutions/services (particularly around any new DIL introduced) will be sought on an ongoing basis and will assist in informing and developing the offer to ensure it meets people's needs.</p> <p>Further analysis of deprivation data may identify areas of most need and where communities may benefit</p>
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			most from support provided by DIL.
Disability	<p>Some people with disabilities, including learning disabilities, may need a more tailored solution so that their more complex needs can be met. People with learning disabilities may also require additional support to understand the process and how the technology should be used if they are not to be negatively impacted by any changes</p>	<p>All disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and mental health conditions, when services are planned and commissioned. All issues should be considered at an individual level to ensure a person-centred approach to care and support services.</p>	<p>Population projections suggest there will be an increase in the number of older people with a learning disability (from 4638 in 2025 to 5912 in 2040).</p> <p>2021 census data informs us that 66,460 people in Hertfordshire reported their day-to-day activities were limited a lot (106,215 limited a little).</p> <p>There will be specific actions around improving physical access and creating accessible information and advice. This will include engaging with existing forums and groups – for example, the Co-production Board – so that disabled people can help develop information and access to DIL.</p> <p>Communications will be tailored to meet the needs of people who use services and staff who have sensory and learning disability support needs. Associated documents will be checked for accessibility and easy read / large print versions made available. Co-production engagement will identify if further methods of communication are required.</p>
Gender reassignment	<p>No differential impact currently identified for this protected characteristic group This is mainly due to a lack of robust data on gender reassignment in relation to Assistive Technology and access to and take-up of care and support services more generally.</p>	<p>The focus on achieving individual outcomes will support equality of service delivery.</p>	<p>Ongoing monitoring is required to ensure that services are accessible and inclusive.</p>

Pregnancy and maternity	No differential impact currently identified for this protected characteristic group	The focus on achieving individual outcomes will support equality of service delivery.	Ongoing monitoring is required to ensure that services are accessible and inclusive.
Race	No differential impact currently identified for this protected characteristic group. This is mainly due to a lack of robust data on the ethnic group of people currently accessing Assistive Technology.	The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring of any commissioned service is required to ensure that services are accessible and inclusive. This will need to include how a standard DIL offer can be flexible in order to accommodate different cultural needs and preferences.	Analysis of census data highlights the diverse nature of the population across different districts of the County. This will inform the approach to engagement in different areas to ensure the DIL offer is accessible to all sections of the community. Data shows us that more than 30 languages are spoken across Hertfordshire. The DIL service is tailored to an individual's needs. For example, door sensors with memo minder (message can be recorded in own language by family members) and information regarding DIL services can be made available in different formats and translated to different languages or formats. There is already the on-line facility to translate Hertfordshire web pages and the possibility of including more information regarding the DIL offer in that format could be explored further. Further engagement with community groups would be beneficial to communicate these aspects of the offer and to gain an understanding of what information, if any, it would be useful for people to be able to access in different languages.
Religion or belief	No differential impact currently identified for this protected characteristic group.	The focus on achieving individual outcomes will support equality of service delivery.	Ongoing monitoring is required to ensure that services are accessible and inclusive.

	This is mainly due to a lack of robust data on the religion/ belief of people currently accessing Assistive Technology.		
Sex/Gender	No differential impact currently identified for this protected characteristic group. Given that more women than men access some types of care and supported services (e.g. flex-care) and have identified themselves as unpaid carers, more women than men will be impacted by changes in services. However, the impact on the individual is not related to their gender.	The focus on achieving individual outcomes will support equality of service delivery.	Ongoing monitoring is required to ensure that services are accessible and inclusive.

3. Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	What do you know ? What do people tell you ?	What does this mean – what are the potential impacts of the proposal(s) ?	What can you do ?
Sexual orientation	No differential impact currently identified for this protected characteristic group. This is mainly due to a lack of robust data on sexual orientation in relation to DIL and access to and take-up of	The focus on achieving individual outcomes will support equality of service delivery.	Following attendance at LGBT+ play engagement event, officers now have contacts to gain feedback on service delivery and how the offer may be improved. Ongoing monitoring is required to ensure that services are accessible and inclusive.

	care and support services more generally.		
Marriage and civil partnership	<p>No differential impact currently identified for this protected characteristic group.</p> <p>This is mainly due to a lack of robust data on marriage & civil partnership in relation to Assistive Technology and access to and take-up of care and support services more generally.</p>	The focus on achieving individual outcomes will support equality of service delivery.	Ongoing monitoring is required to ensure that services are accessible and inclusive.
Carers	<p>There are over 100,000 carers in Hertfordshire. These people are dedicated husbands, wives, sons, daughters, relatives, friends or neighbours, who give up their time to provide for someone in need.</p> <p>The pressure of caring for someone else can be extremely demanding, physically, emotionally and mentally and officers know that this can have a negative impact on a range of financial, health and wellbeing outcomes.</p> <p>Amongst the stresses and strains of looking after someone, carers often forget</p>	<p>Carers have a critical role in providing care and support as well as being comfortable in being able to use DIL solutions provided to those they care for.</p> <p>There is some intelligence that present telecare solutions provided to service users can have a detrimental impact on their carers as they are sometimes prescribed solely to support the service user's needs without due consideration of the needs of their carers.</p>	<p>Carers' views have been represented and incorporated in designing the DIL strategy which is an integral part of the County-wide offer. It is vitally important that carers views are taken into account when DIL solutions are offered to service users. Staff will be made aware of this and all information, advice and guidance content will be 'carer friendly' and focussed.</p> <p>Service providers will continue to be required to demonstrate how they will seek and take account of the views of carers and help meet their needs when providing new DIL services.</p> <p>Carers need to be acknowledged in their own right. This principle does not just follow legislation under the Care Act but is also supporting the approach to build strong, resilient communities. A carers' manual has been developed and carers (where the cared for has a DIL service) are being contacted to gain feedback.</p>

	to concentrate on their own health and well-being.		All future DIL solutions will be commissioned after consultation and appropriate demonstration of use with both service users and their carers to ensure needs and requirements are met for both service users and their carers. Using the latest technology will also mitigate against this risk.
Other relevant groups Consider if there is a potential impact (positive or negative) on areas such as health and wellbeing, crime and disorder, Armed Forces community.			

Data analysis highlights the increasing ageing population with the associated anticipated increase in demand for services. The census has highlighted that within this there is anticipated to be an increase in the number of older people with Learning Disability support needs.

There is a risk that people who live in more remote areas of Hertfordshire will not receive the support they need as they may find it more difficult to access the help that is available – e.g. if they do not drive or have limited internet connectivity.

Population data shows us that Hertfordshire is becoming increasingly ethnically diverse and how this differs across different Districts of the county.

Significant work has already been done to engage with community groups, foster positive relationships and widen understanding of the DIL offer and how it may support people. For example on-line and face to face events with carers groups and contacting individuals to establish how they would like the dashboard to look and offering individual visits if needed.

This work will continue with engagement events (consultation, co-production) which will be held for both people the services supports, community and voluntary groups and providers to gain their views on what a successful service looks like. This feedback will be used to

further develop service specifications and go some way to ensuring that providers understand the communities they will need to support and the staff they employ.

Opportunity to advance equality of opportunity and/or foster good relations

There is the opportunity to improve wider awareness of the needs of different groups and how these can be met differently in order to improve the way the Data Inspired Living offer can support people in the local community.

This may include development of learning opportunities and sharing the learning from those who have benefitted from what DIL has to offer.

The County-wide offer continues to present an opportunity to make a clear statement on the standards the services expect DIL providers to deliver, particularly in terms of equality of access and to develop an offer that is open to all and can be flexible to meet a diverse range of needs.

There is also the potential that more engagement with communities across the diverse districts of the county and across a range of partners will make it easier to provide truly personalised support. This will have a positive impact across all protected characteristic groups. Evidencing this will require a joint approach to collecting data and demonstrating that outcomes have been improved as a result of DIL services.

Services also need provide an end of life care that is in line with peoples' needs and wishes.

Conclusion of your analysis and assessment

OUTCOME AND NEXT STEPS	SUMMARY
i. No equality impacts identified - No major change required to proposal	

<p>ii. Minimal equality impacts identified</p> <ul style="list-style-type: none"> - Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate) - Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality - No major change required to proposal 	
<p>iii. Potential equality impacts identified</p> <ul style="list-style-type: none"> - Take 'mitigating action' to change the original policy/proposal, remove barriers or better advance equality - Set out clear actions in the action plan in section 4 	<p>No specific differential impacts for any of the protected characteristics groups above, but additional training and support on different technologies, the potential they have, and how they could be used most effectively with different clients will be provided to staff to deliver the vision within the strategy.</p> <p>A key requirement of section 149 of the Equality Act 2010 is for public authorities to understand the potential effects of its activities, policies and decisions on different groups. Where these effects are not immediately apparent, it may be necessary to carry out an assessment, engagement or consultation, in order to obtain the necessary data to inform planning, policy analysis and decision-making.</p> <p>A key component of the County-wide offer is to ensure this requirement is met both when commissioning future DIL services and prescribing DIL solutions to individuals.</p> <p>The main groups potentially impacted –given the nature of the service area and the profile of service users - are age, disability and carers. There is the limited potential for both negative and positive impacts, including a lack of awareness of the DIL that is available and how best to use it; and the potential to develop better, more flexible DIL that makes best use of technological innovations and the resources available to support people with care and support needs. These areas are being addressed in the design of the County-wide strategy and the operational framework around this and will need to be reviewed once the service is operational.</p> <p>Attention should be paid to the format of information and advice to ensure that communications are tailored to meet needs of all stakeholders.</p>

Integration with health services will contribute to addressing health inequalities.

There is a need to ensure further robust data on the take up of future DIL services by protected characteristic groups is gathered and make this a key requirement of any future commissioned DIL services and those providers delivering these services.

There is a risk that people who live in more remote areas of Hertfordshire will not receive the support they need as they may find it more difficult to access the help that is available – e.g. if they do not drive or have limited internet connectivity.

This will be mitigated by engagement events (consultation, co-production) which will be held for both service users and providers to gain their views on what a successful service looks like. This feedback will be used to further develop service specifications and go some way to ensuring that providers understand the communities they will need to support and the staff they employ.

iv. Major equality impacts identified

- The adverse effects are not justified, cannot be mitigated or show unlawful discrimination
- You must stop and remove the policy [you should consult with Legal Services]
- Ensure decision makers understand the equality impact

4. Prioritised Action Plan

Impact identified and group(s) affected	Action planned Include actions relating to:	Expected outcome	Measure of success	Lead officer and timeframe
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As part of the move to business-as-usual offer for Data Inspired Living across the county, this action plan is updated from that set out in April 2023 to ensure that the offer continues to be developed as fully accessible to all areas of the community and action plan for the next 12 months is set out below:

<ul style="list-style-type: none"> - Age - Disability - Race - Carers 	<ol style="list-style-type: none"> 1. Engage with service providers to promote collection of demographic data and to identify those residents who could benefit from AT 2. Utilise co-production opportunities to ensure the County-wide offer provides equality of access and to develop an offer that is open to all and can be flexible to meet a diverse range of needs by: 3. Engagement with District Boroughs 4. Engagement with community groups to identify barriers and opportunities and how services can engage with communities 	<ul style="list-style-type: none"> - Provide a richer picture of the people supported in comparison to the general population in order to identify where they may be gaps in provision. - Build equalities considerations into any tender / procurement exercise to ensure expectations are clear from the outset and to support with embedding equalities throughout the service provision. - Identify training and support 	<ul style="list-style-type: none"> - Understanding of the needs and preferences of people who use services and how DIL may be able to provide support. - Feedback from co-production engagement - Greater take up of the DIL offer across all districts and across a wide range of communities. 	<p>Assistive Technology Project Team</p> <p>Initial action plan to commence. April 2025 - 2026</p>
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	<p>5. Set up reference group/co-production group; utilise co-production opportunities to ensure the services commissioned meet the needs and expectations of those who need them</p> <p>6. Continue engagement with ACS operational teams promoting DIL offer as a preventative and enablement tool</p> <p>7. Monitor health referral pathways at strategic ICB/ICS level to identify possibilities of incorporating the AT offer across all patient groups</p> <p>8. Identify gaps and build into further action planning</p>	<p>required for staff and service providers to understand specific race and cultural needs</p> <p>Create a co-production panel – including experts by experience – build relationships and trust with local community groups</p> <p>provides equality of access across the County</p>		
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This EqIA has been signed off by:

Lead Equality Impact Assessment officer:

Date:

Head of Service or Business Manager: David Coolbear, Strategic Lead, Assistive Technology

Date: June 2024

Review date: April 2026