

## **Business Planning 2017/18-2019/2020**

### **Barnet Council Cumulative Equalities Impact Analysis (CEIA) to inform 2017/18 Business Planning**

#### **Meeting our responsibility to be fair in business planning**

1. This is the Fourth Cumulative Equalities Impact Analysis (CEIA) that the Council has undertaken and published annually since 2013 as required by 2010 Equalities Act and Section 149 Public Sector Equalities Duties requirements:

A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- (c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to:

- (a) Tackle prejudice, and
- (b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

The relevant protected characteristics are:

- Age;
- Disability;
- Gender reassignment;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex; and
- Sexual orientation.

2. The Cumulative EIA reports the impact of budget savings proposals on the nine characteristics protected under the Equality Act 2010 and other groups who may be considered disadvantaged and/or vulnerable. This includes carers, unemployed people, families on low wage, and people with a particular disability such as a learning disability or a mental health condition, which might mean that our proposals will impact more heavily on them.
3. Decision makers should have due regard to the Public Sector Equality Duty<sup>1</sup> when making their decisions. Equalities duties are on-going duties which should be taken into account before a decision is made. If negative equality impacts resulting from decisions are incurred, then decision makers should consider changing their decisions, after balancing all of the factors, including but not limited to equality considerations. It is important that decision makers have regard to the statutory requirements on them and make decisions in light of all available material. This will include the results of consultation and other comments that residents and organisations make on the proposals. The cumulative equalities impact assessment is updated and detailed below, taking into account the consultation responses. Where proposals are at early stages then the equality impact assessment will be completed prior to decisions being made.
4. Through business planning and the Corporate Plan 2016-2020 the Council aims to ensure that priorities for spending reflect the diversity of need in the borough. The Council faces difficult choices to meet our savings targets, balance the books, deliver services for all our residents and protect services for our most vulnerable residents as far as possible. The CEIA reports the impact of budget savings proposals on the nine characteristics protected under the Equality Act 2010 (age, disability, gender, gender reassignment, ethnicity and race, marriage civil partnership, pregnancy and maternity, religion and belief and sexual orientation) and other groups who may be considered disadvantaged and/or vulnerable. This

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<sup>1</sup> <https://www.gov.uk/government/publications/public-sector-equality-duty>

includes carers, unemployed people, families on low wage, and people with a particular disability such as a learning disability or a mental health condition which might mean that our proposals will impact more heavily on them.

5. The CEIA uses evidence about service users and their needs and takes account of consultation feedback and the EIAs carried out for the individual proposals. It underlines that, as the Council takes some difficult decisions about service provision, that the Council identifies and takes practical steps to mitigate, wherever possible, any negative impacts of specific proposals for our residents including the protected characteristics and other vulnerable groups. Further information about legal and policy responsibilities for equalities and how the Council approaches Equalities is attached at Appendix One to this report.

### **What evidence is used and what does it show?**

6. The CEIA uses evidence on demographic change in the borough taken from the 2011 census<sup>2</sup> data about service users and their needs, and the EIAs carried out for the individual proposals. This report takes into account feedback from both the general budget consultation and any specific consultation exercise undertaken for the 2017/18 proposals (see paragraphs 41 – 43) and of national studies and trends and previous years assessments.
7. The diversity and cohesion data summary can be found at <https://www.barnet.gov.uk/dam/jcr:926a6a16-9a19-4cae-b689-40ada234bb0f/Equalities%20and%20Cohesion%20data%20summary.pdf>. The demographic data shows continuing and increasing pressure and demand for our services especially for children and older people, as the borough continues to grow, change and become increasingly diverse in race, ethnicity and religion due to natural growth, regeneration and migration.
8. There is also an increase in older people because people are ageing better and life expectancy is increasing. This means that Adult social care services in particular are under increased pressure due to the growing demand. It also places demand pressures on schools and elder care in a climate of unprecedented financial challenge when Government funding will continue to reduce until the end of the decade. The evidence shows increasing demand for our services from a large, growing and increasingly diverse proportion of elderly residents – 14% of Barnet's population are over 65, compared to the 13.1% of the population of outer London. Furthermore, Barnet has a higher proportion of people aged 85 and over (3.1%) compared to Outer London (1.8%) and the UK (2.3%). The numbers of older people (over 65) in Barnet are predicted to grow by 10.7% by 2021 (more than twice the rate of the rest of the population).
9. It is estimated that over 4,000 people in Barnet are living with dementia and even greater numbers of families and friends are adversely impacted by the condition. By 2021 the number of people with dementia in Barnet is expected to increase by

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<sup>2</sup> An equalities and cohesion data summary is attached at Appendix Two

24% compared to a London-wide figure of 19%. This increases demand for our services.

10. Compared to other boroughs, Barnet has a high proportion of care homes. There are 85 residential and 21 nursing homes in Barnet registered with the Care Quality Commission. In total, these homes provide approximately 2,800 beds for a range of older people and younger people with disabilities.
11. At the last census (2011), 32,256 Barnet residents classified themselves as carers. On average carers are more likely to report having poor health (5.2%) than non-carers (4.2%), especially among carers who deliver in excess of 50 hours of care per week.
12. Barnet is now forecast to have the largest number of children of any London borough by 2020. The Council's vision, set out in the Children and Young People's Plan<sup>3</sup>, of making Barnet the most family friendly borough by 2020, through a resilience-based approach and giving children the best start in life to ensure that all children thrive and achieve their potential. In general, children and young people in Barnet generally do well and have:
  - Good health outcomes overall
  - Access to good and outstanding schools
  - Good education performance and high achievement across all key stages of education
  - Low rates of offending
13. However, we have seen demand for specialist services increase over the last 12 months. There is an increasing prevalence of Child Sexual Exploitation (CSE), missing children, neglect and gang activity. Children with special educational needs or disabilities from birth to 25, and qualifying young people aged 18-25, are now entitled to statutory support from children's services. There is a need to increase the number of secondary school places to meet the needs of the increasing number of children moving through to secondary school age. The increase to 30 hours of free childcare for 3 and 4 year olds of working parents is planned to come into force in September 2017.

## **Responding to the financial challenge and opportunities**

14. Barnet is set to continue to be a successful and thriving borough. There are significant opportunities for residents and businesses, as we grow and retain a strong focus on investment in infrastructure and a responsible approach to regeneration, whilst protecting the things that residents love about the borough, such as our parks and open spaces. However, Council budgets will continue to face further reductions until the end of the decade, and, with pressure on services continuing to increase due to a growing population and changing demographics, we are forecasting a £61.5 million budget gap between 2017 and 2020. By 2020, our spending power will almost have halved compared to 2010. We want to meet

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<sup>3</sup> <https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/key-strategic-documents-and-plans/barnet-children-and-young-people-plan.html>

our budget gap whilst still delivering the commitments set out in our Corporate Plan to 2020. The scale of the financial challenge means making careful choices about what we invest in, where and how we make savings and generate revenue through council tax and other sources to pay for services. To continue providing the services we know that residents value and rely on, Council services must make savings and change the way that we offer our services to reduce demand, deliver services for all our residents and protect services for our most vulnerable residents as far as possible. Adult social care services in particular are under increased pressure due to the growing demand as life expectancy increases.

15. However, budgetary challenges are also a chance for us to do things differently and better, by building on the progress that we have made in areas such as promoting independent living, building family resilience and supporting people into employment.

### **Corporate Plan and strategic equalities objectives**

16. The Corporate Plan is fundamental to the Council's approach to how we will approach the challenge to close the budget gap while still delivering the commitments and continuing to invest in the things that matter most, such as schools, green spaces, transport and housing. The plan reflects the principles of equalities and valuing diversity and mainstreams them into all Council processes through the values of fairness towards more frequent users of services as well as all taxpayers, sharing responsibility and the benefits of opportunity we will provide the best start for our children, build equal life chances for all our residents and taxpayers through promoting health and wellbeing, education, community safety, housing and jobs so that people who live work and study in Barnet have access to equal life chances.
17. The Corporate Plan has been reflected into the work plans for each theme committee and their commissioning priorities in the following key areas of activity:
  - growth, regeneration, and investment, managing demand for our services and
  - transforming our services – for all of our services, we are considering the case for delivering differently in order to meet our priority outcomes; redesigning our services; making it easier for staff to do their jobs effectively; and changing the way we work with local partners.
18. The CEIA looks at how Barnet is responding through broader organisation and service delivery change, both to deliver integrated and locality based services using a strengths-based assessment method and through the Customer Access Strategy<sup>4</sup> which is predicated on a Digital Inclusion Strategy, whereby 80% of residents will be supported to access services online. The CEIA acknowledges that the move towards strengths based assessment which promote independence and integrated health social care employment and education services (see JSNA) will trigger alternative delivery models in, borough services for example, integrated adult health and social care services, education, family services, and a different

skill set for front line staff to ensure they have the skills acknowledge understand and respond to the diversity of need.

19. The Corporate Plan highlights the continuing need to build community cohesion and sustain engagement with rich diversity of Barnet communities, including newly emerging communities, so that together we can address issues that really matter such as dementia, mental health and safeguarding issues for adults and young people. The involvement of borough residents and businesses in the approach to meeting the financial challenges has been a cornerstone in developing the values, priorities and approach of the Corporate Plan.
20. The Council ensures that the borough's diverse communities remain strong, cohesive and safe by seeking their investment and involvement in keeping Barnet a great place to live work and study. Promoting engagement, facilitating independence, and building community capacity – promoting independence in the community to avoid reliance on statutory services.

### **How have savings been identified?**

21. The Corporate Plan ensures that priorities reflect the diversity of need in the borough and are addressed in a mainstream and holistic way by reflecting this into the their commissioning priorities and work plans for each theme committee in the following key areas of activity:
  - Growth, regeneration, and investment, managing demand for our services and
  - Transforming our services – for all of our services, we are considering the case for delivering differently in order to meet our priority outcomes; redesigning our services; making it easier for staff to do their jobs effectively; and changing the way we work with local partners.
22. Barnet operates a transparent business planning and decision making process which reflects theme committee commissioning priorities (which each have responsibility for specific service areas). Each theme committee has been set recurring annual savings targets to close a total estimated budget gap of £61.5 million between 2017 and 2020 whilst continuing to deliver services which reflect evidence of need and corporate plan priorities. At their October/November meetings theme committees have endorsed the potential savings for the budget for 2017/18 and analysed their equalities impact.
23. Some of the proposals in the 2017/18 budget consultation are continuing savings some will save money, or generate income, beyond next year. The savings must be delivered in a way that provide inclusive, integrated sustainable and value for money services which meet the need in the locality and address issues such as social isolation and economic disadvantage.

## 2017/18 Budget Proposals: Impacts of proposals by Theme Committee

24. The CEIA shows that our savings proposals will result in many positive benefits for Barnet residents and businesses including the protected characteristics and other groups who may be disadvantaged. Each year, as theme committees work more strategically, in an inclusive and holistic manner, the CEIA shows relatively more positive impacts and relatively fewer negative impacts. However the following negative impacts have also been noted:
- The adult social care fairer contributions policy will impact on better off older residents. The mitigation is that an affordability assessment will be carried out in each case.
  - People with mental health issues, older people, people in receipt of social care benefit, carers and some people with disabilities including learning difficulties will be affected by service changes to mental health support, floating support and grant funding changes to Chinese Mental health Association, Asian Women's Association, Community Focus and Inclusion Barnet. Mitigations include a changed service delivery model and sustained communication with service users and service provider organisations.
  - Government policy has resulted in people on in work and out of work benefits seeing those benefits frozen for four years until 2020.
  - The impact of any increase in council tax increase is likely to impact disproportionately on those with low income.
  - The mitigations for these negative impacts are outlined in the individual EIAs.
25. The CEIA has taken into account the public consultation of 2017/18 budget proposals, which was open for six and a half weeks, from 5 December 2016 to 19 January 2017. This resulted in 783 responses, 91 from the general public and 692 from Citizens Panel. Responses to the budget consultation are not showing any significant differences in response rates by protected characteristic.
26. Appendix Two attaches a table which highlights the EIAs which support the budget savings proposals and their equalities impact by Theme Committee.

### Adults and Safeguarding Committee

27. The Adults and Safeguarding Committee (ASC) oversee social care services for adults with a learning disability, mental health needs, physical disability or sensory impairment, older people and carers. The Committee's estimated annual budget for 2017/18 is £85.4 million. A savings target of £15.07 million has already been agreed for delivery between 2017-20 which is proposed to save £4.9 million in 2017/18 of which £1.5 million will be achieved through efficiency savings, £3.0 million by managing demand for council services and £0.4 million through growth and income. There are plans in place to deliver these savings; however, there are significant cost pressures on the adults social care budget of around £4.8 million and new demand will mean the pressure is ongoing. Social care precept funding helps to manage the risk that some of these savings may not be delivered, as well as helping to deliver services which meet the care needs of the most vulnerable. The Committee aims to:
- Support people to age well
  - Support people to stay in their own homes as long as possible

- Provide early social care support within their own homes for a greater number of elderly residents and other adults will prolong independent living and reducing demand for high-cost residential accommodation.
- Support people to feel safe in their homes and in their communities
- Wherever practicable support recovery and independent living for people with mental health conditions and learning disabilities

28. The CEIA for 17/18 budget savings proposals shows that ASC have completed 11 new EIAs. Those which have not been previously published are attached to the CEIA. Where these have been published previously, details are included in the Theme Committee savings spreadsheets. 5 new EIAs are showing positive impact for Moreton Close extra care housing, Managed Telecare service, Barnet integrated Locality living team, Your Choice Barnet and Mental Health Step Down to enable people with mental health conditions to live in the community.
29. Five EIAs have been developed to support ASC savings in prevention spend and the move away from culture specific services towards generic service in prevention. These are showing negative impacts on grounds of gender, ethnic minority, age (older people), people with disabilities, including physical, mental health and learning disabilities. These refer to Chinese Mental Health Association, Barnet Asian Women's Association, Community Focus, Outreach Barnet floating support service and Support Planning and Brokerage service provided by Inclusion Barnet. The reduction in floating support for people who are eligible for social care services, is also showing negative impacts for Christians and Muslims who are over represented in the service user pool and pregnancy and maternity, the Support Planning and Brokerage service is showing negative impacts for all protected characteristics and others seen as disadvantages including Carers PWMH low income and single parent families, unemployed people and those not in employment, education or training (NEETs). The withdrawal of grant funding from Community Focus shows additional negative impact for carers and those on low income. The EIA to support fairer contributions policy is also showing a minimum negative impact for older and better off residents who have been assessed as being able to afford the increase in charges.
30. The mitigations for these negative impacts are outlined in each EIA. These proposals were considered in depth at ASC in November 2016 to January 2017. Savings identified for prevention service savings are based on a generic approach to providing support rather than supporting a culture specific model. It will be important that social workers whilst the prevention spend changes may affect the choice of service provider, the council is satisfied that an adequate service will remain in place. The increased charges proposed in Fairer Contributions Policy will mean an increase for residents who are assessed as being able to pay more for their services. Where council proposing an increase in fees and charges this will be accompanied by an individual assessment of ability to pay.



## Children, Education, Libraries and Safeguarding Committee (CELS)

31. The remit of this Committee includes: education services, support to children with disabilities, Looked After Children (LAC), children in need, family and youth support and libraries. 2017 Committee outcomes can be summarised as:

- Children and young people are safe in their homes, schools and around the borough
- All children are achieving their best at school with high school standards
- Children and young people are physically, mentally and emotionally healthy
- Young people are ambitious for their futures, are ready for employment and contribute positively to society.
- All parents and carers are able to develop high quality relationships with their children.

32. The Committee's estimated annual budget for 2017/18 is £54.6 million and £3.6 million of savings is proposed in 2017/18. Of this it is proposed that £0.3 million be achieved through efficiency savings, £0.8 million from increasing revenue, £0.1million by managing demand for council services, £0.2 million through new models of delivery and £2.2 million through service remodelling savings target of £12.1 million had already been agreed for 2017-20.

33. Children's do not anticipate additional negative impacts as a result of their savings proposals. They have not produced individual EIAs for their proposals and have taken into account the EIA for Children's and young people plan showing minimum positive, LAC placement published last year and early years EIA all showing positive impacts. The Libraries EIA, showing minimum negative impact, continues to be monitored and updated as proposals are implemented. Details of these EIAs are included at savings templates.

## Environment Committee

34. The Committee's remit serves every household and business in Barnet through universal services including waste collection, recycling and waste disposal, parks and green spaces, highways maintenance, traffic management, including parking, street cleansing, and environmental health, trading standards, air quality and environmental enforcement. The committee's estimated annual budget for 2017/18 is £34.3 million. This is the difference between £66.1 million of planned expenditure and £31.8million of revenue from chargeable services. A savings target of £6.6 million has already been agreed for 2017-20. £4 million of these savings are proposed in 2017/18 and, of this, it is proposed that £1.2million be achieved through efficiency savings, £0.6 million from increasing revenue and £2.2 million by managing demand for Council services

35. The Council is looking to increase the use of capital funding to invest in the long-term upkeep of our highways infrastructure and support development of our green spaces and to reduce the revenue expenditure and deliver a more efficient way of

managing our long-term assets. It is proposed to develop an alternative delivery model for Street Scene services. We are reviewing how we carry out street cleansing. This will involve new technology to improve efficiency of street cleansing and reduce the need for our street cleansing neighbourhood services. We are also looking to increase monitoring and enforcement of littering, fly tipping and other offences and by increasing the number of people cleaning neighbourhoods as part of the community payback scheme. Street Scene are developing their proposals through strategic consultation on parks and open spaces, waste and recycling strategies and alternative delivery models each of which will include an Equalities Impact Assessment.

### **Findings in previous years**

36. In previous years the CEIA has shown some negative impacts for protected characteristics on grounds of youth and age, ethnic origin, religion and belief, gender, lone parents, mental health and people with learning disabilities. Last year's cumulative EIA showed relatively few negative impacts on two proposals in the budget - for home meals for older residents and Review of Library services - could negatively affect older people, Jewish and other ethnic minority groups, children and young people, people with disabilities and women through pregnancy and maternity.

### **The Bigger Picture**

37. As in previous years the CEIA recognises that protected characteristics cannot be viewed in isolation from broader socio economic trends which can be a source of disadvantage. The CEIA also takes account of state Pension increase of 2.5% and pension credit increase while most other benefits frozen for 4 year period 16/17 to 19/20 including in and out of work benefit which will impact on those on low income.
38. In a recent report, 'Who is worst off in England?' The Equalities and Human Rights Commission identify Gypsies, Travellers and Roma, people with learning disabilities, refugees, migrants, asylum seekers and homeless people as amongst the poorest groups<sup>5</sup>.

### **The Casey Review**

39. The Casey Review<sup>6</sup> highlights the links between social and economic disadvantage and the protected characteristics, and the need to address these in an integrated manner to strengthen community resilience and cohesion. In her report published in December 2016, Louise Casey highlighted socio-economic disadvantage and particular impacts on some communities in the UK including Muslim women and children. This echoed barriers to employment for Muslim

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<sup>5</sup> [https://www.equalityhumanrights.com/sites/default/files/ief\\_gypsies\\_travellers\\_and\\_roma.pdf](https://www.equalityhumanrights.com/sites/default/files/ief_gypsies_travellers_and_roma.pdf)

<sup>6</sup> <https://www.gov.uk/government/publications/the-casey-review-a-review-into-opportunity-and-integration>

woman as outlined in the report from APPG on Women and Equalities on gender equalities, Women and Work.

40. Barnet's key mitigation since 2013 has been to adopt an inclusive and holistic approach based on fair life chances for all so that everyone can achieve and share the benefits of growth and everyone has the opportunity to be involved in keeping Barnet a great place to live work and study.

## Council Tax

41. The Council aims to set a fair level of council tax each year as part of the balance between supporting people who are more frequent users of particular local services, or who require more targeted support, and local taxpayers more generally. For the last six years residents' council tax bills have not increased, while at the same time the cost of living has gone up year on year. This means, when adjusted for inflation, there has been, in real terms, a cut of 20% in council tax bills since 2010/11. From 2010/11 to 2013/14 the Council froze council tax; in 2014/15 the Council cut council tax by 1% and in 2015/16 the Council again froze council tax.
42. In 2016/17 the Council applied a 1.7% social care precept council tax increase to spend exclusively on adult social care, including care for the elderly following national government introduction of the Social care precept which allowed councils to increase their council tax by up to 2%. That increase was offset by a reduction in the element of council tax that goes to the Greater London Authority, which meant there was no overall increase in council tax bills in Barnet for 2016/17. Barnet Council's current plans include applying a further 3% social care precept to council tax bills in 2017/18. Applying the maximum 3% social care precept will generate an additional £3 million to help ease the increasing pressures on adult social care budgets, including care for the elderly and it will add an additional £34 per year to council tax bills for a Band D property (equivalent to £2.80 per month).
43. 2015/16 budget included a reduction in the level of Council Tax Support which was initially assessed as having a minimum negative impact. Through monitoring the implementation of this decision and making more widely available discretionary grants and funds in the event of hardship, we are satisfied with the analysis of minimum negative impact for recipients and this will continue to be monitored.

## Barnet's general budget consultation 2017/18 05 December 2016 – 19 January

44. The CEIA has taken into account the public consultation of 2017/18 budget proposals which ran from 5 December 2016 to 19 January 2017. This resulted in 783 responses, 91<sup>7</sup> from the general public and 692 from Citizens Panel. In depth consultation was carried out for The Priorities and Spending Review in 2013/14 and the Medium Term Financial Strategy in 2014/15.

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<sup>7</sup> 10 responses were received prior to the 15 December 2016 Local Government Finance Settlement announcement and 81 received after the 15 December

45. Relevant feedback from the budget consultation for both general public and Citizens Panel consultation is reported below. The CEIA has looked at responses to the options for council tax increase from both the Citizens' Panel (which is showing significant differences in response rates) and the general public consultation (which is not showing significant differences in response rates). Overall it is not considered that any change is required to the cumulative or individual EIAs prepared to support the 17/18 budget savings proposals or the mitigations proposed as a result of the consultation. The full consultation report is attached at Appendix G to the budget report.

## General Public Consultation

46. The consultation findings for the general public response have taken account, wherever possible of the nine protected characteristics and other groups identified in the Council's commitment to fairness. 91 responses were received from the general public who were asked questions on the overall budget, theme committee savings and council tax increases. Due to low completion rate of the diversity monitoring questions to the general public consultations, the response cannot be compared to the borough's population in its entirety and it is therefore difficult to say how representative it was of the borough's population. Chart one on page 19 compares general public survey responses with Barnet profile. However, the sample size of the general public consultation is too small to draw any significant conclusions in terms of demographics. Responses have not, therefore, been weighted and (given the relatively few responses) the general public consultation cannot be considered as representative of the borough nor show significant differences in response rates.

47. In particular the CEIA has looked at relevant findings from the general public consultation on Theme committee savings proposals affecting the 17/18 budget proposals which are currently showing negative equalities impacts. The General Public consultation shows:

- Table 22 shows that more respondents disagree rather than agree with the proposed savings within the Adults and Safeguarding Committee. 30% (7 out of 23 respondents) responding to the updated general public consultation, agree with the savings proposals within the Adults and Safeguarding Committee. 39% (9 out of 23 respondents) disagree, and the remainder neither agree nor disagree. 26% (6 out of 23), or don't know (4%, 1 out of 23).
- Tables 23 – 24 look at reasons for disagreement with Adults proposals and suggestions for alternative savings and do not impact on the 17/18 ASC savings proposals currently showing a negative impact.
- Respondents are more likely to disagree with the proposed savings within the Children, Education, Libraries and Safeguarding Committee rather than agree. 23% (9 out of 40 respondents) responding to the updated general public consultation agree with these savings proposals. Half of respondents (50%, 20 out of 40 respondents) disagree. The remainder neither agree nor disagree 13% (5 out of 40) or don't know 15% (6 out of 40). Table 26 shows that 23% (9 out of 40 respondents) responding to the updated general public consultation after 15 December agree with the savings proposals within the Children, Education, Libraries and Safeguarding Committee. 50% (20 out of

40 respondents) disagree and the remainder neither agrees nor disagrees, 13% (5 out of 40) or don't know/are not sure 15% (6 out of 40).

- Table 17 (for comments on the overall Council budget) includes 4 comments on Libraries and Table 27 (on the reasons respondents disagree with savings proposed by Children, Education, Libraries and Safeguarding Committee) includes 5 comments on library savings. Table 29 (commenting on the 17/18 CELS savings proposals) includes 14 specific comments on libraries.
- Respondents are more likely to agree with the proposed savings in Environment Committee rather than disagree. Half of respondents (50%, 18 out of 36 respondents), responding to the updated general public consultation, agree with the savings proposals within the Environment Committee compared to 33% (12 out of 36 respondents) who disagree. The remainder neither agree nor disagree. 17% (6 out of 36).
- Table 31 (on reasons respondents opposed the savings) includes 4 comments on street cleaning which are not specific to the budget proposals. There are no comments specific to the budget proposals on Table 32 (alternative saving suggestions) and Table 33 (on the specific Environment Committee savings proposals) includes several comments on street cleaning, recycling and parks and open spaces.

### Citizen's Panel Consultation

48. A separate questionnaire was sent to the Citizens' Panel and completed by 692 respondents, to ensure the views of a representative sample of the borough's population were captured on the different options for council tax in 2017/18. The Citizens' Panel were not asked questions on the overall budget and savings proposals for 2017/18. The Citizens' Panel response was weighted to ensure the achieved sample was representative of the borough's population. We do not have information about pregnancy and maternity or transgender status from the Citizens' Panel demographic profile. The Citizens' Panel demographic sub-groups responses have been analysed to identify whether groups are significantly different from the overall response. Chart Two on page 20 in Appendix G compares Citizen's Panel survey responses with Barnet profile. Two main demographic sub-groups of the Citizens' Panel stand out in regards to their responses:

- The Hendon Constituency responses are significant to each of the four options for Council Tax. They are **less likely to support** the 2% and 3% social care precept increase. They are also **more likely to oppose** the proposed 2% social care precept plus 1.99% and **more likely to oppose** the proposed 3% social care precept plus 1.99%. To summarise, they were not supportive of any Council Tax increase.
- Users of services under the Housing Committee portfolio (i.e. those in receipt of housing services – this group are more likely to fall under one or more of the protected characteristics or other key groups) are also **more likely to oppose** any increase in the social care precept or general Council Tax. This analysis is further supported by the number of respondents **less likely to support** a further 2% Social Care Precept.
- There are also some other different demographic sub-groups whose responses are statistically significantly different from the overall response in terms of whether they support or oppose the different options for Council Tax next year

but these differences did not appear across all four options. Further details can be found on pages 41 to 43 in Section 2 of Appendix G.

## Summary and Conclusion

49. The CEIA shows that our savings proposals will result in many positive benefits for Barnet residents and businesses including the protected characteristics and other groups who may be disadvantaged. Each year, as theme committees work more strategically, in an inclusive and holistic manner, the CEIA shows relatively more positive impacts and relatively fewer negative impacts. However the following negative impacts have been noted:

- The ASC fairer contributions policy will impact on older residents. The mitigation is that an affordability assessment will be carried out in each case.
- People with mental health issues, older people, people in receipt of social care benefit, carers and some people with disabilities including learning difficulties will be affected by service changes to mental health support, floating support and grant funding changes to Chinese Mental health Association, Asian Women's Association, Community Focus and Inclusion Barnet. Mitigations include a changed service delivery model and sustained communication with service users and service provider organisations.
- Government policy has resulted in people on in work and out of work benefits seeing those benefits frozen for four years until 2020.
- The impact of any increase in council tax increase is likely to impact disproportionately on those with low income.
- The links between social and economic disadvantage, community resilience and cohesion are increasingly prevalent. The Casey Review<sup>8</sup> touches on the need for more community integration and a key mitigation in Barnet since 2013 has been to adopt an inclusive and holistic approach based on achieving Strategic Equalities Objective and providing fair life chances for all so that everyone can achieve and share the benefits of growth and everyone has the opportunity to be involved in keeping Barnet a great place to live work and study.
- Supporting people into employment is a priority for the Council and has resulted in such initiatives as the Welfare Reform Task Force, which has brought together the council's housing officers, Jobcentre staff and health advisers into a single team to work with those impacted by Welfare Reform. This integrated team has engaged with 96% of residents affected by the Benefit Cap and helped over a third of them into work.
- In addition to working at a local level, Barnet is working with the Greater London Authority and other London Boroughs in the West London Alliance to lead on the London devolution deal on skills to develop a strategic vision for skills needed in the capital and to ensure to ensure that young people (and other residents from 16 years) can acquire the skills to compete in the London labour market.

50. The Council is satisfied that this CEIA demonstrates how we have paid due regard to equalities, analysed the individual and cumulative impacts of our proposals taking account of any negative impact from previous years. However, given the scale of savings the Council is obliged to make, change is inevitable. Every effort is made to avoid and minimise any negative impacts and mitigations are outlined in

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<sup>8</sup> <https://www.gov.uk/government/publications/the-casey-review-a-review-into-opportunity-and-integration>

the individual EIAs which will be kept under review. All savings proposals will be kept under review and further equalities analysis will be undertaken as proposals develop.

## **The Future**

51. As the Council continues to transform and make hard choices, we will continue to:

- Pursue fair life chances for all.
- Mainstream equalities into key business processes, strategies and policies.
- Reflect equalities and diversity into commissioning priorities, management agreements.
- Use evidence to establish need and analyse the impact of our proposals and bringing it to the attention of decision makers.
- Build capacity among the staff group to promote inclusion and value diversity.
- Engage with the rich diversity of established, emerging and hard to hear voices and communities.

The Council will publish this report and bring it to the attention of our Strategic Partners.

## Appendix One: Valuing Diversity and meeting our legal obligations under Public Sector Equality Duties obligations

1. The 2010 Equality Act outlines the provisions of the general and specific Public Sector Equality Duties in relation to the 9 protected characteristics and requires Barnet to have due regard to the need to:
  - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
  - Advance equality of opportunity between people from different groups;
  - Foster good relations between people from different groups;
  - Set and publish equality objectives, at least every four years; and
  - Publish information to show their compliance with the Equality Duty, at least annually. The information published must include information relating to employees (for public bodies with 150 or more employees) and information relating to people who are affected by the public body's policies and practices.
2. This places a legal obligation on the Council to pay due regard to equalities. We do this by assessing the impact of our actions on different groups in Barnet including those identified in equality legislation as protected characteristics, namely: age, disability, gender, gender reassignment marriage, civil partnership, pregnancy, maternity, sexual orientation, religion or belief.

### Fairness Agenda

3. At their first meeting on June 10 2014 Members of the Policy and Resources Committee discussed the concept of fairness and how Council Committees should be mindful of fairness and in particular, of disadvantaged communities when making their recommendations on savings proposals. Therefore, in addition to assessing the impact of proposals on the nine protected characteristics, the Council also tries to assess the impact on certain other groups who may be considered disadvantaged and/or vulnerable. These additional groups include people with learning disabilities, people with mental health issues, carers (including young carers), people on low income, people from areas of deprivation and the unemployed.

### Our approach to equalities

4. The Council has continued to develop its approach to equalities and meeting the Public Sector Equality Duty in delivering services and the Council's priorities in a proportionate way which relates to the needs of residents and businesses in the borough. The Council continues to:
  - **Mainstream equality considerations into policy, strategy and decision making**

Equalities Impact Assessments (EIAs) are key to informing activities across the council. With support from the Council's Equalities and Diversity Lead, officers develop robust EIAs and mitigation plans, which take into consideration the results of consultations (where relevant). These EIAs are provided and published for each theme committee, ensuring that committees have access to the analysis before decisions are made.

Management agreements with our delivery units have a number of commitments and reflect the importance of equalities and how the commissioning plans will be achieved in



practice. Performance indicators have been set for each delivery unit to measure progress against these commitments and have been published for each delivery unit.

- **Identify Equality Champions**

Our Lead Member for Equalities is Cllr Richard Cornelius, Chair of Policy and Resources Committee and Leader of the Council. Our Lead Member for Community Cohesion is Cllr Longstaff, Chairman of the Community Leadership Committee. Our Lead Officer for Equalities and Community Cohesion is Stephen Evans (Interim Chief Operating Officer).

- **Promote inclusion in our approach to consultation and community engagement**

Guidance on equalities has been incorporated into our consultation and engagement toolkit, to ensure that consultations are accessible and inclusive to different groups.

Barnet is building strong community links and partnerships through our Community Participation Strategy and the Communities Together Network (CTN), which aims to foster excellent community relationships and community spirit. CTN is co-facilitated by Barnet Council and CommUNITY Barnet and brings the voluntary, faith and community sector with public sector partners to share information and build an understanding of what really matters to Barnet's communities. CTN is a strategic forum where the Council and other public sector partners can consult and seek input into some of the major decisions which impact on the borough. For example, the June 2016 meeting officers leading on the Libraries Strategy and the Adults Alternative Delivery Model consultations will attend CTN.

CTN will continue as a networking and information sharing forum to support Barnet's diverse communities to feel informed, included and safe, to promote community cohesion and to foster the potential for people to take on more responsibility for their local areas and deliver better outcomes for residents and communities in the years ahead.

In addition to working with communities through the CTN, in September 2015 Barnet adopted the Covenant on Faith Action. The Covenant recognises the faith community as an equal and valued community partner to secure good outcomes for Barnet residents and promote community cohesion and the peaceful co-existence of the borough's diverse community and faith groups. The process was facilitated by the Barnet Multi-Faith Forum (BMFF) and enhances the role of BMFF as a local strategic partner, which has led to greater partnership working in areas such as consultation and engagement.

- **Use evidence and data**

Barnet uses demographic information to understand differences in our communities, tailor services to need and work with local people and groups to develop community based services which deliver better outcomes. We use evidence to support the delivery of needs led, appropriate and accessible services which reflect the diversity of need at different stages in people's lives.

Demographic information about equalities and community cohesion can be found at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/equality-and-diversity.html>

- **Make difficult decisions transparently and fairly**

Equalities considerations are embedded into the decisions the council makes and fully integrated into our annual business planning process, with support provided by our Equalities and Diversity Officer. Changes to policies and services are analysed to assess the potential equalities impacts and risks and mitigate them wherever possible. This information is provided to decision makers within an EIA, which provides decision makers with information on the full impact before a decision is made.

In addition to producing EIA for individual budget proposals, the Cumulative EIA explores the cumulative impact of Barnet Council's budget proposals on protected groups within the borough. This is provided and published alongside each year's budget proposals.

- **Use our purchasing power to promote equalities**

Barnet recognises that it can promote equality and diversity through its supply chain. We work in partnership with organisations that have processes in place to meet their obligations under the Equality Act 2010. The Council, and all organisations acting on its behalf, must ensure that it meets its legal obligations to pay due regard to equalities. Barnet is a commissioning council, providing services through a mixed economy of private, public and community organisations to secure the best value for our residents. The Council's 2014 Equalities Policy outlines how the Council works with partners to ensure that our obligations under the Equality Act 2010 are understood and implemented.

In addition to working with partners who have process to meet the obligations under the Equality Act 2010, Barnet Council can value diversity broadening its supply chain. We do this by providing procurement training to local SME and VCS organisations.

## Appendix Two:

### Theme Committee EIAS to support Cumulative EIA

Committee And savings reference	EIA Title	Neutral / Impact not known	Positive Impact	Minimal Negative Impact	Publication Details
<b>Adults' Safeguarding Committee(ASC) E1</b>	Chinese Mental Health Association			X	New saving <a href="https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4">https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4</a>
ASC E1	Barnet Asian Women's Association			X	New saving <a href="https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4">https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4</a>
ASC E1	Community Focus			X	New saving <a href="https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4">https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4</a>
ASC E1	Outreach Barnet Service			X	New saving <a href="https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4">https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4</a>
ASC E1	Inclusion Barnet			X	New saving <a href="https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4">https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&amp;MId=8675&amp;Ver=4</a>
ASC E2	Staffing Efficiencies			X	Continuing saving <a href="https://barnet.moderngov.co.uk/documents/s29752/Report.pdf">https://barnet.moderngov.co.uk/documents/s29752/Report.pdf</a>
ASC E5	Your Choice Barnet	X			New saving Initial equalities analysis has been undertaken and indicates there is positive or neutral impact on service users, service users with learning disabilities and their carers, as changes to services will enable them to have services that better meets their aspirations for greater choice, inclusion and employment. <a href="http://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Bar">http://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Bar</a>

Committee And savings reference	EIA Title	Neutral / Impact not known	Positive Impact	Minimal Negative Impact	Publication Details
					<a href="#">net%20Agreement%20-%20FINAL.pdf</a>
ASC I2	Fairer Contributions			X	New saving. EIA attached
ASC R1	Support in the Community	X	X		Continuing saving EIA/s for service user impact were undertaken in 2013 and showed a positive/neutral impact on service users. This will be reviewed and updated if required prior to implementation of future savings. EIA updated in October 2015 and impact on service users (older adults, service users with physical disabilities and learning disabilities and mental health needs) remains positive/neutral. <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
ASC R2	Carers Intervention programme		X		Positive. The impact of this service is positive and expands support for carers in Barnet and should result in more adults with dementia to remain in their own homes.
ASC R4	Independence of young People		X		Continuing saving. Initial equalities analysis has been undertaken and indicates there is a minimum positive impact on service users with learning disabilities. <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
ASC R5	Older Adults DFGs Continuing		X		Continuing saving. Initial analysis indicates that no staff and/or service user EIA is required because the proposal does not impact on service delivery or staff. This will kept under review as the specific proposals develop and any changes reported back. <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
ASC R6	Personal Assistants		X		Continuing saving EIA for service user impact has been undertaken and is currently showing positive impact on service users (older adults, people with physical disabilities and learning disabilities and people with mental health needs) <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cu">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cu</a>

Committee And savings reference	EIA Title	Neutral / Impact not known	Positive Impact	Minimal Negative Impact	Publication Details
					<a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">ulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
ASC R7	Support for working age adults	X	X		Continuing saving. Equalities impact assessments for service user impact have been undertaken and are currently showing a positive /neutral impact on service users. <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
ASC R8	Mental Health step down		X		New saving. EIA attached. Impact will be assessed on an individual basis. Should be a positive impact for individuals.
ASC R9	Wheelchair Housing		X		Continuing saving. Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users, especially those with physical and learning disabilities. <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
ASC R11	Extra care housing		X		New saving <a href="https://barnet.moderngov.co.uk/documents/s35906/Appendix%20I%20-%20Equality%20Impact%20Analysis%20EIA%20Resident%20Service%20User.pdf">https://barnet.moderngov.co.uk/documents/s35906/Appendix%20I%20-%20Equality%20Impact%20Analysis%20EIA%20Resident%20Service%20User.pdf</a>
ASC S1	Integrated Later life care		X		EIA completed in September 2016 indicates there is a positive impact on service users. EIA attached.
ASC S2	Assistive Technology telecare	X	X		Initial equalities analysis has been undertaken and indicates there is a potential positive /neutral impact on staff and service users (older people, People with learning difficulties, disabilities and mental health issues). This will be kept under review as proposals develop. EIA attached.
<b>Children's Education Libraries and Safeguarding Committee (CELS)</b>					
CELS 12	SEN placements	X			Initial equalities analysis has been undertaken and indicates there is no equalities impact on staff and service users. This will be kept under review

Committee And savings reference	EIA Title	Neutral / Impact not known	Positive Impact	Minimal Negative Impact	Publication Details
					as proposals develop.
CELS I4	Continuing care	X			Initial equalities analysis has been undertaken and indicates there is no equalities impact on staff and service users. This will be kept under review as proposals develop.
CELS R1	LAC placement and Commissioning strategy		X		Continuing saving April 2015 <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
CELS S1	Early Years		X		Continuing saving October 2014 <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
CELS S3	Libraries			X	Continuing saving EIA completed <a href="https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf">https://barnet.moderngov.co.uk/documents/s29948/Appendix%20H%20Cumulative%20and%20Individual%20Equality%20Impact%20Assessments.pdf</a>
CELS S7	Education and Skills Delivery Model		X		EIA completed September 2014 <a href="https://barnet.moderngov.co.uk/documents/s17567/Appendix%20Two%20-%20Initial%20Equalities%20Impact%20Assessment.pdf">https://barnet.moderngov.co.uk/documents/s17567/Appendix%20Two%20-%20Initial%20Equalities%20Impact%20Assessment.pdf</a>
<b>Environment Committee (ENVT)</b>					
ENVT E3	Alternative Delivery Model	X			September 2016 <a href="https://barnet.moderngov.co.uk/documents/s34789/Street%20Scene%20Alternative%20Delivery%20Model%20Initial%20Outline%20Business%20Case%20OBC1.pdf">https://barnet.moderngov.co.uk/documents/s34789/Street%20Scene%20Alternative%20Delivery%20Model%20Initial%20Outline%20Business%20Case%20OBC1.pdf</a>
	Street Cleaning				EIA Not required
	Parks and Open spaces		X		May 2016 <a href="https://barnet.moderngov.co.uk/documents/s31739/Appendix%201%20Parks%20and%20Open%20Spaces%20Strategy%20">https://barnet.moderngov.co.uk/documents/s31739/Appendix%201%20Parks%20and%20Open%20Spaces%20Strategy%20</a>
	Enforcement				EIA in development
	Fees and charges	X			The proposed fees and charges have been reviewed against the protected characteristics and for Streetscene, Environmental Health, Cemetery and Crematorium and Highways it is considered that there will not be any

Committee And savings reference	EIA Title	Neutral / Impact not known	Positive Impact	Minimal Negative Impact	Publication Details
					<p>specific adverse impact on any of the groups. In the EIA for Parking it was highlighted that there may be a cost impact on disabled residents, however, this is mitigated by the process which allows disabled badge holders to have a special bay put in near their residence free of charge and therefore the cost increases for parking permits does not impact this group. Full paper here:  <a href="https://barnet.moderngov.co.uk/documents/s35866/Fees%20and%20Charges%20-%20201718.pdf">https://barnet.moderngov.co.uk/documents/s35866/Fees%20and%20Charges%20-%20201718.pdf</a></p>
<b>Policy and Resources Committee</b>					
E5	Customer Transformation Project		X		<p><a href="https://barnet.moderngov.co.uk/documents/g8730/Public%20reports%20pack%2005th-Oct-2016%2019.00%20Policy%20and%20Resources%20Committee.pdf?T=10">https://barnet.moderngov.co.uk/documents/g8730/Public%20reports%20pack%2005th-Oct-2016%2019.00%20Policy%20and%20Resources%20Committee.pdf?T=10</a>                      Pages 179 - 204</p>
G1	Council Tax support			X	<p>Continuing                      Assessed January 2015 and confirmed as minimal negative in November 2015 – paper here:  <a href="https://barnet.moderngov.co.uk/documents/s21529/Appendix%20H%20-%20Cumulative%20Equalities%20Impact%20Analysis%20for%202015%20-%20UPDATED.pdf">https://barnet.moderngov.co.uk/documents/s21529/Appendix%20H%20-%20Cumulative%20Equalities%20Impact%20Analysis%20for%202015%20-%20UPDATED.pdf</a></p>

## EIA 1: To support Adults and Safeguarding Committee Saving I2 Fairer Contributions Policy

### Equality Impact Analysis (EIA)

#### Resident/Service User

<b>1. Details of function, policy, procedure or service:</b>	
<b>Title of what is being assessed:</b> Changes to the Fairer Contributions Policy	
<b>Is it a new or revised function, policy, procedure or service?</b> Revised Policy	
<b>Department and Section:</b> Adults and Communities	
<b>Date assessment completed:</b> 14 February 2017	
<b>2. Names and roles of people completing this assessment:</b>	
<b>Lead officer</b>	Alan Mordue, Senior Project Manager
<b>Stakeholder groups</b>	<ul style="list-style-type: none"> <li>• People who use non-residential services including:                             <ul style="list-style-type: none"> <li>– Older people.</li> <li>– People with a learning disability.</li> <li>– People with a physical disability and/or sensory impairment.</li> <li>– People with mental health needs.</li> </ul> </li> <li>• Carers and families of people who use services</li> <li>• Providers of non-residential care services</li> <li>• Community and voluntary sector</li> <li>• All Barnet residents</li> <li>• Adults &amp; Communities Delivery Unit staff.</li> <li>• Adults and Safeguarding Committee members.</li> <li>• Council Members (all).</li> </ul>
<b>Representative from internal stakeholders</b>	Gary Johnson
<b>Representative from external stakeholders</b>	
<b>Delivery Unit Equalities Network rep</b>	n/a
<b>Performance Management rep</b>	Elissa Rospigliosi
<b>HR rep (for employment related issues)</b>	n/a
<b>3. Full description of function, policy, procedure or service:</b>	
<b>Why is it needed?</b>	
Charges to customers are a key element of the delivery of social care to adults and are significant because they are an essential component of the funding for social care and the means-tested basis of adult social	



care is based on the principle that individuals who have the resources to cover the cost of their own care should pay for that care so that the Council can use public money where it is most needed.

As a response to the continuing financial challenges facing Local Government from public spending reductions, increased market rates and increasing demand, the Council is proposing to review charges and contributions. The Council's Fairer Contributions Policy has remained largely unchanged since it was introduced in 2011.

### **What are the outcomes to be achieved?**

The outcome to be achieved is an updated structure of charges and contributions for adult social care services which is fair, based on ability to pay and proportionate to the level of service provided.

### **Who is it aimed at?**

The policy is aimed at all people using non-residential services in Barnet.

### **How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of?**

Revising charges and contributions does not change the principle that everyone receiving care services is treated equally and fairly within a common framework of ability to pay and affordability.

Everybody will still receive a financial assessment to assess what contribution they can afford. The method for doing this is set out in the Fairer Contributions Policy. Everyone will have a guaranteed minimum income which is designed to ensure that people only pay what they can afford. The twelve week public consultation was as comprehensive as possible and encouraged all stakeholders to provide input. It included a monitoring system to see how protected characteristics and other vulnerable groups were responding (and their feedback) as established in the Council's baselines, and if any sections were not responding.

### **Identify the ways people can find out about and benefit from the proposals. Consider any processes they need to go through or criteria that we apply to determine eligibility.**

The public consultation included:

- Mailing a consultation pack to everyone who uses non-residential services to take part in the consultation. For people with learning difficulties this was in EasyRead format.
- Mailing a letter to the carers of everyone who uses non-residential services informing them of the consultation and that we would be sending a consultation pack to the person who uses services.
- Putting the proposals and an online survey on Engage Barnet, the Council's consultation hub.
- Hosting a set of drop-in sessions for anyone who wishes to attend, at various times and venues across the Borough.
- Sending an offer to present to meetings of the following community and voluntary sector organisations: Inclusion Barnet, Mencap, Age UK, Barnet Senior Assembly, Carers Centre, Mind, Healthwatch, Your Choice Barnet, Deaf Forum and the Middlesex Association for the Blind.
- A telephone helpline.
- A dedicated email address.
- Promotion of the on-line survey through various media.

**4. How are the equality strands affected?** Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
<p><b>1. Age</b></p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><u>Generally.</u></p> <p>People aged over 65 make up 61% of the users of Barnet’s adult social services. This is a significantly larger proportion than the 18% of people aged over 65 in the Barnet population as a whole.</p> <p><u>Raising current maximum rates for home care and day care</u></p> <p>People aged over 65 make up 88% of those who use home and day care services. This is a significantly larger proportion than the 18% of people aged over 65 in the Barnet population as a whole.</p> <p>People who use home and day care services and pay full cost for these services would have to contribute</p>	<p>The Fairer Contributions Policy aims to ensure fairness and transparency when assessing contributions.</p> <p>Everyone will have a guaranteed minimum income designed to ensure that no one will be asked to pay more than they can afford</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p> <p>As part of the implementation, everyone directly affected will be given a new financial assessment. This will include a benefits check.</p> <p>Any increases to contributions will be capped at £20 per week for two months to allow people to plan and reorganise their finances.</p> <p>If the person does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment.</p> <p>The Fairer Contributions Policy ensures fairness and transparency when assessing contributions.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>more towards the cost of their care. The size of the increase would depend on the type and the amount of care they have.</p>	
		<p><u>Changing personal allowances</u>                      People aged over 65 make up 61% of the users of Barnet’s adult social services. This is a significantly larger proportion than the 18% of people aged over 65 in the Barnet population as a whole.                      The proposal to change personal allowances is not expected to have any disproportionate impacts on the age strand when compared to the Barnet population as a whole.</p>	<p>It is not expected that anyone will be adversely impacted by this proposed change.                      The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.                      Until last year when the gap was created, there wasn’t any difference between Department of Health’s guidance on benefits and the Department of Health’s guidance on personal allowances. In future the gap might possible increase, in which case some people may be worse off in future than if there had been no change to the Fairer Charging Policy. Unfortunately, it is not possible to know what the Department of Health may or may not do in the future.</p>
		<p><u>Removing a partial disregard</u>                      People aged over 65 make up 56% of the users in receipt of the higher rate of DLA/AA. This is a significantly larger proportion than the 18% of people aged over 65 in the Barnet population as a whole.                      The actual increase in their contributions will depend on their personal circumstances.</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.                      A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>This change will directly affect people whose overall assessable income has increased from a level below the old threshold to a level above the new threshold as a result of the change to the disregard. These people would have to contribute more towards the cost of the care.</p> <p>The age strand is disproportionately impacted by any change to the treatment of higher rate DLA/AA when assessing how much people can afford to contribute when compared to those who use community care services as a whole.</p>	
<p><b>2. Disability</b></p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p><u>Generally.</u></p> <p>The proposed changes are being applied to a group with a higher proportion of disabled people.</p>	<p>The Fairer Contributions Policy aims to ensure fairness and transparency when assessing contributions.</p> <p>Everyone will have a guaranteed minimum income designed to ensure that no one will be asked to pay more than they can afford</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p> <p>As part of the implementation, everyone directly affected will be given a new financial assessment. This will include a benefits check.</p> <p>Any increases to contributions will be capped at £20 per week for two months to allow people to plan and reorganise their finances.</p> <p>If the person does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p><u>Raising current maximum rates for home care and day care</u></p> <p>People who are registered disabled make up about 25% of the group of people who pay full cost and use home care or day care services. People living with disability make up about 10% of the Barnet population.</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when assessing contributions. A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>
		<p><u>Changing personal allowances</u></p> <p>As per the Age strand, it is not expected that anyone will be adversely impacted by this proposed change.</p> <p>The proposal to change personal allowances is not expected to have any disproportionate impacts on the disability strand when compared to the Barnet population as a whole.</p>	<p>It is not expected that anyone will be adversely impacted by this proposed change.</p> <p>The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.</p> <p>Until last year when the gap was created, there was no difference between Department of Health’s guidance on benefits and the Department of Health’s guidance on personal allowances.</p> <p>In future the gap might possible increase, in which case some people may be worse off in future than if there had been no change to the Fairer Charging Policy. Unfortunately, it is not possible to know what the Department of Health may or may not do in the future.</p>
		<p><u>Removing a partial disregard</u></p> <p>People who are registered disabled make up about 35% of the group of people who receive the higher rate of DLA/AA. People living with disability make up about 10% of the Barnet population.</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>Removing the partial disregard for Disability Living (care) and Attendance Allowance will affect people with a disability who need help with care costs.</p> <p>Approximately 530 people who currently pay a contribution would be affected by removing the disregard.</p> <p>There is another cohort of clients who currently do not pay a contribution under the current policy. The exact impact of this proposal on them is not known at present but it is likely that some of them would be assessed to pay a contribution under the proposal.</p> <p>It will, in future, be applied to people who have a long-term health condition or disability and difficulties with 'daily living' or getting around.</p> <p>If anybody has an income over the new threshold or have savings in excess of (£23,250 for 2016/17) then they would have to make a contribution towards their care.</p> <p>The actual increase in their contributions will depend on their personal circumstances.</p>	assessment.
<p><b>3. Gender reassignment</b></p>	<p>Yes</p> <p><input type="checkbox"/></p> <p>No</p> <p><input checked="" type="checkbox"/></p>	<p>We have not identified any inequitable impacts relating to gender reassignment or transgender people.</p>	<p>No disproportionate impact.</p>
<p><b>4. Pregnancy and maternity</b></p>	<p>Yes</p> <p><input type="checkbox"/></p> <p>No</p>	<p>We have not identified any disproportionate impacts relating to pregnancy and maternity.</p>	<p>No disproportionate impact.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
	<input checked="" type="checkbox"/>		
<p><b>5. Race/ Ethnicity</b></p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p><u>Generally.</u></p> <p>People who use community care services have a broadly similar ethnicity profile when compared to the profile for the Barnet population as a whole.</p> <hr/> <p><u>Raising current maximum rates for home care and day care</u></p> <p>The white ethnic group makes up 88% of the group of people who use day care services and only 64% of the Barnet population.</p> <p>Changing the contributions for day care would have a disproportionate adverse impact on the white ethnic group.</p> <p>People from the Asian and Black ethnic groups form 21% and 18%</p>	<p>The Fairer Contributions Policy aims to ensure fairness and transparency when assessing contributions.</p> <p>Everyone will have a guaranteed minimum income designed to ensure that no one will be asked to pay more than they can afford</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p> <p>As part of the implementation, everyone directly affected will be given a new financial assessment. This will include a benefits check.</p> <p>Any increases to contributions will be capped at £20 per week for two months to allow people to plan and reorganise their finances.</p> <p>If the person does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment.</p> <hr/> <p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>respectively of the group of people who use home care services. Asian and Black ethnic groups make up 16% and 8% respectively of the Barnet population as a whole.</p> <p>Changing the contributions for day care will have a disproportionate adverse impact on people of the Asian and black ethnic groups.</p>	
		<p><u>Changing personal allowances</u></p> <p>As per the Age strand, it is not expected that anyone will be adversely impacted by this proposed change.</p> <p>The proposal to change personal allowances is not expected to have any disproportionate impacts on the ethnicity strand when compared to the Barnet population as a whole.</p>	<p>It is not expected that anyone will be adversely impacted by this proposed change.</p> <p>The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.</p> <p>Until last year when the gap was created, there was no difference between Department of Health’s guidance on benefits and the Department of Health’s guidance on personal allowances.</p> <p>In future the gap might possible increase, in which case some people may be worse off in future than if there had been no change to the Fairer Charging Policy. Unfortunately, it is not possible to know what the Department of Health may or may not do in the future.</p>
		<p><u>Removing a partial disregard</u></p> <p>People in receipt of the higher rate of DLA/AA have a similar ethnicity profile to the profile of those people who use community services.</p> <p>There is no disproportionate impact</p>	<p>No disproportionate impact.</p>



Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>on any ethnic group by a change to the treatment of higher rate of DLA/AA when assessing how much people can afford to contribute when compared to the group of people who use community services as a whole.</p>	
<p><b>6. Religion or belief</b></p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p><u>Generally.</u></p> <p>The Jewish and Hindu faith groups make up 16% and 7% respectively of people who use community care services and 12% and 6% respectively of the Barnet population.</p> <p>The Atheist and Muslim faith groups make up 9% and 8% respectively of people who use community care services and 16% and 13% respectively of the Barnet population.</p> <p>The Jewish and Hindu faith groups are proportionately over-represented and the Muslim and Atheist faith groups are proportionately under-represented in the group of people who use community care services.</p> <p>With those exceptions, people who use community care services (i.e. the Fairer Contributions user base) have a broadly similar religion profile when compared to the profile for all people who use adult social care services and the Barnet adult population as a whole.</p> <p>Any change to contributions for community care services will have a disproportionate adverse impact on the Jewish and Hindu faith groups and a slight disproportionate positive</p>	<p>The Fairer Contributions Policy aims to ensure fairness and transparency when assessing contributions.</p> <p>Everyone will have a guaranteed minimum income designed to ensure that no one will be asked to pay more than they can afford</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p> <p>As part of the implementation, everyone directly affected will be given a new financial assessment. This will include a benefits check.</p> <p>Any increases to contributions will be capped at £20 per week for two months to allow people to plan and reorganise their finances.</p> <p>If the person does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>impact on Muslim and Atheist faith groups.</p>	
		<p><u>Raising current maximum rates for home care and day care</u></p> <p>The Christian faith group makes up 61% of people who use home care services and 49% of the Barnet population.</p> <p>The Jewish, Atheist and Muslim faith groups make up 9%, 12% and 2% respectively of people who use home care services and 12%, 16% and 13% respectively of the Barnet population.</p> <p>The Christian faith group is proportionately over-represented and the Jewish and Muslim faith groups are proportionately under-represented as users of home care services and this change would have a disproportionate adverse impact on them.</p> <p>The Christian and Jewish faith groups make up 68% and 18% respectively of people who use day care services and 49% and 12% respectively of the Barnet population.</p> <p>The Atheist, Muslim and Hindu faith groups make up 4%, 7% and 0% respectively of people who use day care services and 16%, 13% and 6% respectively of the Barnet population.</p> <p>The Christian faith group is proportionately over-represented and this change will have a disproportionate adverse impact on them.</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p><u>Changing personal allowances</u> As per the Age strand, it is not expected that anyone will be adversely impacted by this proposed change.</p> <p><u>Removing a partial disregard</u> The Jewish and Hindu faith groups make up 17% and 9% respectively of people in receipt of higher DLA/AA and 12% and 6% respectively of the Barnet population. The Christian and Atheist faith groups make up 42% and 7% respectively of people in receipt of higher DLA/AA and 49% and 16% respectively of the Barnet population. The Jewish and Hindu faith groups are proportionately over-represented and removal of the</p>	<p>It is not expected that anyone will be adversely impacted by this proposed change.</p> <p>The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.</p> <p>Until last year when the gap was created, there was no difference between Department of Health’s guidance on benefits and the Department of Health’s guidance on personal allowances.</p> <p>In future the gap might possible increase, in which case some people may be worse off in future than if there had been no change to the Fairer Charging Policy. Unfortunately, it is not possible to know what the Department of Health may or may not do in the future.</p> <p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		partial disregard will to have a disproportionate adverse impact on these faith groups.	
<p><b>7. Gender/ sex</b></p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p><u>Generally.</u></p> <p>Females make up 60% of the users of Barnet’s adult social services. This is a larger proportion than the 52% of females in the Barnet population as a whole.</p> <hr/> <p><u>Raising current maximum rates for home care and day care</u></p> <p>Females make up 67% of those who use day care services and pay full cost. This is a significantly larger proportion than the 52% of females in the Barnet population as a whole.</p> <p>The proportions of females and males who pay full cost and use home care services are about the same as in the Barnet population as a whole.</p>	<p>The Fairer Contributions Policy aims to ensure fairness and transparency when assessing contributions.</p> <p>Everyone will have a guaranteed minimum income designed to ensure that no one will be asked to pay more than they can afford</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p> <p>As part of the implementation, everyone directly affected will be given a new financial assessment. This will include a benefits check.</p> <p>Any increases to contributions will be capped at £20 per week for two months to allow people to plan and reorganise their finances.</p> <p>If the person does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment.</p> <hr/> <p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>Females who use day care services and pay full cost for these services would have to contribute more towards the cost of their care. The size of the increase would depend on the type and the amount of care they have.</p> <p>Any change to contributions for day care services is likely to have a slight disproportionate adverse impact on females.</p>	
		<p><u>Changing personal allowances</u></p> <p>As per the Age strand, it is not expected that anyone will be adversely impacted by this proposed change.</p>	<p>It is not expected that anyone will be adversely impacted by this proposed change.</p> <p>The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.</p> <p>Until last year when the gap was created, there was no difference between Department of Health’s guidance on benefits and the Department of Health’s guidance on personal allowances.</p> <p>In future the gap might possible increase, in which case some people may be worse off in future than if there had been no change to the Fairer Charging Policy.</p> <p>Unfortunately, it is not possible to know what the Department of Health may or may not do in the future.</p>
		<p><u>Removing a partial disregard</u></p> <p>Females make up 60% of those in receipt of higher rate DLA/AA. This is</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>a larger proportion than the 52% of females in the Barnet population as a whole.</p> <p>The actual increase in their contributions will depend on their personal circumstances.</p> <p>This change will directly affect people whose overall assessable income has increased from a level below the old threshold to a level above the new threshold as a result of the change to the disregard. These people would have to contribute more towards the cost of the care.</p> <p>The gender strand is disproportionately impacted by any change to the treatment of higher rate DLA/AA when assessing how much people can afford to contribute when compared to those who use community care services as a whole.</p>	<p>income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>
<p><b>8. Sexual orientation</b></p>	<p>Yes</p> <p><input type="checkbox"/></p> <p>No</p> <p><input checked="" type="checkbox"/></p>	<p>We have not identified any disproportionate impacts relating to sexual orientation.</p>	<p>No disproportionate impact.</p>
<p><b>9. Marital Status</b></p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p><u>Generally.</u></p> <p>People who are single, widowed or a surviving civil partner make up 61% of people who use community care services. This is a larger proportion than the 36% of people who are single, widowed or a surviving civil partner in the Barnet population as a whole.</p> <p>Any change to contributions for community care services is likely to have a disproportionate adverse</p>	<p>The Fairer Contributions Policy aims to ensure fairness and transparency when assessing contributions.</p> <p>Everyone will have a guaranteed minimum income designed to ensure that no one will be asked to pay more than they can afford</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>impact on the single and widowed/surviving civil partner groups.</p>	<p>assessment. As part of the implementation, everyone directly affected will be given a new financial assessment. This will include a benefits check. Any increases to contributions will be capped at £20 per week for two months to allow people to plan and reorganise their finances. If the person does not intend to continue using a service as a result of the changes then they will be offered a strengths-based assessment.</p>
		<p><u>Raising current maximum rates for home care and day care</u> People who are widowed or a surviving civil partner make up 46% of people who use home care services. This is a larger proportion than the 9% of people who are single, widowed or a surviving civil partner in the Barnet population as a whole. People who are single, widowed or a surviving civil partner make up 69% of people who use day care services. This is a larger proportion than the 36% of people who are single, widowed or a surviving civil partner in the Barnet population as a whole. Any change to contributions for home care and day care services is likely to have a disproportionate adverse impact on the people who are single and are widowed/surviving civil partner.</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income. A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>
		<p><u>Changing personal allowances</u> As per the Age strand, it is not</p>	<p>It is not expected that anyone will be adversely impacted by this</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
		<p>expected that anyone will be adversely impacted by this proposed change and pay a higher contribution.</p>	<p>proposed change.</p> <p>The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.</p> <p>Until last year when the gap was created, there was no difference between Department of Health’s guidance on benefits and the Department of Health’s guidance on personal allowances.</p> <p>In future the gap might possible increase, in which case some people may be worse off in future than if there had been no change to the Fairer Charging Policy. Unfortunately, it is not possible to know what the Department of Health may or may not do in the future.</p>
		<p><u>Removing a partial disregard</u></p> <p>People who are single, widowed or a surviving civil partner make up 60% of people in receipt of the higher rate of DLA/AA. This is a larger proportion than the 36% of people who are single, widowed or a surviving civil partner in the Barnet population as a whole. People who are single, widowed or a surviving civil partner will be disproportionately affected by any change to the treatment of higher rate of DLA/AA when assessing how much people can afford to contribute.</p>	<p>The Fairer Contributions Policy ensures fairness and transparency when determining assessable income.</p> <p>A reviews and appeals procedure is in place in cases where people disagree with their financial assessment.</p>



Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
<p><b>10. Other key groups?</b></p> <p><b>Carers</b></p> <p><b>People with mental health issues</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>Contributions for services are based on a person's ability to pay rather than the type of service received.</p> <p><b>Carer's</b> services are not charged for so are not directly affected by these proposals, However, if someone decides to stop receiving a care package because they do not wish to pay more for it then this could possibly impact their carer(s) who may have to give additional care and support.</p> <p><b>People with mental health issues:</b> Intermediate care and enablement support services for the first 6 weeks are not chargeable. See also the Disability Strand.</p>	<p>If this situation occurs then a carer's assessment will be offered. Carer's services are not charged for in Barnet.</p>

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
<b>Some families and lone parents</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p><b>Some families and lone parents</b> may also be affected if someone in the family decides to stop receiving a care package because they do not wish to pay more for it. This could possibly impact family members who may have to give additional care and support.</p>	
<b>People with a low income</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p><b>People with an income above the guaranteed minimum will be</b> affected by these proposals if they use home care or day care services or are in receipt of the higher rate of DLA/AA.</p> <p>The minimum income guarantee ensures that the protected levels of income after paying a contribution will not fall below current levels and/or the rate as set by the Department of Health whichever is the greater amount.</p>	
<b>Unemployed people</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>We have not identified any disproportionate impacts relating to any of the other key groups.</p>	
<b>Young people not in employment education or training</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
	<input checked="" type="checkbox"/>		

DRAFT

**5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?**

Individuals who have to pay increased contributions, their families and carers may express lower satisfaction.

**6. How does the proposal enhance Barnet's reputation as a good place to work and live?**

The proposal is unlikely to enhance the Council's reputation as a good place to work and live.

The financial challenges facing the Council are well known and this proposal is in line with an increasing number of councils who have removed or who are consulting on removing the disregard. An informal email survey provided the following information:

Local authorities already counting the higher rate of DLA/AA as income:

- Brighton and Hove
- Bristol
- Leeds
- North Yorks
- East Sussex
- West Berkshire
- Peterborough
- Kingston

Local authorities proposing to count the higher rate of DLA/AA as income in some circumstances:

- Sefton
- Sunderland
- Durham
- Surrey
- Windsor and Maidenhead
- Tameside
- Royal Greenwich
- York

Local authorities considering a change to count the higher rate of DLA/AA as income in some circumstances:

- Southend
- Nottinghamshire
- Croydon
- Herefordshire
- Haringey
- Hertfordshire

Barnet's Fairer Contributions Policy is open, visible, transparent and similar to those of neighbouring Boroughs.

**7. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?**

Barnet's Fairer Contributions Policy will still be based on ability to pay and affordability.

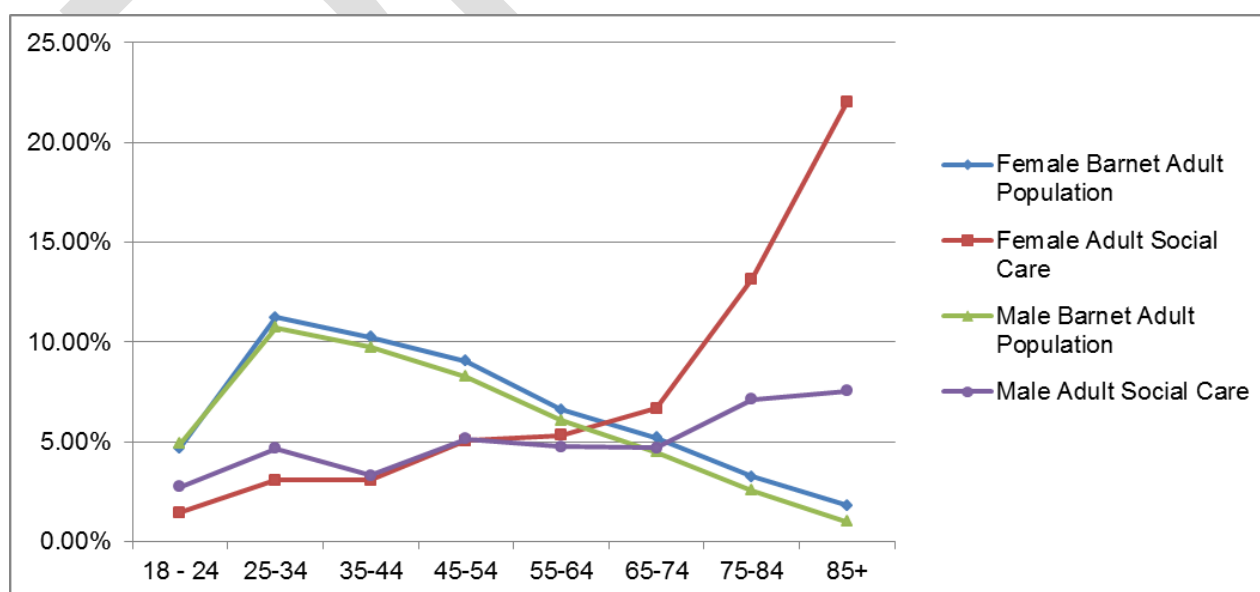
Contributions for services are based on a person’s ability to pay rather than the type of service received.

**8. Please outline what measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? Include information about the groups of people affected by this proposal. Include how frequently the monitoring will be conducted and who will be made aware of the analysis and outcomes? This should include key decision makers. Include these measures in the Equality Improvement Plan (section 16)**

## AGE/GENDER PROFILES

### Age/ gender profiles for Barnet’s population and people who use adult social care

Age Band	Female Barnet Adult Population	Female Adult Social Care	Male Barnet Adult Population	Male Adult Social Care
18 - 24	4.70%	1.48%	4.91%	2.76%
25-34	11.25%	3.09%	10.73%	4.68%
35-44	10.25%	3.09%	9.75%	3.34%
45-54	9.06%	5.06%	8.26%	5.16%
55-64	6.61%	5.35%	6.09%	4.75%
65-74	5.23%	6.69%	4.50%	4.70%
75-84	3.26%	13.17%	2.57%	7.13%
85+	1.81%	22.02%	1.03%	7.55%

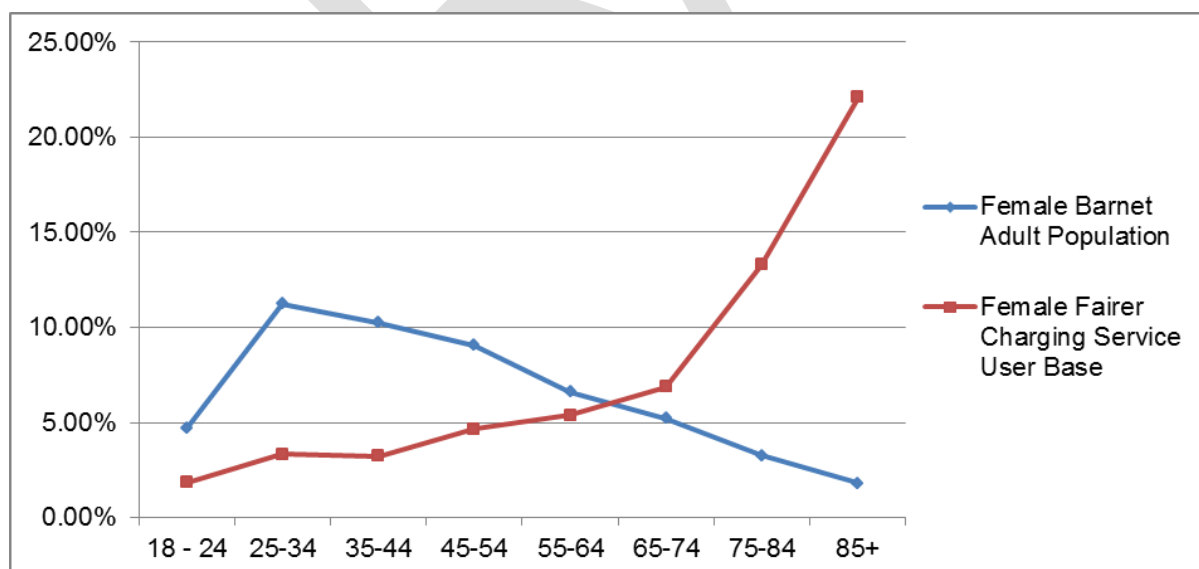


Because of the very nature of adult social care, people who use Barnet’s adult social services have a much larger proportion of older people than Barnet’s population as a whole.

As a result, any change to contributions for adult social care services is likely to have a disproportionate adverse impact on older people. However, the means-tested basis of adult social care is based on the principle that individuals who have the resources to cover the cost of their own care should pay for that care so that the Council can use public money where it is most needed.

**Age/gender profiles for people who use community care services – Female**

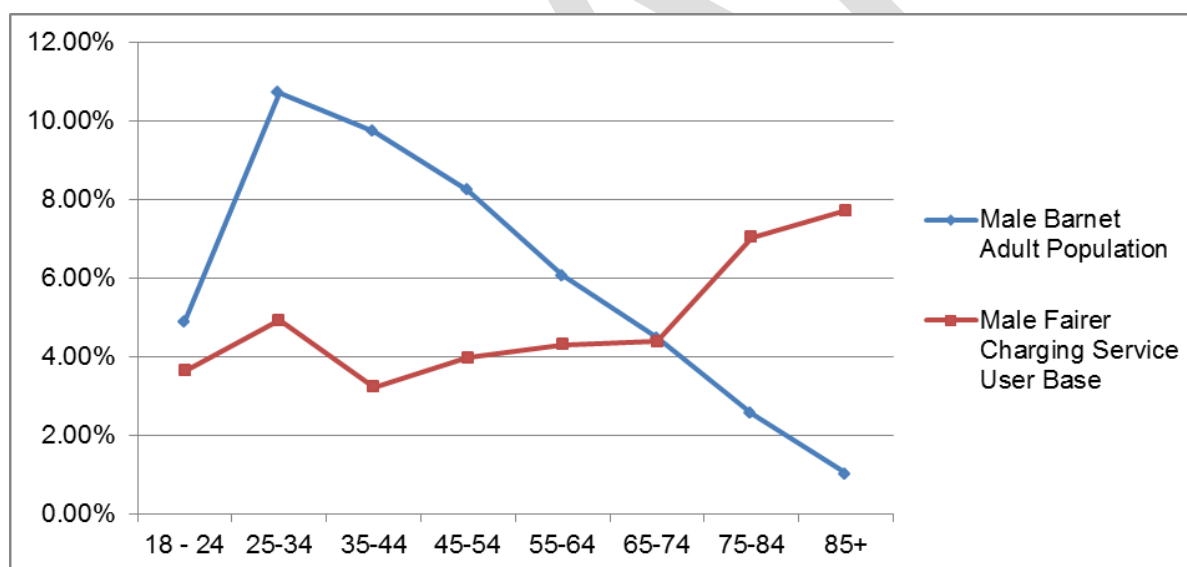
Age Band	Female Barnet Adult Population	Female Fairer Charging Service User Base
18 - 24	4.70%	1.84%
25-34	11.25%	3.34%
35-44	10.25%	3.23%
45-54	9.06%	4.66%
55-64	6.61%	5.38%
65-74	5.23%	6.88%
75-84	3.26%	13.31%
85+	1.81%	22.09%



Females who use community care services (i.e. the Fairer Contributions user base) tend to be older whereas in the general population, there are a larger proportion of younger females.

**Age/gender profiles for people who use community care services - Male**

Age Band	Male Barnet Adult Population	Male Fairer Charging Service User Base
18 - 24	4.91%	3.64%
25-34	10.73%	4.94%
35-44	9.75%	3.23%
45-54	8.26%	3.98%
55-64	6.09%	4.32%
65-74	4.50%	4.39%
75-84	2.57%	7.05%
85+	1.03%	7.73%



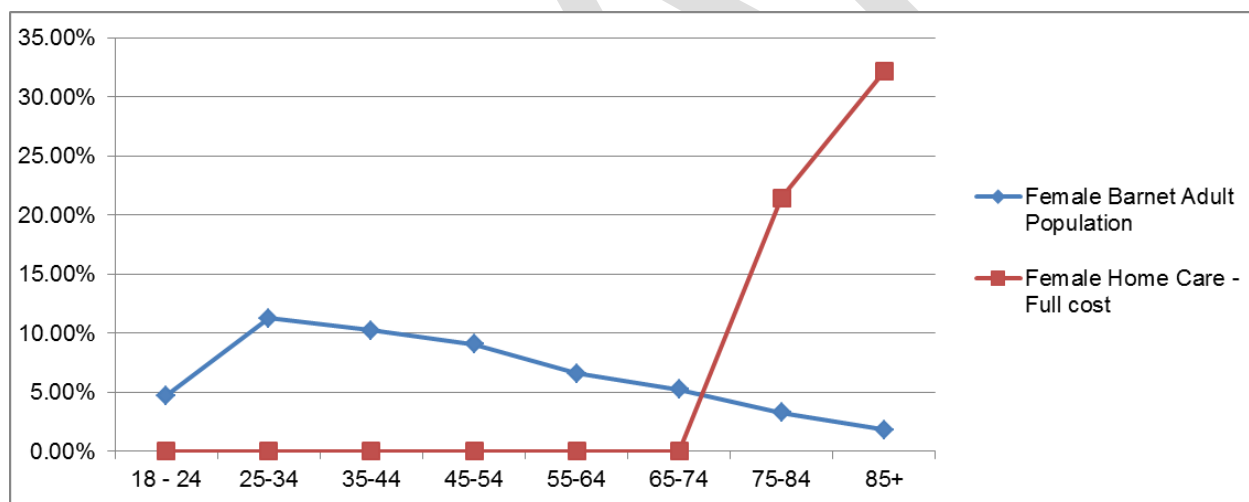
Men who use community care services (i.e. the Fairer Contributions user base) are spread across all age groups but tend to be older whereas in the general population, there are a larger proportion of younger males.

In conclusion, when compared to the Barnet population as a whole, any change to contributions for community care services is likely to have a disproportionate adverse impact on older people and females more than men.

**Age/gender profiles of people who use home care services – Female**

Age Band	Barnet Adult Population		Female – Home Care: Full Cost	
18 - 24	13,514	4.7%	*	0.0%
25-34	32,326	11.2%		0.0%
35-44	29,468	10.3%		0.0%
45-54	26,047	9.1%		0.0%
55-64	19,006	6.6%		0.0%
65-74	15,026	5.2%		0.0%
75-84	9,364	3.3%		21.4%
85+	5,205	1.8%		32.1%

\*Note: Numbers removed to prevent identification of any individuals.



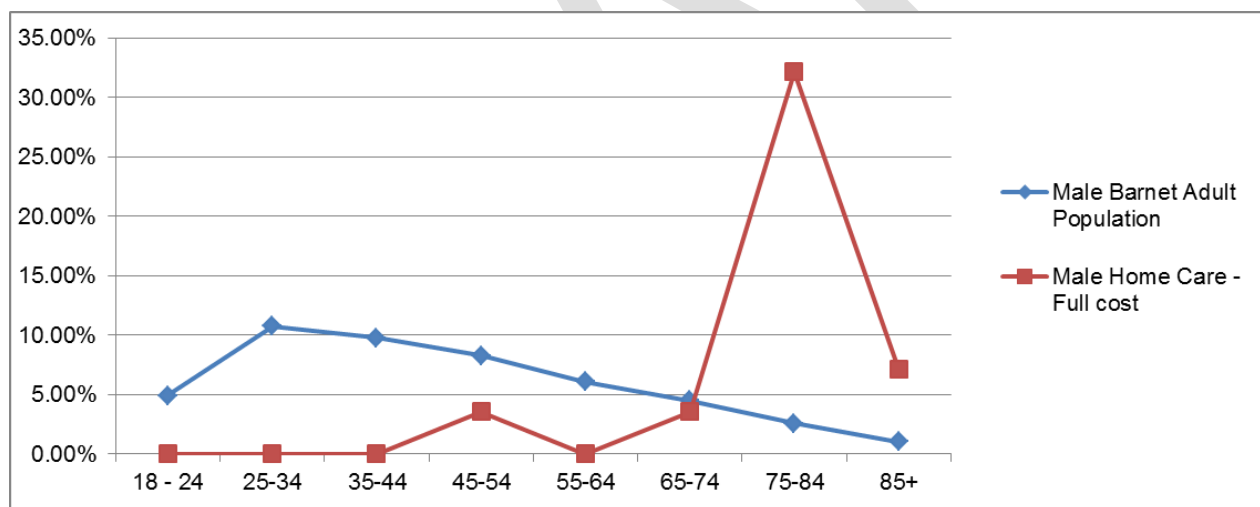
There is a significant difference between the age profile for females who use home care services and pay full cost and the age profile of females in the Barnet population as a whole. There is a greater proportion of females aged 65 and over using home care services and paying full cost.



**Age/gender profiles of people who use home care services – Male**

Age Band	Barnet Adult Population		Male – Home Care: Full Cost	
	Population	%	Population	%
18 - 24	14,111	4.9%	*	0.0%
25-34	30,855	10.7%		0.0%
35-44	28,027	9.8%		0.0%
45-54	23,738	8.3%		3.6%
55-64	17,497	6.1%		0.0%
65-74	12,924	4.5%		3.6%
75-84	7,384	2.6%		32.1%
85+	2,955	1.0%		7.1%

\*Note: Numbers removed to prevent identification of any individuals.



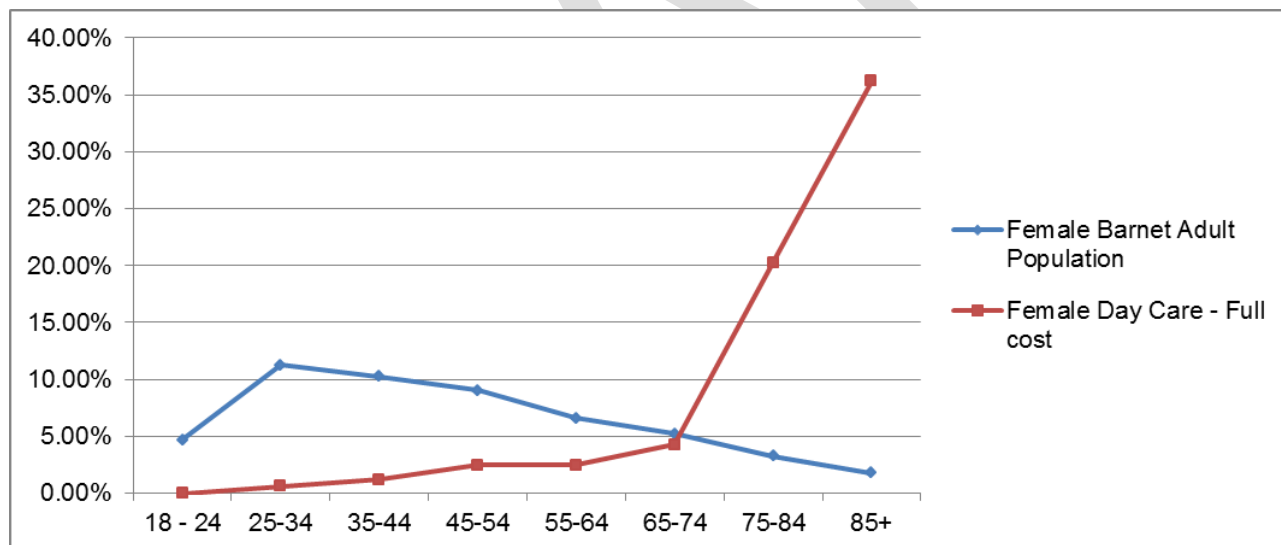
Males between 75 and 84 are much more likely to use home care services than any other age range so any change to home care contributions is likely to have a disproportionate impact on this group.

In conclusion, when compared to those in the Barnet population as a whole, any change to contributions for home care services is likely to have a disproportionate adverse impact on males aged between 75 and 84.

**Age/gender profiles of people who use day care services and pay full cost – Female**

Age Band	Barnet Adult Population		Female – Day Care: Full Cost	
18 - 24	13,514	4.7%	*	0.0%
25-34	32,326	11.2%		0.6%
35-44	29,468	10.3%		1.2%
45-54	26,047	9.1%		2.5%
55-64	19,006	6.6%		2.5%
65-74	15,026	5.2%		4.3%
75-84	9,364	3.3%		20.2%
85+	5,205	1.8%		36.2%

\*Note: Numbers removed to prevent identification of any individuals.

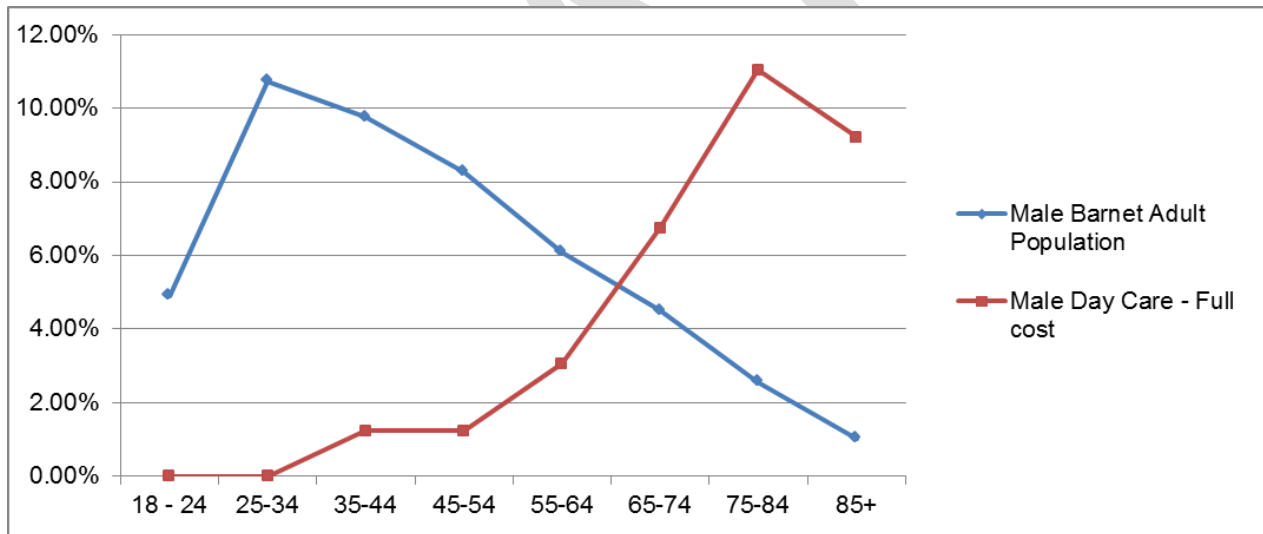


There is a significant difference between the age profile for females who use day care services and pay full cost and the age profile of females in the Barnet population as a whole. There is a greater proportion of females aged 65 and over using day care services and paying full cost.

**Age/gender profiles of people who use day care services and pay full cost – Male**

Age Band	Barnet Adult Population		Male – Day Care: Full Cost	
18 - 24	14,111	4.9%	*	0.0%
25-34	30,855	10.7%		0.0%
35-44	28,027	9.8%		1.2%
45-54	23,738	8.3%		1.2%
55-64	17,497	6.1%		3.1%
65-74	12,924	4.5%		6.7%
75-84	7,384	2.6%		11.0%
85+	2,955	1.0%		9.2%

\*Note: Numbers removed to prevent identification of any individuals.

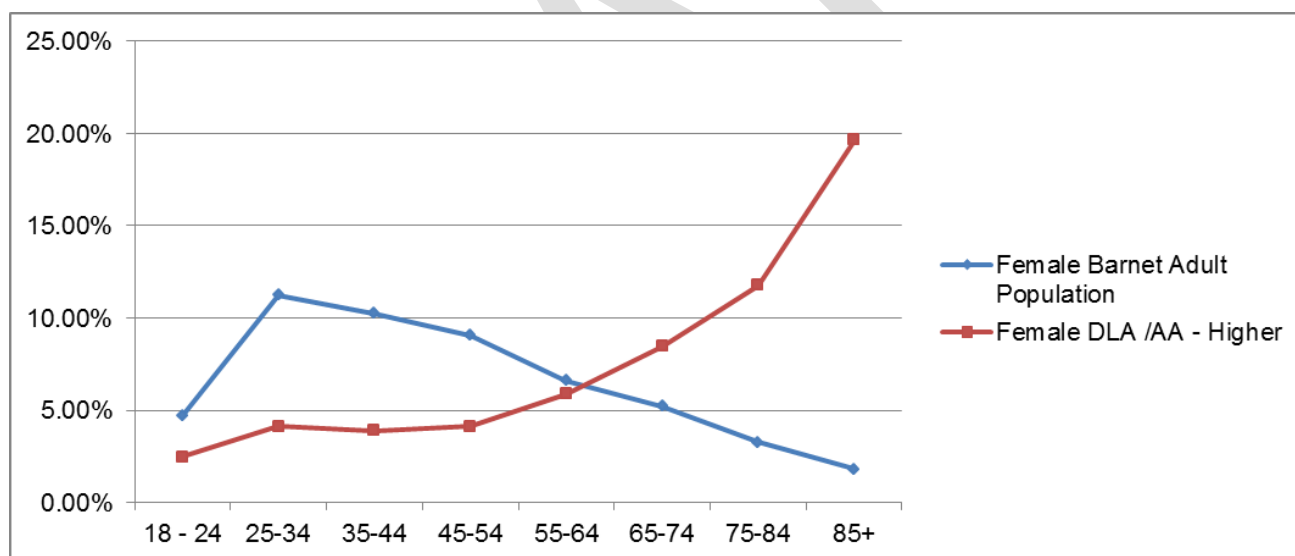


There is a significant difference between the age profile for males who use day care services and pay full cost and the age profile of males in the Barnet population as a whole. There is a greater proportion of males aged 65 and over using day care services and paying full cost.

In conclusion, when compared to the Barnet population as a whole, any change to contributions for day care services is likely to have a disproportionate adverse impact on older people in general and females more than males.

**Age/gender profiles of people who receive higher DLA/AA – Female**

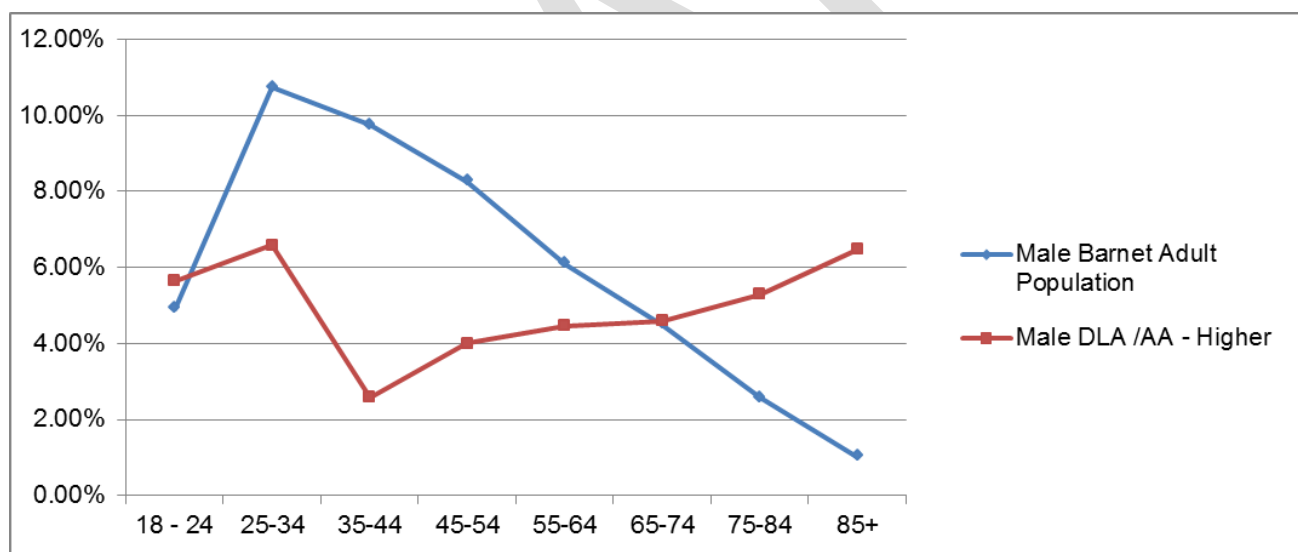
Age Band	Barnet Adult Population		Female – DLA /AA: Higher Rate	
	Population	Percentage	Count	Percentage
18 - 24	13,514	4.7%	21	2.5%
25-34	32,326	11.2%	35	4.1%
35-44	29,468	10.3%	33	3.9%
45-54	26,047	9.1%	35	4.1%
55-64	19,006	6.6%	50	5.9%
65-74	15,026	5.2%	72	8.5%
75-84	9,364	3.3%	100	11.8%
85+	5,205	1.8%	167	19.6%



There is a significant difference between the age profile for females in receipt of the higher rate of DLA/AA and the age profile for females in the Barnet population as a whole. There is a greater proportion of females aged 55 and over receiving the Higher DLA/AA.

**Age/gender profiles of people who receive higher DLA/AA – Male**

Age Band	Barnet Adult Population		Male – DLA /AA: Higher Rate	
	Population	Rate	Count	Rate
18 - 24	14,111	4.9%	48	5.6%
25-34	30,855	10.7%	56	6.6%
35-44	28,027	9.8%	22	2.6%
45-54	23,738	8.3%	34	4.0%
55-64	17,497	6.1%	38	4.5%
65-74	12,924	4.5%	39	4.6%
75-84	7,384	2.6%	45	5.3%
85+	2,955	1.0%	55	6.5%



There is a significant difference between the age profile for males in receipt of the higher rate of DLA/AA and the age profile for males in the Barnet population as a whole. There is a greater proportion of males aged 65 and over receiving the higher rate DLA/AA.

In conclusion, when compared to the Barnet population as a whole, older people in general and females more than males are disproportionately affected by changes to the treatment of higher rate of DLA/AA, when assessing how much people can afford to contribute..

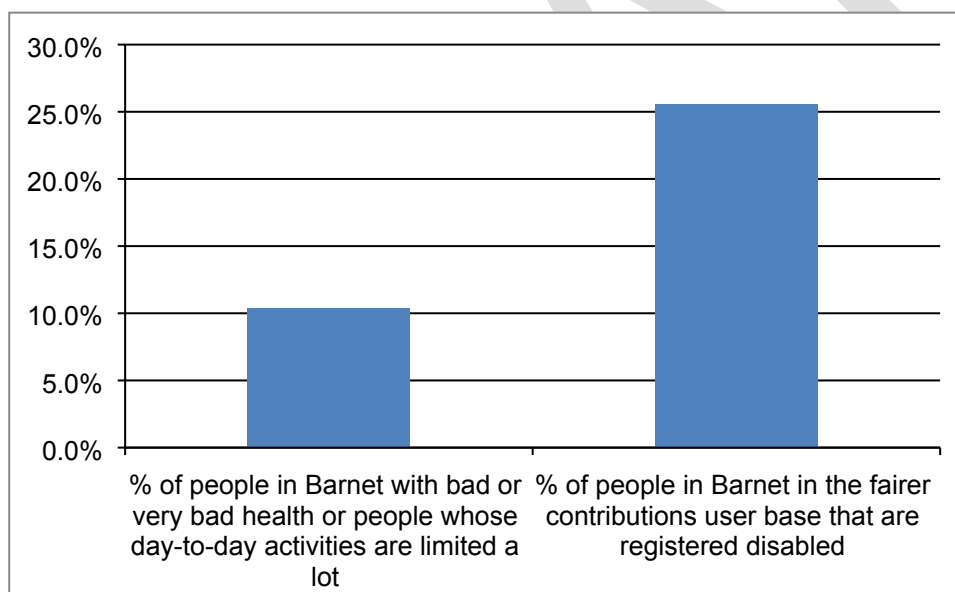
## DISABILITY PROFILES

The Barnet Demographics Data Dashboard uses census data to profile health and disability under the following two categories: ‘People with Bad or Very Bad Health’ and ‘People whose Day-to-day activities are limited a lot’.

This is not directly comparable with the data held by the Council about people in the fairer contributions user base and therefore the following disability profile of people impacted by the proposals compared to the Barnet population as a whole is only indicative.

### Disability profiles of people who use community care services in the fairer contributions user base

% of people in Barnet with bad or very bad health or people whose day-to-day activities are limited a lot	10.4%
% of people in Barnet in the fairer contributions user base that are registered disabled	25.6%

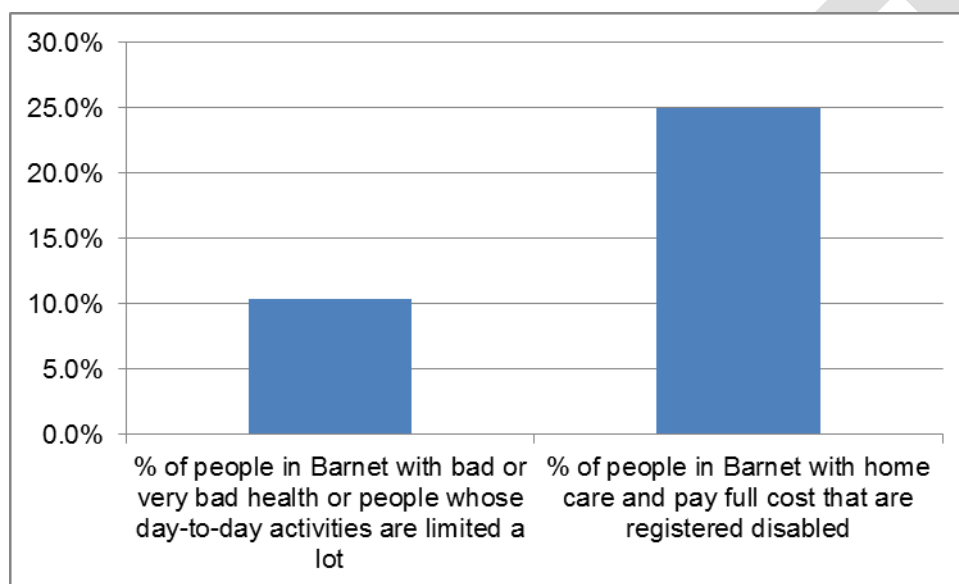


The proportion of people who use community care services (in the Barnet fairer contributions user base) is greater than the proportion of people in Barnet that have bad or very bad health or whose day to day activities are limited a lot.

In conclusion, when compared to the Barnet population as a whole, there is a disproportionate adverse impact on people living with disability by a change to contributions for community care services.

**Disability profiles of people who use home care services and pay full cost**

% of people in Barnet with bad or very bad health or people whose day-to-day activities are limited a lot	10.4%
% of people in Barnet with home care that are registered disabled	25.0%

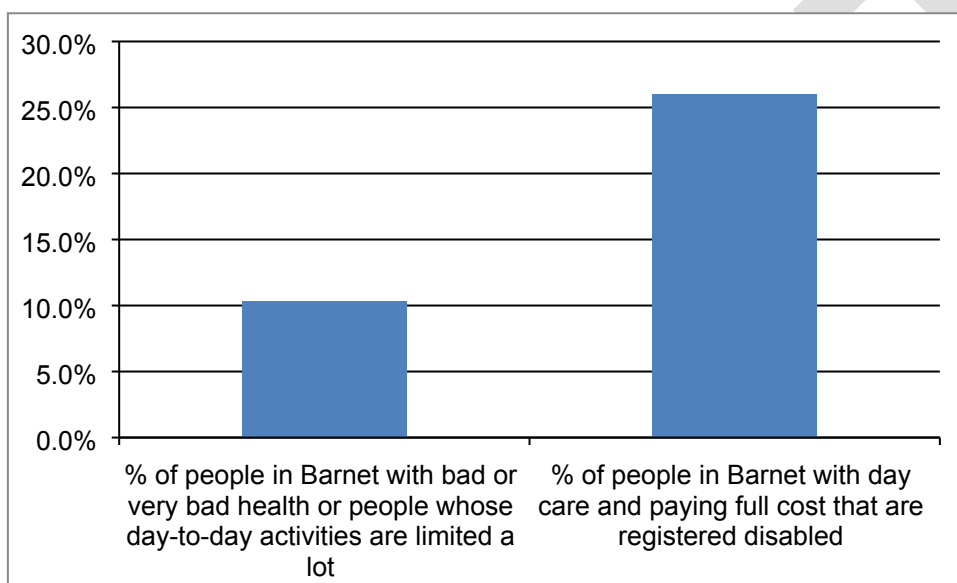


People who use home care services and pay full cost for the service are more likely to live with disability than the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, people living with disability are proportionately adversely impacted by a change in the contribution for day care services.

**Disability profiles of people who use day care services and pay full cost**

% of people in Barnet with bad or very bad health or people whose day-to-day activities are limited a lot	10.4%
% of people in Barnet with day care and paying full cost that are registered disabled	26.0%



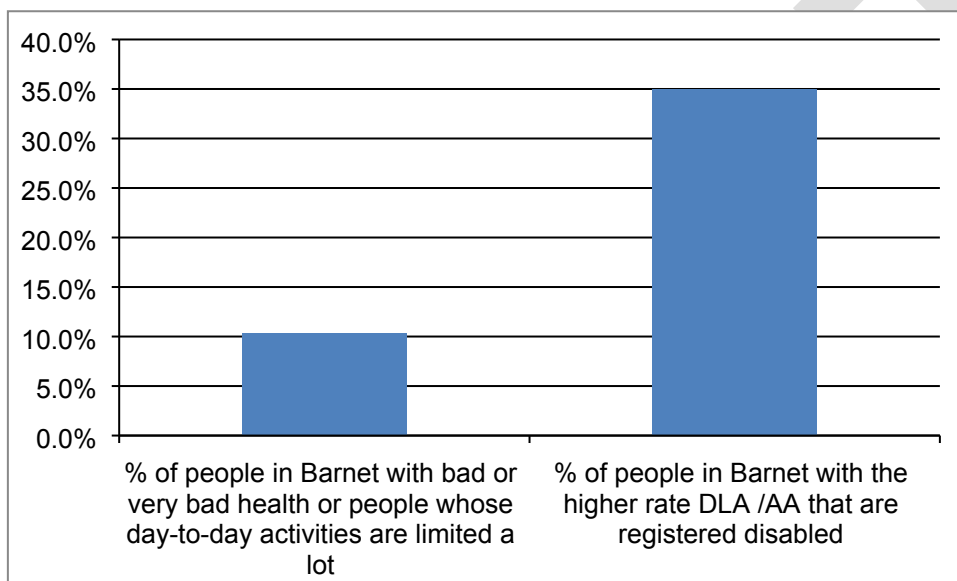
People who use day care services and pay full cost for the service are more likely to live with disability than the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, people living with disability are disproportionately adversely impacted by a change in the contribution for day care services.



**Disability profiles of people who receive the higher rate DLA/AA**

Percentage of people in Barnet with bad or very bad health or people whose day-to-day activities are limited a lot	10.4%
Percentage of people in Barnet with the higher rate DLA /AA that are registered disabled	35.0%



People in receipt of the higher rate of DLA/AA are more likely to live with disability than the Barnet population as a whole.

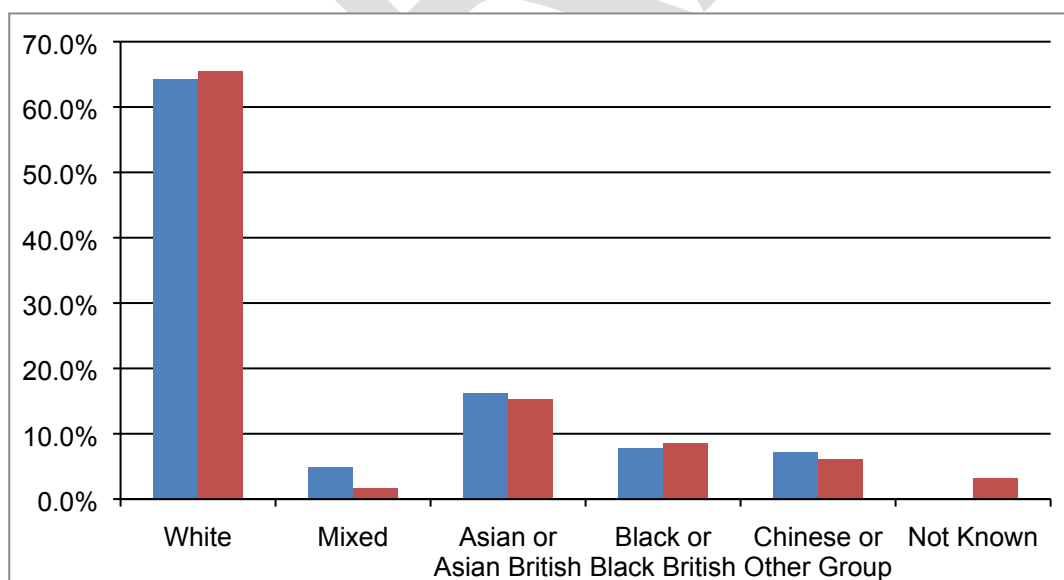
In conclusion, when compared to the Barnet population as a whole, there is a disproportionate adverse impact on people living with disability by a change to the treatment of higher rate of DLA/AA, when assessing how much people can afford to contribute.

## ETHNICITY PROFILES

Note that in order to provide comparable data sets, the data in these graphs for adult social care does not include people whose ethnicity is not recorded or who declined to provide information. Also, in order to best present the data graphically, the upper level of ethnicity has been used.

### Ethnicity profiles of Barnet’s population and the fairer contributions service user base

Ethnicity	Barnet Population	Fairer Contributions Service User Base	
		Count	Percentage
White	64.2%	1921	65.4%
Mixed	4.8%	48	1.6%
Asian or Asian British	16.2%	447	15.2%
Black or Black British	7.7%	249	8.5%
Chinese or Other Group	7.2%	180	6.1%
Not Known	0.0%	93	3.2%



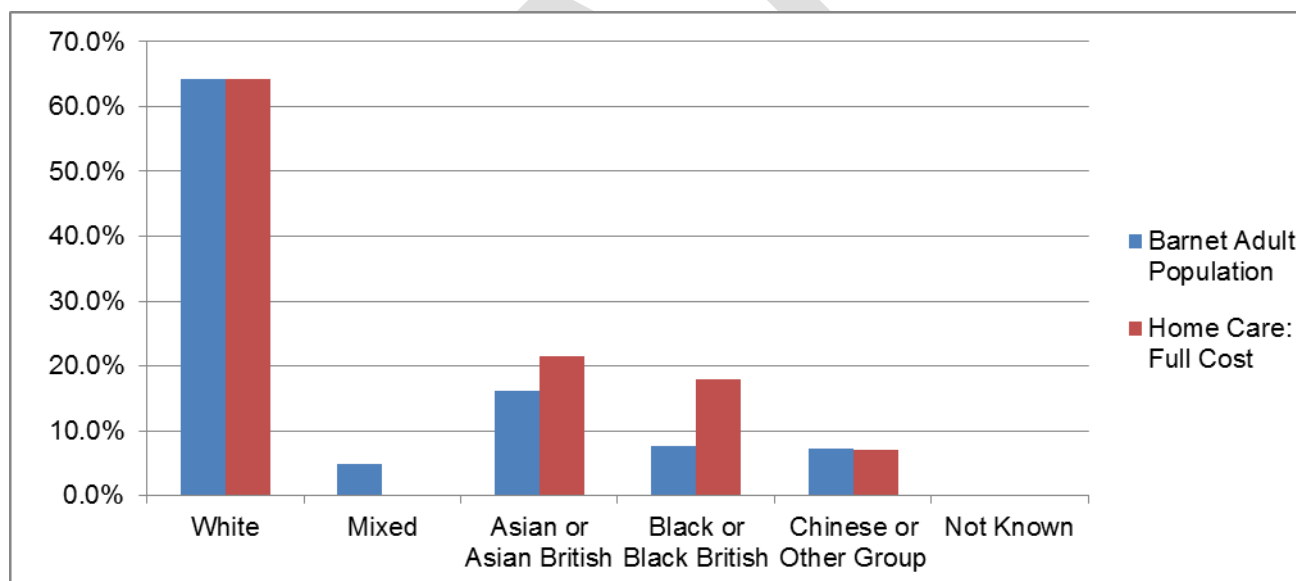
People who use community care services (i.e. the Fairer Contributions user base) have a broadly similar ethnicity profile when compared to the profile for the Barnet adult population as a whole.

In conclusion, any change to contributions for community care services is unlikely to have a disproportionate impact on any ethnic group.

**Ethnic profiles of people who use home care services**

Ethnicity	Barnet Adult Population	Home Care: Full Cost
White	64.2%	* 64.3%
Mixed	4.8%	0.0%
Asian or Asian British	16.2%	21.4%
Black or Black British	7.7%	17.9%
Chinese or Other Group	7.2%	7.1%
Not Known	0.0%	0.0%

\*Note: Numbers removed to prevent identification of individuals.



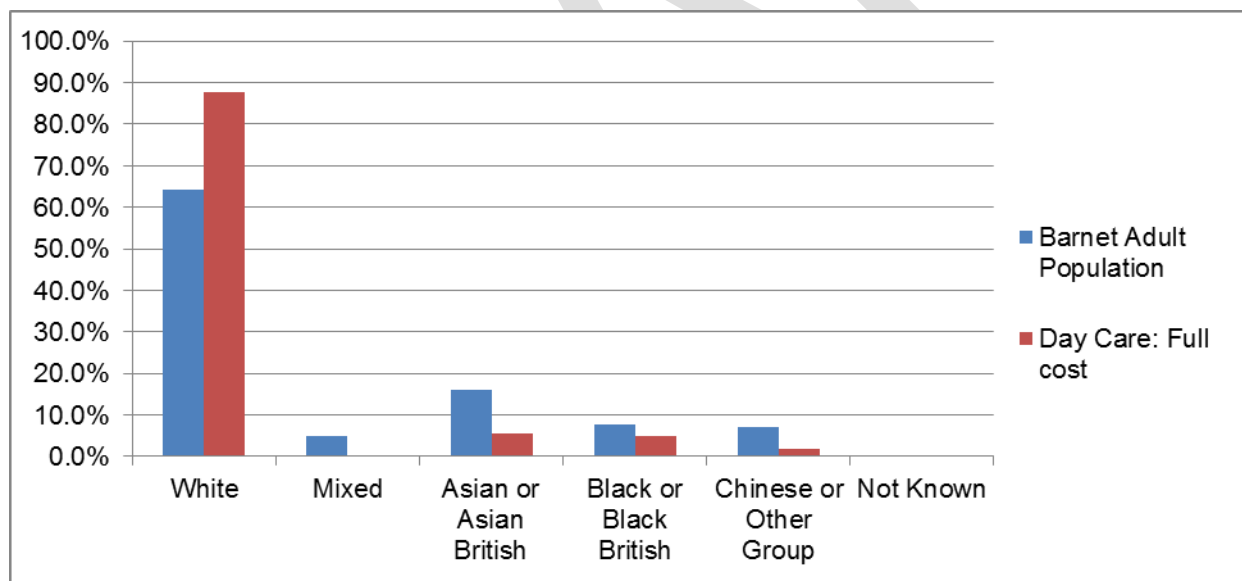
People from the Asian and Black ethnic groups are proportionately over-represented in the group of people who use home care services when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there would be a disproportionate adverse impact on people of Asian and Black ethnic groups by changing the contributions for day care.

**Ethnic profiles of people who use day care services**

Ethnicity	Barnet Adult Population	Day Care: Full cost
White	64.2%	* 87.7%
Mixed	4.8%	0.0%
Asian or Asian British	16.2%	5.5%
Black or Black British	7.7%	4.9%
Chinese or Other Group	7.2%	1.8%
Not Known	0.0%	0.0%

\*Note: Numbers removed to prevent identification of individuals.

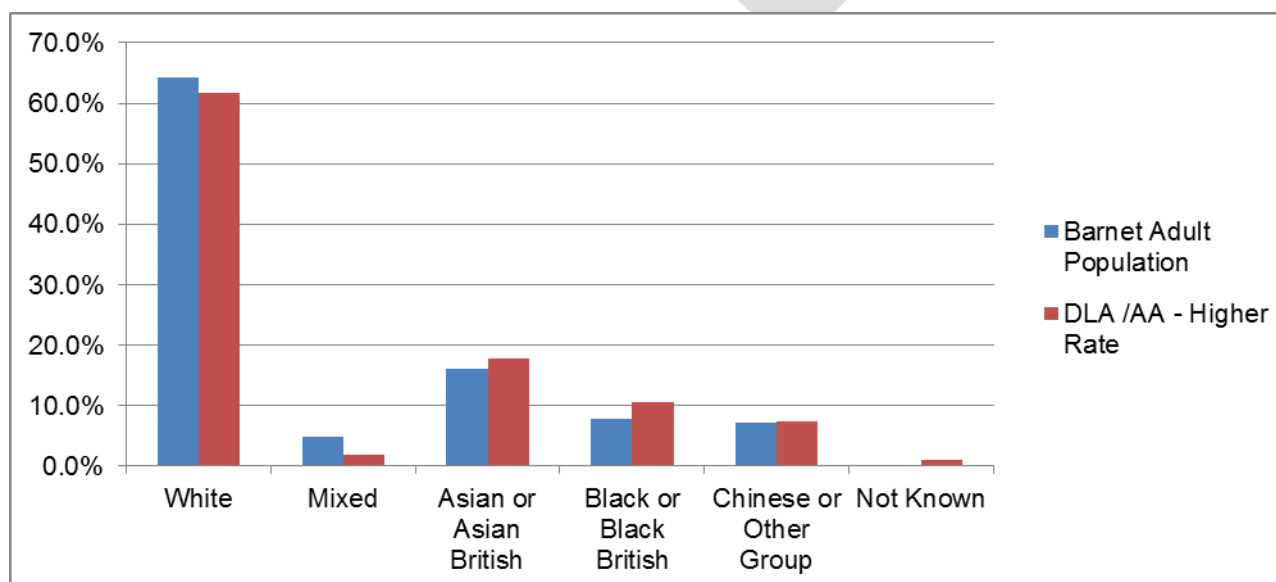


The white ethnic group is proportionately over-represented in the group of people who use day care services when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there is a disproportionate adverse impact on the white ethnic group by changing the contributions for day care.

**Ethnicity profiles of people who receive higher DLA/AA**

Ethnicity	Barnet Adult Population	DLA /AA - Higher Rate	
White	64.2%	524	61.6%
Mixed	4.8%	15	1.8%
Asian or Asian British	16.2%	151	17.8%
Black or Black British	7.7%	89	10.5%
Chinese or Other Group	7.2%	62	7.3%
Not Known	0.0%	9	1.1%



People in receipt of the higher rate of DLA/AA have a similar ethnicity profile to the profile of the Barnet Population as a whole.

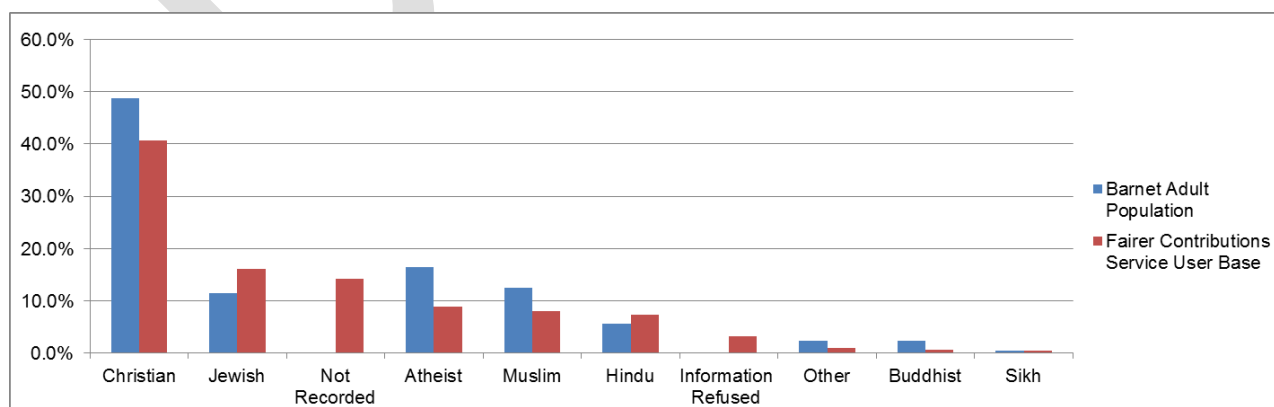
In conclusion, when compared to the Barnet population as a whole, there is no disproportionate impact on any ethnic group by a change to the treatment of higher rate of DLA/AA when assessing how much people can afford to contribute.

## RELIGION PROFILES

Note that in order to provide comparable data sets, the data used for the graphs for adult social care does not include people whose religion is not recorded or who declined to provide information.

### Religion profiles of Barnet’s population and the fairer contributions service user base

Religion	Barnet Adult Population	Fairer Contributions Service User Base	
Christian	48.8%	1,192	40.6%
Jewish	11.5%	471	16.0%
Not Recorded	0.0%	418	14.2%
Atheist	16.4%	260	8.8%
Muslim	12.5%	234	8.0%
Hindu	5.7%	214	7.3%
Information Refused	0.0%	92	3.1%
Other	2.4%	27	0.9%
Buddhist	2.3%	18	0.6%
Sikh	0.4%	12	0.4%



The Jewish and Hindu faiths are proportionately over-represented and the Christian, Atheist and Muslim faiths are proportionately under-represented in the group of people who use community care services when

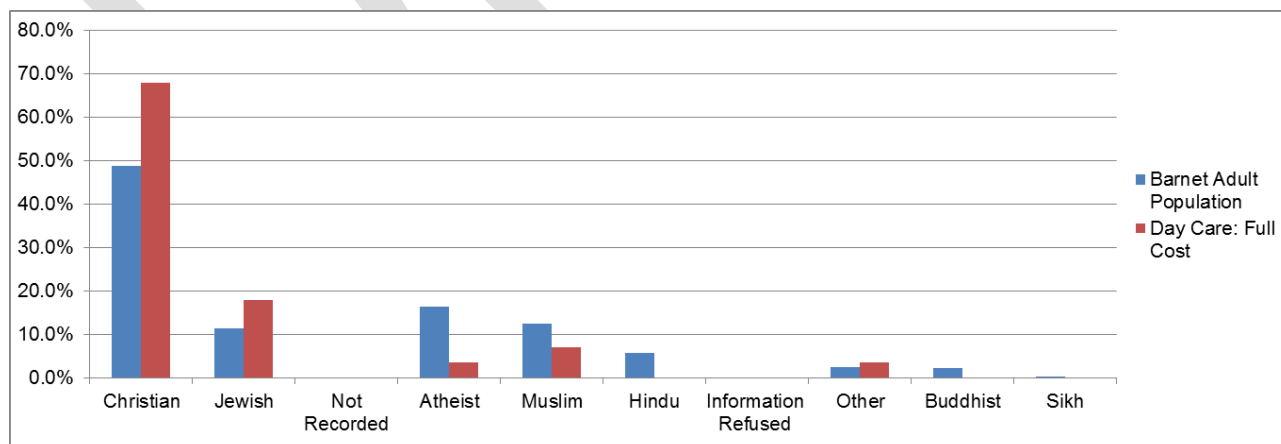
compared to the Barnet population as a whole. With those exceptions, people who use community care services (i.e. the Fairer Contributions user base) have a broadly similar religion profile when compared to the profile for the Barnet adult population as a whole.

In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the Jewish and Hindu faith groups and a slight disproportionate favourable impact on Christian, Atheist and Muslim faith groups.

**Religion profiles of people who use day care services**

Religion	Barnet Adult Population	Day Care: Full Cost
Christian	48.8%	* 67.9%
Jewish	11.5%	17.9%
Not Recorded	0.0%	0.0%
Atheist	16.4%	3.6%
Muslim	12.5%	7.1%
Hindu	5.7%	0.0%
Information Refused	0.0%	0.0%
Other	2.4%	3.6%
Buddhist	2.3%	0.0%
Sikh	0.4%	0.0%

\*Note: Numbers removed to prevent identification of any individuals.



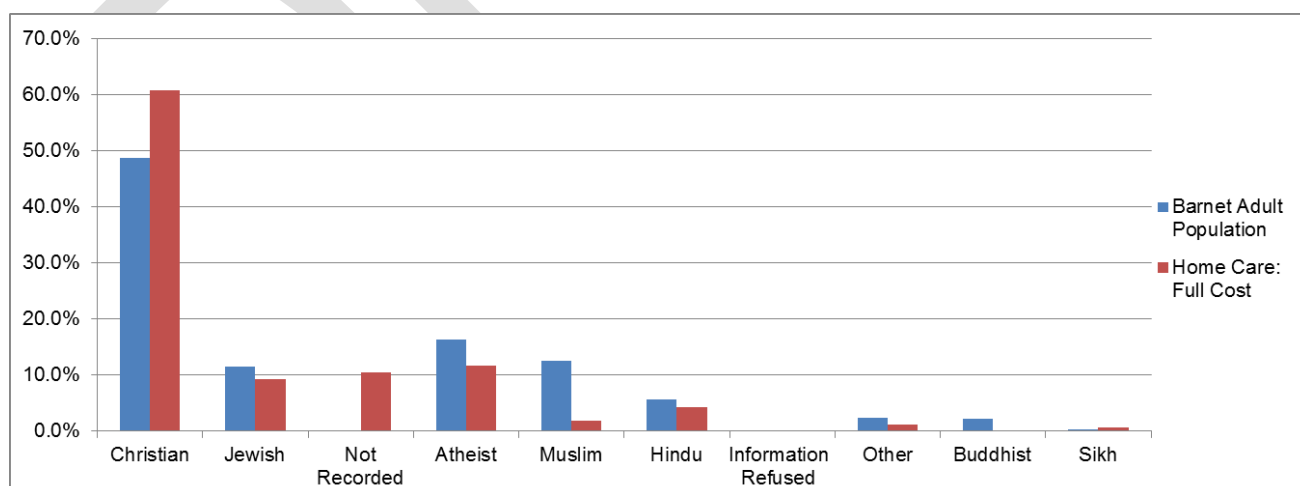
The Christian and Jewish faith groups are proportionately over-represented and the Atheist, Muslim and Hindu faith groups are proportionately under-represented in group of people who use day care services when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the Christian and Jewish faith groups and a disproportionate favourable impact on the Atheist, Muslim and Hindu faith groups by changing the contributions for day care

**Religion profiles of people who use home care services**

Religion	Barnet Adult Population	Home Care: Full Cost
Christian	48.8%	* 60.7%
Jewish	11.5%	9.2%
Not Recorded	0.0%	10.4%
Atheist	16.4%	11.7%
Muslim	12.5%	1.8%
Hindu	5.7%	4.3%
Information Refused	0.0%	0.0%
Other	2.4%	1.2%
Buddhist	2.3%	0.0%
Sikh	0.4%	0.6%

\*Note: Numbers removed to prevent identification of any individuals.



The Christian faith group is proportionately over-represented and the Jewish, Atheist and Muslim faith groups are proportionately under-represented as users of home care services when compared to the Barnet population as a whole.

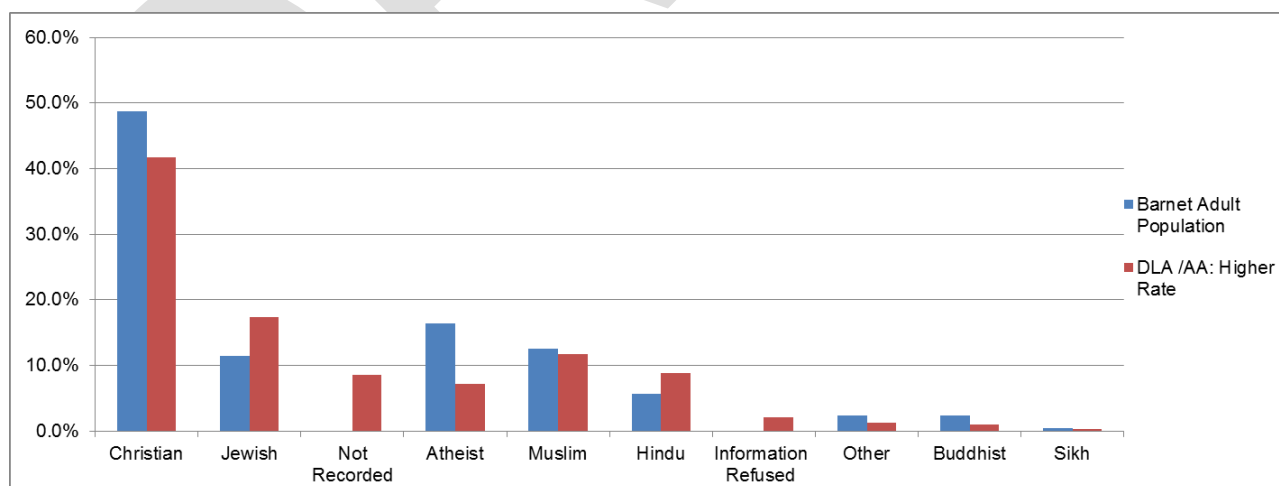


In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the Christian faith group by changing the contributions for home care

**Religion profiles of people who receive higher DLA/AA**

Religion	Barnet Adult Population	DLA /AA: Higher Rate
Christian	48.8%	* 41.6%
Jewish	11.5%	17.4%
Not Recorded	0.0%	8.6%
Atheist	16.4%	7.2%
Muslim	12.5%	11.8%
Hindu	5.7%	8.8%
Information Refused	0.0%	2.1%
Other	2.4%	1.3%
Buddhist	2.3%	0.9%
Sikh	0.4%	0.2%

\*Note: Numbers removed to prevent identification of individuals.



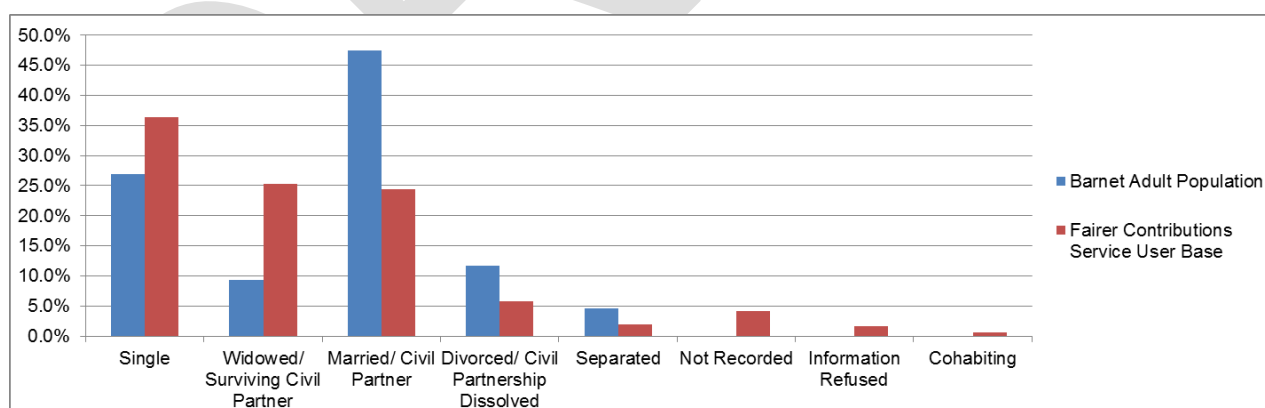
The Jewish and Hindu faiths are proportionately over-represented and the Christian and Atheist faiths are proportionately under-represented in the in the group of people who receive the higher rate of DLA/AA when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the Jewish and Hindu faith groups and a slight disproportionate favourable impact on Christian and Atheist faith groups by a change to the treatment of higher rate of DLA/AA when assessing how much people can afford to contribute

## MARITAL STATUS PROFILES

### Marital status profiles for Barnet’s population and the fairer contributions service user base

Marital Status	Barnet Adult Population	Fairer Contributions Service User Base	
Single	27.0%	1,071	36.5%
Widowed/ Surviving Civil Partner	9.3%	742	25.3%
Married/ Civil Partner	47.5%	715	24.3%
Divorced/ Civil Partnership Dissolved	11.7%	168	5.7%
Separated	4.6%	55	1.9%
Not Recorded	0.0%	123	4.2%
Information Refused	0.0%	48	1.6%
Cohabiting	0.0%	16	0.5%



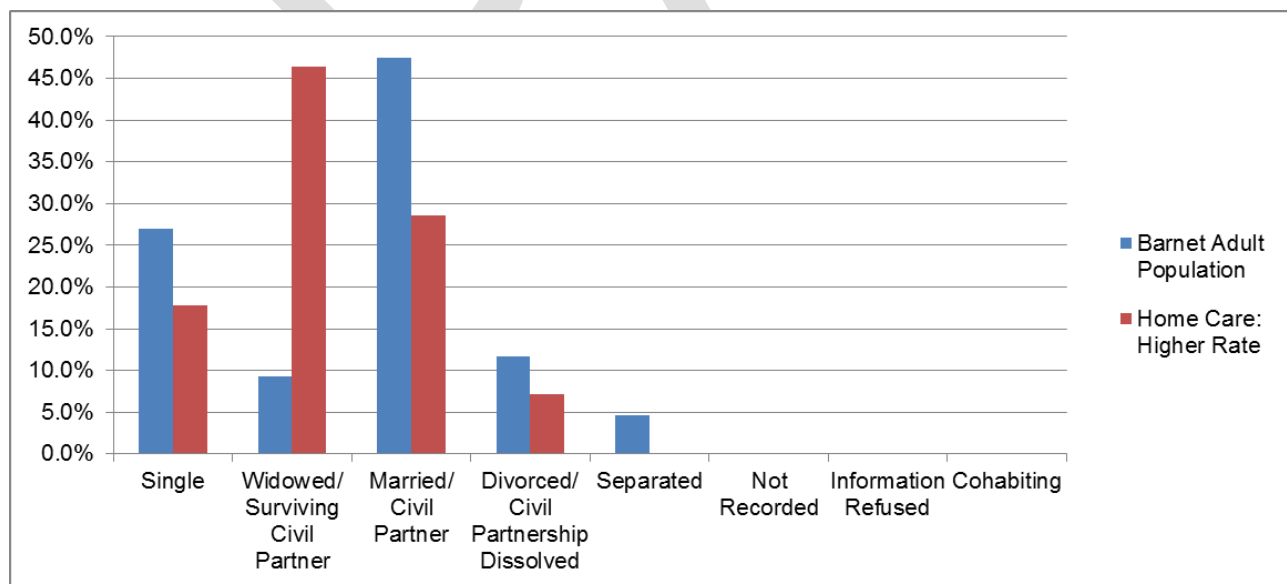
The fairer contributions service user base has a lower proportion of people who are married or a civil partner and divorced/civil partnership dissolved; and a higher proportion of single people and widowed/ surviving civil partner when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the single and widowed/ surviving civil partner groups by a change to contributions for community care services.

**Marital status profiles of people who use home care services**

Marital Status	Barnet Adult Population	Home Care: Higher Rate
Single	27.0%	* 17.9%
Widowed/ Surviving Civil Partner	9.3%	46.4%
Married/ Civil Partner	47.5%	28.6%
Divorced/ Civil Partnership Dissolved	11.7%	7.1%
Separated	4.6%	0.0%
Not Recorded	0.0%	0.0%
Information Refused	0.0%	0.0%
Cohabiting	0.0%	0.0%

\*Note: Numbers removed to prevent identification of individuals.



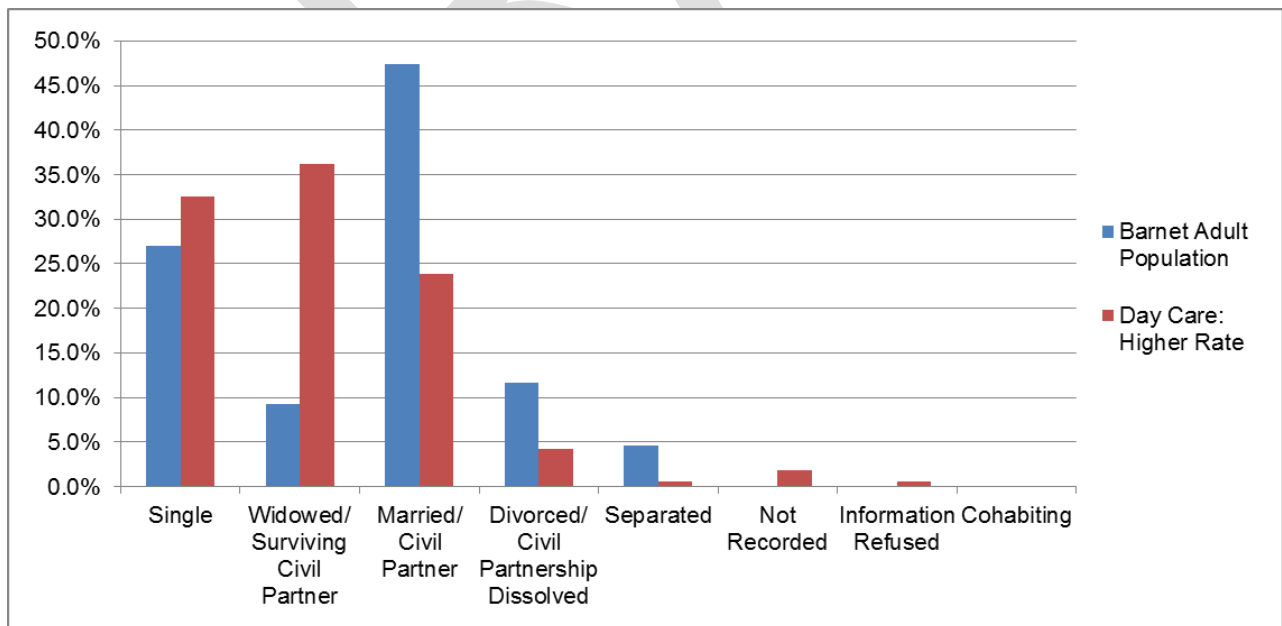
People that are widowed/ surviving civil partner and paying full cost for home care are proportionately over-represented; and people that are single, married/ civil partner, divorced/ civil partnership dissolved or separated are proportionately under-represented when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the group of people who are widowed/ surviving civil partner and a disproportionately favourable impact on the group of people who are single, married/ civil partner, divorced/ civil partnership dissolved or separated by a change to contributions for day care services

**Marital status profiles of people who use day care services and pay full cost**

Marital Status	Barnet Adult Population	Day Care: Higher Rate
Single	27.0%	* 32.5%
Widowed/ Surviving Civil Partner	9.3%	36.2%
Married/ Civil Partner	47.5%	23.9%
Divorced/ Civil Partnership Dissolved	11.7%	4.3%
Separated	4.6%	0.6%
Not Recorded	0.0%	1.8%
Information Refused	0.0%	0.6%
Cohabiting	0.0%	0.0%

\*Note: Numbers removed to prevent identification of individuals.



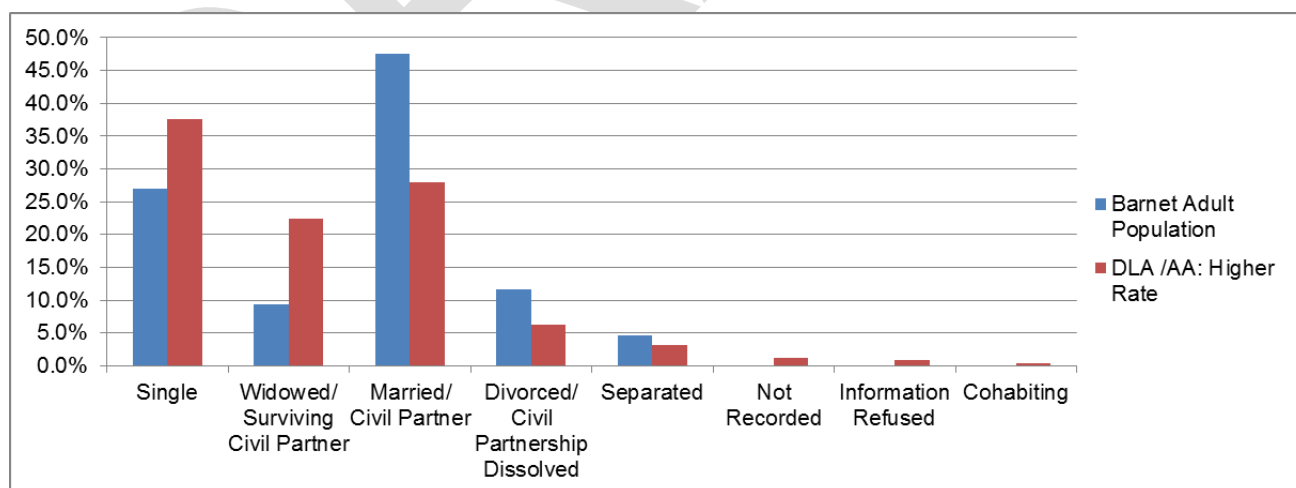
People that are single or widowed/ surviving civil partner and paying full cost are proportionately over-represented; and people that are married/ civil partner, divorced/ civil partnership dissolved or separated are proportionately under-represented when compared to the Barnet population as a whole.

In conclusion, when compared to the Barnet population as a whole, there will be a disproportionate adverse impact on the group of people who are single or widowed/ surviving civil partner and a disproportionately favourable impact on the group of people who are married/ civil partner, divorced/ civil partnership dissolved or separated By a change to contributions for day care services.

**Marital status profiles of people who receive higher DLA/AA**

Marital Status	Barnet Adult Population	DLA /AA: Higher Rate
Single	27.0%	* 37.6%
Widowed/ Surviving Civil Partner	9.3%	22.5%
Married/ Civil Partner	47.5%	28.0%
Divorced/ Civil Partnership Dissolved	11.7%	6.2%
Separated	4.6%	3.2%
Not Recorded	0.0%	1.2%
Information Refused	0.0%	0.8%
Cohabiting	0.0%	0.5%

\*Note: Numbers removed to prevent identification of individuals.



Single and widowed/ surviving civil partner groups are proportionately over-represented and the married/ civil partner and divorced/ civil partnership dissolved are proportionately under-represented in the group of people in receipt of the higher rate of DLA/AA when compared to the Barnet population as a whole

In conclusion, when compared the Barnet population as a whole, the single and widowed/ surviving civil partner groups will be disproportionately adversely affected by any change to the treatment of higher rate

of DLA/AA when assessing how much people can afford to contribute

DRAFT

The qualities impact has been reviewed following the consultation and no changes were considered necessary before a final decision.

Monitoring will be conducted immediately following the completion of the annual financial reviews which will apply the policy. This analysis will show the protected characteristics of those people impacted by increases in contributions.

Monitoring will be repeated the following year to determine if there has been any change to the protected characteristics of the impacted group.

**9. How will the new proposals enable the council to promote good relations between different communities?** *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

The proposal is not anticipated to have an impact on community cohesion.

**10. How have employees and residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal?** *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community. Please refer to Table 2*

The Council identified the groups of people affected by the proposal. The public consultation exercise included contacting everybody who uses services (including carers) and offered various routes (internet, email, phone) for them to contribute towards the consultation or seek advice about their own personal circumstances. The different routes were selected with regard to access for people living with a disability.

## Overall Assessment

11. Overall impact		
Positive Impact  <input type="checkbox"/>	Negative Impact or Impact Not Known <sup>9</sup>  <input checked="" type="checkbox"/>	No Impact  <input type="checkbox"/>
12. Scale of Impact		
Positive impact:  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or Impact Not Known  Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/>	

13. Outcome			
No change to decision  <input type="checkbox"/>	Adjustment needed to decision  <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i>  <input type="checkbox"/>	If significant negative impact – Stop / rethink  <input type="checkbox"/>

14. Please give full explanation for how the overall assessment and outcome was decided.
<p>The proposals have been developed following on from the process of assessing options to address the financial challenges facing the Council</p> <p>The data for this Equalities impact analysis came from the Barnet Demographics Data Dashboard (September 2016) and SWIFT, the Council’s care management IT system.</p> <p>The Barnet Demographics Data Dashboard presents data from the following sources</p>

<sup>9</sup> ‘Impact Not Known’ – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.



Equalities Issue	Source
Age	GLA 2015, Borough-Preferred Option
Gender	GLA 2015, Borough-Preferred Option
Sexual Orientation	NOMIS, ONS 2011
Marriage / Civil Partnership	NOMIS, ONS 2011
English as an Additional Language	GLA Ward Profile (Jul 2014)*, ONS 2011
Ethnic Group	GLA Ward Profile (Jul 2014)*, ONS 2011 GLA 2012 Ethnic Group Projections and GLA 2013 Borough-Preferred Option
Religious Category	GLA Ward Profile (Jul 2014)*, ONS 2011 Percentage of Population by Religion, Borough - <a href="http://data.london.gov.uk/dataset/percentage-population-religion-borough/resource/abfb6175-f489-4c6e-add2-f4d323183224">http://data.london.gov.uk/dataset/percentage-population-religion-borough/resource/abfb6175-f489-4c6e-add2-f4d323183224</a>
Pregnancy and Maternity Rates	GLA Ward Profile (Jul 2014)*, ONS Vital Statistics Table 4
	GLA Ward Profile (Jul 2014)*, ONS Vital Statistics Table 4
Carers	NOMIS, ONS 2011
Disability and Health	GLA Ward Profile (Jul 2014)*, ONS 2011 GLA Ward Profile (Jul 2014)*, HSCIC National Child Measurement Programme GLA Ward Profile (Jul 2014)*, Greenspace Information for Greater London, Ordnance Survey GLA Ward Profile (Jul 2014)*, ONS 2011 GLA Life Expectancy at Birth and Age 65 by Ward (GLA, 2010 - 2014)

### The proposed changes

There are three different types of proposed changes and each affects different groups of people:

- Increasing the maximum amount that someone using home care or day care services will pay as their assessed contribution.

This change will only affect people who already pay the maximum contribution towards their care services.

The amount that someone who pays the maximum contribution and uses home care services will pay would increase by £1.44 for every hour of home care they actually receive. This is provided to

the council by the home care provider when billing for services.

The amount that someone who pays the maximum contribution and uses day care services will pay would increase to reflect the full charge made by their day care provider.

- Changing what is included as income when assessing how much someone can afford to contribute.

This change will only affect people who are in receipt of:

- a) the care component of Disability Living Allowance who do not have eligible night time care services
- b) the higher rate of Attendance Allowance who do not have eligible night time care services
- c) Personal Independence Payments.

An additional £27.20 (the difference between the higher rate and the middle rate of DLA and the difference between the higher rate and the lower rate of AA) will be treated as income when assessing how much the people described above can afford to contribute. Exactly how much more they would be expected to contribute as a result of this specific change will depend on their total income. It would not exceed £27.20/week (2016/17 rates).

To gauge what other councils are doing in respect of counting the higher rate, a straw was emailed to them. There were 31 responses received. The results are presented below.

Already counting the full higher rate	8
Proposing to Change	8
Considering Change	6
Not looking to Change	9
<b>Total</b>	<b>31</b>

- Changing how the Council's guaranteed minimum income is set.

The guaranteed minimum income is the threshold below which people are not expected to make contributions. The Council's guaranteed minimum income is currently set at existing benefit rates + 25%. Until now, this has been how the Department of Health worked out its guidance on guaranteed minimum income. However, this year the Department of Health maintained its guidance at 2015/16 levels even though some benefits increased. This proposal will ensure that the Council's guaranteed minimum income is brought in line with the Department of Health's guidance in future. This is in accordance with the original intent of the Policy.

Because of the condition included in the proposal not to reduce the Council's guaranteed minimum income below its current level, this will ensure minimum guarantee amounts are at least maintained at current levels. .

## Consultation

Residents were able to engage with the consultation in one of three ways:

- Online survey published on Engage Barnet, the Council's consultation hub.
- Paper copies of the consultation document and consultation questionnaire, including in Easy Read format.
- Face to face workshops held around the Borough.

Invitations were sent to key stakeholders in the voluntary and community sector to invite them to have a presentation at one of their next meetings.

The face to face workshops were:

- Run at four points, one in November 2016, one in December 2016 and two in January 2017.
- Sessions were held at three different locations covering both sides of the Borough. Those receiving community social care services from the Council were sent a letter inviting them to participate, a summary of the proposed changes, the consultation document, the consultation questionnaire and a reply paid envelope. For people with learning difficulties the pack was translated to EasyRead.

All recorded carers of people who receive community social care services from the Council were sent a letter inviting them to participate and a summary of the proposed changes. They could request a paper copy of the consultation document and questionnaire for themselves if they wished.

There was a dedicated phone number and email address for people to contact if they had any questions about the consultation.

The main methods of communication used throughout this consultation were:

- Consultation Packs.
- Online Information on Engage Barnet.
- Direct Letter to users of Non-Residential Social Care Services.
- Summary Sheet of proposed changes.
- Presentations at voluntary and community sector meetings.
- Presentations at working groups.
- Staff Newsletter.
- SMT Briefing.
- Committee reports.

### **Implementation**

If a decision is made to proceed with the proposed changes then the Fairer Contributions Policy will be changed.

Everybody's contribution is reviewed once a year, usually in April to coincide with the annual change in benefit and pension rates. The reviews for 2017/18 will apply the changes to the Fairer Contributions Policy.

Everybody who receives community care services from the Council will be sent a letter asking them about any disability related expenditure before their annual financial review. This financial review will take account of the new policy and the Council will write to them again when it has been completed. Changes to contributions will start on 1 April 2017 at the earliest and will not be backdated should someone's review not be completed by that date.

After their review has been completed, people will receive a letter informing them of the outcome of the financial assessment. If someone's contribution has increased following their financial review then the letter will inform them of the revised amount they will have to contribute, details of how the contribution has

been calculated and will be collected along with the contribution that the Council is making. They will be told how they can appeal using the Review and Appeals Procedure in the Fairer Charging Contributions Policy if they are dissatisfied with their review.

### **Impact Assessment**

The overall impact is currently assessed at minimum adverse and the key mitigating factors are

- a) No individual will experience an increase in fees and charges without individual consideration of their financial circumstances in line with the Fairer Contributions Policy.
- b) Any increase in fees and charges would be made only following individual review of their financial assessment to decide (within the criteria set out in the Fairer Contributions Policy) whether or not an individual has the ability to pay.
- c) If someone chooses not to continue with a service they will be offered a strengths-based review and another perspective on how to maintain their independence.
- d) Individuals will be advised to contact the council again should their individual circumstances change.

Following a review of the Equality Impact Assessments for other proposals in the Adults and Safeguarding Committee's revenue savings programme for 2017-20 there does not appear to be any cumulative effect from other proposals on the groups affected by this proposal.

There are several proposals in the General Budget Consultation 2017/18 to increase the social care precept (by 2% or 3%) and general Council Tax (by 1.99%). The Fairer Contributions Policy offsets certain types of expenditure against income. Council tax net of Council Tax Benefit is one of these. This means that an increase in Council Tax (net of Council Tax Benefit) would reduce an individual's assessable income by the same amount.

This equalities impact assessment was reviewed following the consultation exercise and no changes were considered necessary before a final decision is made.

**15. Equality Improvement Plan**

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
<p>People who use non-residential services, their carers and staff understand the proposed changes and feel supported.</p>	<p>Include communications as a key part of the implementation plan.</p>	<p>Written communication with everyone who uses non-residential services and their carers to inform them of the consultation and explain how they can participate. A dedicated telephone number and email address will be provided for people to get in touch if they have any questions.</p> <p>Written communication sent to all appropriate staff to ensure that they understand the proposals and are able to offer full support to people who use non-residential services and their carers.</p> <p>Continue to ensure that staff are supporting people who use services and their carers through the changes.</p>	<p>Gary Johnson / Jon Dickinson</p>	<p>February 2017 and then ongoing</p>
<p>No individual will experience an increase in fees and charges without individual consideration of their financial circumstances in line with the Fairer Contributions Policy.</p> <p>Any increase in fees</p>		<p>Written communication will be sent to everyone who uses non-residential services informing them of the changes to the policy and asking about their disability related expenditure.</p> <p>Financial reviews of people with direct payments will be</p>	<p>Gary Johnson / Jon Dickinson</p>	<p>February 2017 and then ongoing</p>

Equality Objective	Action	Target	Officer responsible	By when
and charges would be made only following individual review of their financial assessment to judge (within the criteria set out in the Fairer Contributions Policy) whether or not an individual has the ability to pay.		prioritised to take place as early as possible. This is because of the advance payments necessitated by the implementation of Mosaic.		
Everybody who receives community care services from the Council will be kept informed of the changes being made and how this will affect them.		<p>After their review has been completed, they will receive a letter informing them whether or not their contributions have changed.</p> <p>If someone's contribution has increased following their financial review then the letter will inform them of the revised amount they will have to contribute, details of how the contribution has been calculated and will be collected along with the contribution that the Council is making. They will be told how they can appeal using the Review and Appeals Procedure in the Fairer Charging Contributions Policy if they are dissatisfied with their review.</p>	Gary Johnson / Jon Dickinson	April 2017 and then ongoing
Monitor and review the effect on people who are affected by the policy change especially those who		Monitoring will be ongoing and will be conducted immediately following the completion of the annual financial reviews which will	Gary Johnson / Jon Dickinson	April – June 2017 and then April –

Equality Objective	Action	Target	Officer responsible	By when
<p>chose to stop receiving services</p>		<p>apply the policy (2017). This analysis will show the impact on those with protected characteristics by increases in contributions.</p> <p>This will be shared with the Adults and Safeguarding Committee.</p> <p>Monitoring will be repeated in 2018 after the annual financial reviews to determine if there has been any change the protected characteristics of the impacted group.</p>		<p>June 2018</p>

<p><b>1<sup>st</sup> Authorised signature (Lead Officer/Project Sponsor)</b></p>	<p><b>2<sup>nd</sup> Authorised Signature (Service lead/Project Manager)</b></p>
<p><b>Date:</b></p>	<p><b>Date:</b></p>

## EIA 2: To support Adults and Safeguarding Committee Saving R8 Mental Health Step Down

### Initial Equality Analysis (EIA) Resident/Service User

1. Details of function, policy, procedure or service:		
Title of what is being assessed:	Mental Health Step Down	
Is it a new or revised: function, policy, procedure or service?	Revised function: Review of current arrangements for service users with mental health conditions currently living in residential placements with a view to promoting independence, supporting people in the community as long as possible and re- integrating people with mental health conditions to be supported to live independently in the community	
Department and Section:	Adults and Communities, Mental Health Service	
Date assessment completed:	13 December 2016	
2. Names and roles of people completing this assessment:		
Lead Officer	James Mass	
Other groups	Service users with mental health issues Carers Residential care providers Supported living providers Extra care providers	
3. Employee Profile of the Project:		
Will the proposal affect employees?  <b>DO NOT DELETE THIS SECTION</b>	YES <input type="checkbox"/>  <b>If yes, please seek assistance from HR to complete the employee EIA</b>	NO <input checked="" type="checkbox"/>  <b>If no please explain why:</b>  The changes proposed are to step down service users from residential care into supported living. This will not have a direct impact on staff as the process is already being followed.



**4. How are the following equality strands affected?**

*Please detail the effect on each equality strand and any mitigating action you have taken/ require. Please include any relevant data, if you do not have relevant data please explain why/ plans to capture data.*

Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?																												
1. Age	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>Current Barnet residential service users by category:</p> <table border="1" data-bbox="584 619 1384 1145"> <thead> <tr> <th>Category*</th> <th>18-64 (YA)</th> <th>65+ (OA)</th> <th>All</th> </tr> </thead> <tbody> <tr> <td>Physical Disabilities/Sensory Impairment</td> <td>60</td> <td>444</td> <td>504</td> </tr> <tr> <td>Learning Disabilities</td> <td>175</td> <td>40</td> <td>215</td> </tr> <tr> <td>Mental Health</td> <td>77</td> <td>77</td> <td>154</td> </tr> <tr> <td>Dementia/Support with Memory and Cognition</td> <td></td> <td></td> <td>182</td> </tr> <tr> <td>Other Vulnerable Adults</td> <td></td> <td></td> <td>32</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>318</b></td> <td><b>769</b></td> <td><b>1,087</b></td> </tr> </tbody> </table> <p>* Service Users' Main Categories have been merged, where there are low numbers, in order to ensure individuals cannot be identified</p> <p>Current Barnet residential service users with mental health issues on Swift by Age:</p>	Category*	18-64 (YA)	65+ (OA)	All	Physical Disabilities/Sensory Impairment	60	444	504	Learning Disabilities	175	40	215	Mental Health	77	77	154	Dementia/Support with Memory and Cognition			182	Other Vulnerable Adults			32	<b>Grand Total</b>	<b>318</b>	<b>769</b>	<b>1,087</b>	<p>Review all people before proposing changes. Only those suitable will be stepped down.</p>
Category*	18-64 (YA)	65+ (OA)	All																												
Physical Disabilities/Sensory Impairment	60	444	504																												
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Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?																
		<table border="1" data-bbox="584 277 891 810"> <thead> <tr> <th data-bbox="584 277 763 344">Age Group</th> <th data-bbox="763 277 891 344">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 344 763 411">18-44</td> <td data-bbox="763 344 891 411">27</td> </tr> <tr> <td data-bbox="584 411 763 478">45-54</td> <td data-bbox="763 411 891 478">24</td> </tr> <tr> <td data-bbox="584 478 763 545">55-64</td> <td data-bbox="763 478 891 545">26</td> </tr> <tr> <td data-bbox="584 545 763 612">65-74</td> <td data-bbox="763 545 891 612">27</td> </tr> <tr> <td data-bbox="584 612 763 679">75-84</td> <td data-bbox="763 612 891 679">28</td> </tr> <tr> <td data-bbox="584 679 763 746">85+</td> <td data-bbox="763 679 891 746">22</td> </tr> <tr> <td data-bbox="584 746 763 810"><b>Grand Total</b></td> <td data-bbox="763 746 891 810"><b>154</b></td> </tr> </tbody> </table> <p data-bbox="584 882 1547 1078">Older adults are more likely to make up the population of residents in residential care. Therefore, these proposals will have a greater impact on this cohort of residents in Barnet. However, when this is focused on those with mental health issues, the number of younger adults and the number of older adults in residential care with mental health issues is evenly spread.</p>	Age Group	Number	18-44	27	45-54	24	55-64	26	65-74	27	75-84	28	85+	22	<b>Grand Total</b>	<b>154</b>	
Age Group	Number																		
18-44	27																		
45-54	24																		
55-64	26																		
65-74	27																		
75-84	28																		
85+	22																		
<b>Grand Total</b>	<b>154</b>																		
<p data-bbox="129 1123 293 1155"><b>2.</b> Disability</p>	<p data-bbox="398 1123 537 1155">Yes <input type="checkbox"/></p> <p data-bbox="398 1187 537 1219">No <input type="checkbox"/></p>	<p data-bbox="584 1123 972 1155">Do not have data on this in Swift</p>																	
<p data-bbox="129 1267 344 1331"><b>3.</b> Gender reassignment</p>	<p data-bbox="398 1267 537 1299">Yes <input type="checkbox"/></p> <p data-bbox="398 1331 537 1362">No <input type="checkbox"/></p>	<p data-bbox="584 1267 972 1299">Do not have data on this in Swift</p>																	

Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?																
4. Pregnancy and maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do not have data on this in Swift																	
5. Race/ Ethnicity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>Current Barnet residential service users with mental health issues on Swift by Ethnic Group:</p> <table border="1" data-bbox="584 539 1301 1070"> <thead> <tr> <th data-bbox="584 539 1173 603">Ethnic Groups</th> <th data-bbox="1173 539 1301 603">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 603 1173 667">White British</td> <td data-bbox="1173 603 1301 667">100</td> </tr> <tr> <td data-bbox="584 667 1173 730">White Irish</td> <td data-bbox="1173 667 1301 730">6</td> </tr> <tr> <td data-bbox="584 730 1173 794">Any other white background</td> <td data-bbox="1173 730 1301 794">11</td> </tr> <tr> <td data-bbox="584 794 1173 858">Asian or Asian British</td> <td data-bbox="1173 794 1301 858">11</td> </tr> <tr> <td data-bbox="584 858 1173 922">Black or Black British</td> <td data-bbox="1173 858 1301 922">12</td> </tr> <tr> <td data-bbox="584 922 1173 986">Any other ethnic group/ Refused/ Not Recorded</td> <td data-bbox="1173 922 1301 986">14</td> </tr> <tr> <td data-bbox="584 986 1173 1070"><b>Grand Total</b></td> <td data-bbox="1173 986 1301 1070"><b>154</b></td> </tr> </tbody> </table> <p>The majority of adults with mental health issues are of white British ethnic background. However this will not directly disproportionately disadvantage any cohort.</p>	Ethnic Groups	Number	White British	100	White Irish	6	Any other white background	11	Asian or Asian British	11	Black or Black British	12	Any other ethnic group/ Refused/ Not Recorded	14	<b>Grand Total</b>	<b>154</b>	Arrangements will be discussed with (though not necessarily agreed with) individual service users and their carers who will be fully supported to adapt to the new arrangements over a period of time. The arrangements will be monitored (through contact with social worker/ professional) to ensure continued effectiveness.
Ethnic Groups	Number																		
White British	100																		
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<b>Grand Total</b>	<b>154</b>																		

Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?																
<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Current Barnet residential service users with mental health issues on Swift by Religion:</p> <table border="1" data-bbox="584 392 1034 924"> <thead> <tr> <th>Religion</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>52</td> </tr> <tr> <td>Atheist</td> <td>37</td> </tr> <tr> <td>Jewish</td> <td>36</td> </tr> <tr> <td>Not Recorded</td> <td>10</td> </tr> <tr> <td>Muslim/Hindu/Sikh/Other</td> <td>10</td> </tr> <tr> <td>Information Refused</td> <td>9</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>154</b></td> </tr> </tbody> </table> <p>There is a greater number of service users that are in the Christian religion group. This change may result in some groups being advantaged as moving into a supported living environment may allow them to maintain their beliefs as they wish to. In some cases an appropriate religious residential home is not always a possibility.</p>	Religion	Number	Christian	52	Atheist	37	Jewish	36	Not Recorded	10	Muslim/Hindu/Sikh/Other	10	Information Refused	9	<b>Grand Total</b>	<b>154</b>	<p>Arrangements will be discussed with (though not necessarily agreed with) individual service users and their carers who will be fully supported to adapt to the new arrangements over a period of time. The arrangements will be monitored (through contact with social worker/ professional) to ensure continued effectiveness.</p>
Religion	Number																		
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Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?										
<p>7. Gender/ Sex</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>Current Barnet residential service users with mental health issues on Swift by Gender:</p> <table border="1" data-bbox="584 392 891 659"> <thead> <tr> <th>Gender</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>77</td> </tr> <tr> <td>Female</td> <td>77</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>154</b></td> </tr> </tbody> </table> <p>The split of male and female residents with mental health issues is equal and the changes proposed will not impact any particular group.</p>	Gender	Number	Male	77	Female	77	<b>Grand Total</b>	<b>154</b>	<p>Arrangements will be discussed with (though not necessarily agreed with) individual service users and their carers who will be fully supported to adapt to the new arrangements over a period of time. The arrangements will be monitored (through contact with social worker/ professional) to ensure continued effectiveness.</p>		
Gender	Number												
Male	77												
Female	77												
<b>Grand Total</b>	<b>154</b>												
<p>8. Sexual orientation</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Do not have data on this in Swift</p>											
<p>9. Marital Status</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Current Barnet residential service users with mental health issues on Swift by Marital Status:</p> <table border="1" data-bbox="584 1106 1160 1436"> <thead> <tr> <th>Marital Status</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>93</td> </tr> <tr> <td>Married/Civil Partner</td> <td>21</td> </tr> <tr> <td>Divorced/Civil Partnership Dissolved</td> <td>15</td> </tr> <tr> <td>Widowed/Surviving Civil Partner</td> <td>12</td> </tr> </tbody> </table>	Marital Status	Number	Single	93	Married/Civil Partner	21	Divorced/Civil Partnership Dissolved	15	Widowed/Surviving Civil Partner	12	<p>Arrangements will be discussed with (though not necessarily agreed with) individual service users and their carers who will be fully supported to adapt to the new arrangements over a period of time. The arrangements will be monitored (through contact with social worker/ professional) to ensure continued effectiveness.</p>
Marital Status	Number												
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Divorced/Civil Partnership Dissolved	15												
Widowed/Surviving Civil Partner	12												

Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?												
		<table border="1" data-bbox="582 277 1160 475"> <tr> <td>Not Recorded/Refused/Other</td> <td>7</td> </tr> <tr> <td>Separated</td> <td>6</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>154</b></td> </tr> </table> <p data-bbox="582 483 1525 635">A greater proportion of residents with mental health issues are single. The changes proposed will mean people are able to live independently with appropriate support around them. This may initially affect those that are single but is likely to provide a greater benefit in the long run.</p>	Not Recorded/Refused/Other	7	Separated	6	<b>Grand Total</b>	<b>154</b>							
Not Recorded/Refused/Other	7														
Separated	6														
<b>Grand Total</b>	<b>154</b>														
<b>Other key groups?</b>															
<b>10.1.</b> Carers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please indicate if Young, Parent or Adult carer.													
<b>10.2.</b> People with mental health issues	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Current Barnet residential service users on Swift by Main Category: <table border="1" data-bbox="582 991 1218 1358"> <thead> <tr> <th>Category*</th> <th>All</th> </tr> </thead> <tbody> <tr> <td>Physical Disabilities/Sensory Impairment</td> <td>504</td> </tr> <tr> <td>Learning Disabilities</td> <td>215</td> </tr> <tr> <td>Mental Health</td> <td>154</td> </tr> <tr> <td>Dementia/Support with Memory and Cognition</td> <td>182</td> </tr> <tr> <td>Other Vulnerable Adults</td> <td>32</td> </tr> </tbody> </table>	Category*	All	Physical Disabilities/Sensory Impairment	504	Learning Disabilities	215	Mental Health	154	Dementia/Support with Memory and Cognition	182	Other Vulnerable Adults	32	Arrangements will be discussed with (though not necessarily agreed with) individual service users and their carers who will be fully supported to adapt to the new arrangements over a period of time. The arrangements will be monitored (through contact with social worker/ professional) to ensure continued effectiveness.
Category*	All														
Physical Disabilities/Sensory Impairment	504														
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Equality Strand	Affected?	Explain how affected	Indicate what action has been taken/ or is planned to mitigate impact?
		<p><b>Grand Total</b> <b>1,087</b></p> <p>* Service Users' Main Categories have been merged, where there are low numbers, in order to ensure individuals cannot be identified.</p> <p>The number of service users with mental health issues is in the mid-range and the changes proposed are not likely to affect this portion of service users any greater than those in the other main categories.</p>	
<p><b>10.3.</b> Some families and lone parents</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>10.4.</b> People with a low income</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>10.5.</b> Unemployed people</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>10.6.</b> Young people not in employment</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>10.7.</b> Education or training</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		

**5. Please outline what data sources, measures and methods could be designed to monitor the impact of the new policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact?**

*Include how frequently monitoring could be conducted and who will be made aware of the analysis and outcomes*

**Data sources, measures and methods to monitor the impact of the new policy or service**

The impact of the changes will be assessed on an individual case-by-case basis.

The number of people in residential care can be measured on a monthly basis and compared to previous year’s data to review the downward shift. This information can be obtained from the case management system (currently SWIFT)

The outcomes for people can be assessed on a case by case basis with feedback from service users and their friends/ families/ carers. This information can be obtained from the carers survey and reviews completed by staff.

**Unintended or adverse impact**

For those people that prefer the traditional residential placement, the level of satisfaction may be reduced by moving into independent self-supported living.

**6. Initial Assessment of Overall Impact**

Positive Impact	Negative Impact or Impact Not Known <sup>10</sup> :	No Impact
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Scale of Impact**

Positive impact:	Negative Impact or Impact Not Known:	
Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/>	Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

**8. Outcome**

No change to decision	Adjustment needed to	Continue with decision <i>(despite adverse impact/</i>	If significant negative

<sup>10</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.



<input checked="" type="checkbox"/>	decision  <input type="checkbox"/>	( <i>missed opportunity</i> )  <input type="checkbox"/>	impact - Stop/ rethink  <input type="checkbox"/>
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**9. Please give a full explanation for how the initial assessment and outcome was decided.**

Work has taken place to identify and review service users currently in high cost residential placements who have been identified as suitable for more independent living.

Social Workers will continue to work with these individuals to ensure they continue to have all their eligible needs met but can become more integrated into their local community and enjoy greater independence. No one assessed as continuing to need residential placement will be transferred to supported living.

The saving is modelled on lower cost support plans as community alternatives are used instead of high cost care.

The equalities impact of the proposal is likely to vary on a case by case basis and while short term change may be unwelcome to some, the benefits of the proposals - to promote living independently in the community are expected to outweigh any initial unwelcome impacts. As a result of these changes satisfaction should increase for users who will secure more independence in their lives. However, satisfaction may decrease for those who prefer more traditional care. Impact will be assessed on an individual basis and should be a positive impact for individuals.

## EIA 3: To support Adults and Safeguarding Committee Saving S1 Barnet Integrated Locality Team

### Equality Impact Analysis (EIA) 3

#### Resident/Service User

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: Barnet Integrated Locality Team	
Is it a new or revised function, policy, procedure or service? Pilot being mainstreamed across borough	
Department and Section: Joint Commissioning Unit, Commissioning Group	
Date assessment completed: September 2016	
<b>2. Names and roles of people completing this assessment:</b>	
Lead officer	Amisha Lall, Commissioning Lead / Muyi Adekoya, (Acting) Head of Service, Joint Commissioning Unit
Stakeholder groups	Health and Social Care Integration Board
Representative from internal stakeholders	LBB Delivery Unit Barnet Clinical Commissioning Group
Representative from external stakeholders	Royal Free Central London Community Health Care North London Hospice Health Watch BEH MT
Delivery Unit Equalities Network rep	
Performance Management rep	Elissa Rospigliosi
HR rep (for employment related issues)	N/A
<b>3. Full description of function, policy, procedure or service:</b>	
<p>The Barnet Integrated Locality Team (BILT) aim is to deliver appropriate care to older people in the community facilitating and enabling the reduction of avoidable hospital admissions, reduce use of unplanned care, deliver high quality community services for people who have been identified as in need of preventative care and reduce duplication across health and social care services. This includes:</p> <ul style="list-style-type: none"> <li>Partnership working with social care, health services, the voluntary sector and community services</li> </ul>	

- Providing coordinated care and case management through the appropriate pathways, linking acute, primary care, social care services, voluntary sector and community services
- A co-ordinated care plan with an agreed lead professional and care co-ordinator
- Using risk stratification and clinical/professional judgement to identify those who are at high risk of unplanned hospital admissions and/or residential or nursing care homes
- Promoting and embedding a culture of integrated working among the team to deliver the service
- Identifying and providing early interventions as appropriate, preventing avoidable A&E attendance and unplanned admissions to hospital by providing a 'joined-up' service to people with complex health and social care conditions and supporting people who require end of life care
- Working closely with service users, carers, GP's, health and social care professionals and community/voluntary services to ensure care is managed at home as the place of choice
- Promoting self-care planning and self-care management through provision of information and advice, thereby supporting service users and their carers to make informed choices and take control of their health and wellbeing
- Increased use of the Directory of Services and signposting via 111 and, once in place, the citizen portal, which will be available on the London Borough of Barnet website

Over the last few years as part of the move towards integration Barnet has set up several integrated health and social care services which have been delivered through the following phases:

- Phase 1 – involved the introduction of Care Navigators, a Barnet wide multi-disciplinary team meeting (MDT, run once a week), a risk stratification tool (RST) and a Rapid Care Team (RC)
- Phase 2 - involved piloting the Barnet Integrated Locality Team in the west of the Borough. The team started working with patients referred from 7 GP practices and has been extended to all 16 practices (out of 17) in the west of the borough. The team provides intensive support to people with complex needs who are experiencing significant problems and who are at high risk of hospital admission or breakdown of home based care arrangements.

From next year, the commissioning intention is that the different components of the integrated care model are brought into a single service with a phased roll out across the borough ('Phase 3'). The Service will provide a specific focus on collaborative case finding and care planning, deliver joint assessment and care navigation across the system, and provide enhanced specialist interventions for high risk residents (for those registered with a Barnet GP) by embedding the specialist MDT approach into every day practice. The Service will incorporate health and social care and link in with the voluntary sector.

This EIA focuses on the change described as 'phase 3'.

<b>How are the equality strands affected?</b> <i>Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.</i>			
<b>Equality Strand</b>	<b>Affected?</b>	<b>Please explain how affected</b>	<b>What action has been taken already to mitigate this? What further action is planned to mitigate this?</b>
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<b>Positive impact.</b> The service is intended to target adults across a range of ages that are at level 3 of the risk stratification tool.	Risk stratification tool will be used to identify service users. Service users will be prioritised depending on the risk score.  Data to be collected.
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Neutral	BILT will support people with disabilities subject to the patient meeting BILT's criteria. BILT will link with the appropriate specialist services where required e.g. learning disabilities/PSI etc. and where possible, depending on the needs of the individual a rep from the appropriate specialist service will be involved during the assessment. Following the assessment BILT along with the specialist service will agree the parties that need to be involved throughout the support period.  Data to be collected.
3. Gender reassignment	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<b>No impact</b> This client group will not be affected any differently from other groups by virtue of their gender re-assignment	N/A
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<b>No impact</b> This client group will not be affected.	N/A
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<b>Unknown</b>	N/A  Data relating to race/ethnicity/religion is not

			<p>available through the risk stratification tool.</p> <p>BILT will link with specialist services where appropriate.</p>
6. Religion or belief	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<b>Unknown</b>	<p>N/A</p> <p>Data relating to race/ethnicity/religion is not available through the risk stratification tool.</p> <p>BILT will link with specialist services where appropriate.</p>
7. Gender / sex	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p><b>No impact</b></p> <p>There will be no disproportionate impact on people by virtue of their gender / sex</p>	Data to be collected.
8. Sexual orientation	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p><b>No impact</b></p> <p>While data is not available on service users' sexual orientation, it is not expected that this client group will be affected any differently from other groups by virtue of their sexual orientation.</p>	N/A
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p><b>No impact</b></p> <p>This client group will not be affected any differently from other groups by virtue of their marital status</p>	N/A

<p><b>10.</b> Other key groups?</p> <p>Carers</p> <p>People with mental health issues</p> <p>Some families and lone parents</p> <p>People with a low income Unemployed people Young people not in employment education or training</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p><b>Positive impact.</b> Carers will provided with appropriate carers support.</p> <p><b>Positive impact</b></p> <p><b>Positive impact</b></p> <p><b>No impact</b></p>	<p>BILT will complete carers assessments where appropriate and identify the support that's needed.</p> <p>Older people that meet BILT's criteria and have mental health issues will be supported by the service. The team includes a mental health officer and BILT links with specialist service where appropriate</p> <p>BILT will support all clients that meet the criteria; through effective care coordination between health and social care services.</p>
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		No impact	
		No impact	

**4. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?**

It is expected that satisfaction ratings would increase. A number of residents may see this as a positive opportunity to help people to stay independent in the community.

**5. How does the proposal enhance Barnet’s reputation as a good place to work and live?**

A number of residents may see this as a positive opportunity to help people to stay independent in the community.

The purpose of BILT is to improve service response to people in need, reduce costs, and improve process to ultimately achieve higher quality of care. The benefits associated with the implementing the service are broken down as follows:

**Older People:**

- Care closer to home and in the community
- Avoidance of unnecessary hospital admissions
- A joined up health and social care assessment so that service users do not need to ‘repeat their story’ multiple times to multiple professionals
- Improved service user/carer experience
- Older people have choice and control over their care and support so that services are built around the needs of individuals and their carers
- Co-ordinated care that prevents duplication and streamlines the number of different health and social care professionals being involved in care provision
- Personalised care plans developed and agreed collaboratively with service users and carers (as appropriate)
- Improve and promote self-care management
- Reduced admissions to long term care settings
- Access to enablement, older people are supported to regain activities of daily living to a level that allows them to stay at home
- Helping people to access services available through the voluntary sector, enabling people to connect to their local community and reduce social isolation

**Barnet Health and Social Care:**

- Service users have community services alternatives to hospital and care home admissions, therefore reducing unnecessary admissions; supporting early hospital discharges and reducing long term care home placements.

<ul style="list-style-type: none"> <li>• End to End model of care, that maximises the skills and contributions of the generic and specialist health and social care workforce, for high quality evidence based care pathways that are provided out of hospital</li> <li>• Focus on early intervention, prevention, stabilising needs/conditions and delaying need for long term care.</li> <li>• Provide a point of access for clear and responsive communication</li> <li>• Reduction in duplication to realise cost savings</li> <li>• Patients are proactively case managed to reduce the likelihood of an exacerbation of their condition; an unplanned A&amp;E attendance; emergency admission; increase in care package or long term care home placement</li> <li>• Supports delivery of the Better Care Fund</li> </ul>
<p><b>6. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?</b></p>
<p>Achieving efficiencies through joined up health and social care services should enhance the council’s reputation. The service is expected to realise savings which will be achieved through the ability to improve future resource planning and needs by way of:</p> <ul style="list-style-type: none"> <li>▪ Utilising risk stratification to manage the care of those individuals most at risk of an escalation in their health and social care needs.</li> <li>▪ Utilising a joint approach to care will ensure a better customer journey and led to better management of resources providing the services.</li> <li>▪ Increased use of health and social care preventative programmes and improved practice in use of medication leading to a reduction in unplanned and emergency admissions to hospital and A&amp;E</li> <li>▪ Supporting people to stay living at home for as long as possible and enabling them to take more responsibility for their own health and wellbeing, which in turn will help reduce or delay the rising admissions to residential care.</li> </ul>
<p><b>7. Please outline what measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? Include information about the groups of people affected by this proposal. Include how frequently the monitoring will be conducted and who will be made aware of the analysis and outcomes? This should include key decision makers. Include these measures in the Equality Improvement Plan (section 16)</b></p>
<ul style="list-style-type: none"> <li>• Robust implementation plan will be developed closely between the council, CCG and CLCH. Both parties will work closely together to mobilise and implement the service</li> <li>• The provider will be expected to provide reporting information as per the agreed performance framework.</li> <li>• Regular contract monitoring meetings will be held with the provider CLCH.</li> </ul>
<p><b>8. How will the new proposals enable the council to promote good relations between different communities? Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.</b></p>
<p>While data for different groups of people is not currently available, is not likely that the proposal would lead to resentment between different groups of people.</p>
<p><b>9. How have employees and residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community. Please refer to Table 2</b></p>



A number of stakeholders, employees and residents have had a lead role in the delivery of the Barnet Integrated Locality Team pilot. They have been engaged throughout the life of the pilot through on-going communication, project meetings and workshops. These channels of communication will continue on an on-going basis. There will also be a review of the service at agreed intervals and all stakeholders will be included in the review process.

Service users (current and new) will need to be informed of the service. A patient facing leaflet will be available. Additionally GP's and staff from the team will be expected to talk to potential patients and their carers about the service.

Engagement sessions have been held with the following groups between April 2015 to February 2016:

Healthwatch and older people's forum

Consultants from service providers

Barnet GPs

Patients that have accessed the service – to get their views

Voluntary sector providers

The views of these groups have been obtained through satisfaction surveys, complaints/compliments, workshops, and meetings.

We have had positive feedback for the changes that we are proposing.

## Overall Assessment

10. Overall impact		
Positive Impact	Negative Impact or Impact Not Known <sup>11</sup>	No Impact
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Scale of Impact		
Positive impact:	Negative Impact or Impact Not Known	
Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/>	Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

12. Outcome			
No change to decision	Adjustment needed to decision	Continue with decision <i>(despite adverse impact / missed opportunity)</i>	If significant negative impact - Stop / rethink
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>11</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

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**13. Please give full explanation for how the overall assessment and outcome was decided.**

BILT supports Barnet Council's plans for health and social care integration. The evaluation of the pilot has demonstrated a number of benefits for Barnet's residents and the new model of care developed for the expansion of the service is expected to target a wider number of people, working with all GP practices across the borough and targeting support to those who really need it. The EIA has demonstrated that there are no significant negative impacts of the wider roll out.

## EIA 4: To support Adults and Safeguarding Committee Saving S2 Assistive Technology Telecare Procurement

### Equalities Impact Assessment

#### Commissioning Group

#### Equality Impact Assessment

1. Details of function, policy, procedure or service:	
<i>Title of what is being assessed:</i> <b>Managed Telecare Service Procurement</b>	
<i>Is it a new or revised function, policy, procedure or service?</i> <b>Revised service</b>	
<i>Department and Section:</i> <b>Joint Commissioning Unit, Commissioning Group</b>	
<i>Date assessment completed:</i> <b>22 August 2016</b>	
2. Names and roles of officers completing this assessment:	
Lead officer	Amisha Lall / Muyi Adekoya
Stakeholder groups	
Representative from internal stakeholders	James Mass, Ella Goschalk, Sam Raffel, ACDU
Representative from external stakeholders	
AC Equalities Network rep	
Performance Management rep	
HR rep (for employment related issues)	

**3. Full description of function, policy, procedure or service:**

**SUMMARY**

**Introduction / Background**

Barnet's current telecare service is provided by Assist, part of the Barnet Group, for the provision and installation of telecare equipment and the monitoring of alarms and sensors. There are also two specialist telecare advisor posts within the council who are experts in the field and provide high quality advice on suitable equipment to social care practitioners within their capacity.

Our current telecare service, though stable and working adequately, is not fully embracing the scope and potential for telecare to become the norm and secure the range of positive outcomes and cost savings that our ambitions require.

A report was agreed at Adults and Safeguarding Committee on 16 June 2016, recommending that an external provider be procured to deliver an end to end managed telecare service. The service will aim to rapidly increase the scale of telecare provision in Barnet, train and support staff to ensure that it becomes the norm, ensure that the latest technology and innovation is being utilised, and maintain a safe and reliable monitoring and support service.

**Usage of the service**

The table below shows a breakdown of the 889 new telecare packages

Installed in 2015/16. Of these:

- 45% of installations were for Lifeline pendant alarm only), 20% for additional telecare devices (e.g. bed and door sensors) and 35% for standalone devices
- 307 were standalone devices (connected to carers only) with 582 connected to the monitoring centre
- Of the actively monitored devices, 103 were social care funded installations and 479 privately funded.

Funder	Telecare type	2015/16 total
LBB	Social service funded installations – Lifeline pendant alarm only (Stage 1)	55
LBB	Social service installations - additional telecare devices e.g. bed sensors (Stage 2)	48
Self-funders	Privately rented and purchased stage 1 devices	348
Self-funders	Privately rented and purchased stage 2 devices	131
<b>Installation Total (excluding standalone)</b>		<b>582</b>
Both LBB and self-funders	Standalone installs (not connected to monitoring centre)	307
<b>Installation Total (including self-funders and standalone)</b>		<b>889</b>

**4. How are the equality strands affected?** Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?						
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><b>No impact</b></p> <p>While the majority of the current telecare service users are older people aged 85 and over, people across any age category will not be impacted as the re-commissioned service will continue to provide a telecare service across all ages. A breakdown of service users by age is shown in Table 1.</p> <p><b>Table 1: Age range of telecare service users</b></p> <table border="1"> <thead> <tr> <th>Age</th> <th>No. of people (out of 729)</th> <th>% of people</th> </tr> </thead> <tbody> <tr> <td>85 years and over</td> <td>250</td> <td>34%</td> </tr> </tbody> </table>	Age	No. of people (out of 729)	% of people	85 years and over	250	34%	N/A
Age	No. of people (out of 729)	% of people							
85 years and over	250	34%							

		<table border="1"> <tr> <td>75 - 84 years old</td> <td>175</td> <td>24%</td> </tr> <tr> <td>65 -74 years old</td> <td>108</td> <td>15%</td> </tr> <tr> <td>50 – 65 years old</td> <td>128</td> <td>18%</td> </tr> <tr> <td>21 to 49 years old</td> <td>68</td> <td>9%</td> </tr> <tr> <td>Total</td> <td>729</td> <td>100%</td> </tr> </table>	75 - 84 years old	175	24%	65 -74 years old	108	15%	50 – 65 years old	128	18%	21 to 49 years old	68	9%	Total	729	100%	
75 - 84 years old	175	24%																
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50 – 65 years old	128	18%																
21 to 49 years old	68	9%																
Total	729	100%																
2. Disability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Information not available for the breakdown of the service – but we can assume a majority of telecare service users have some disability and are positively impacted by having an additional mechanism of support. See above for age.																
3. Gender reassignment	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<b>No impact</b> This client group will not be affected any differently from other groups by virtue of their gender re-assignment	N/A															
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<b>No impact</b> This client group will not be affected any differently from other groups	N/A															
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<b>No impact</b> Whilst the ‘White’ client group are the highest recipients of the service, the smaller numbers of non-white ethnicity may suggest that: <ul style="list-style-type: none"> <li>- the current service may not be reaching all groups</li> <li>- There may be some resistance from certain groups if they are not fully exposed to or informed about the service and cultural barriers or differences in spoken language may contribute</li> </ul>	The new service specification sets out that the service should meet the needs of diverse user groups, for example by providing specialist or translated literature, providing language support, or arranging visits compatible with religious preferences															

		<p>to the lack of understanding.</p> <p>However the council will continue to provide a telecare service and therefore it is not expected that any ethnic group will be affected any differently to other groups by virtue of their ethnicity.</p> <p>The table below gives a summary of numbers of people accessing telecare broken down by ethnicity.</p>																															
		<p><b>Table 2: Ethnic groups of telecare users</b></p> <table border="1"> <thead> <tr> <th data-bbox="635 801 836 891">Ethnic group</th> <th data-bbox="836 801 951 891">No. of people</th> <th data-bbox="951 801 1066 891">% of people</th> </tr> </thead> <tbody> <tr> <td data-bbox="635 891 836 1099">White (including White: British, Irish and other):</td> <td data-bbox="836 891 951 1099">353</td> <td data-bbox="951 891 1066 1099">48%</td> </tr> <tr> <td data-bbox="635 1099 836 1339">Asian (including British Asian:, Bangladeshi, Indian and other)</td> <td data-bbox="836 1099 951 1339">84</td> <td data-bbox="951 1099 1066 1339">12%</td> </tr> <tr> <td data-bbox="635 1339 836 1547">Black (including Black British: African, Caribbean and other):</td> <td data-bbox="836 1339 951 1547">47</td> <td data-bbox="951 1339 1066 1547">6.4%</td> </tr> <tr> <td data-bbox="635 1547 836 1637">Other ethnic group</td> <td data-bbox="836 1547 951 1637">24</td> <td data-bbox="951 1547 1066 1637">3%</td> </tr> <tr> <td data-bbox="635 1637 836 1693">Mixed other</td> <td data-bbox="836 1637 951 1693">2</td> <td data-bbox="951 1637 1066 1693">0.2%</td> </tr> <tr> <td data-bbox="635 1693 836 1783">Mixed White and Asian</td> <td data-bbox="836 1693 951 1783">7</td> <td data-bbox="951 1693 1066 1783">1%</td> </tr> <tr> <td data-bbox="635 1783 836 1917">Mixed White and Black African</td> <td data-bbox="836 1783 951 1917">3</td> <td data-bbox="951 1783 1066 1917">0.4%</td> </tr> <tr> <td data-bbox="635 1917 836 2007">Not stated / given/ refused</td> <td data-bbox="836 1917 951 2007">209</td> <td data-bbox="951 1917 1066 2007">29%</td> </tr> <tr> <td data-bbox="635 2007 836 2054">Total</td> <td data-bbox="836 2007 951 2054">729</td> <td data-bbox="951 2007 1066 2054">100%</td> </tr> </tbody> </table>	Ethnic group	No. of people	% of people	White (including White: British, Irish and other):	353	48%	Asian (including British Asian:, Bangladeshi, Indian and other)	84	12%	Black (including Black British: African, Caribbean and other):	47	6.4%	Other ethnic group	24	3%	Mixed other	2	0.2%	Mixed White and Asian	7	1%	Mixed White and Black African	3	0.4%	Not stated / given/ refused	209	29%	Total	729	100%	
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<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>No impact</b></p> <p>This client group will not be affected any differently from other groups by virtue of their religion. The table below sets out a breakdown of the religion of current telecare service users.</p> <p><i>Table 3: Breakdown of religion of telecare service users</i></p> <table border="1" data-bbox="635 898 1070 1865"> <thead> <tr> <th>Religion</th> <th>No. of people (out of 729)</th> <th>% of people</th> </tr> </thead> <tbody> <tr> <td>Agnostic</td> <td>2</td> <td>0.3%</td> </tr> <tr> <td>Buddhist</td> <td>4</td> <td>0.5%</td> </tr> <tr> <td>Christian</td> <td>350</td> <td>49%</td> </tr> <tr> <td>Hindu</td> <td>44</td> <td>6%</td> </tr> <tr> <td>Islam</td> <td>45</td> <td>6%</td> </tr> <tr> <td>Jain</td> <td>3</td> <td>0.4%</td> </tr> <tr> <td>Jedi</td> <td>1</td> <td>0.1%</td> </tr> <tr> <td>Jehovah's Witness</td> <td>1</td> <td>0.1%</td> </tr> <tr> <td>Jewish</td> <td>82</td> <td>11%</td> </tr> <tr> <td>Sikh</td> <td>3</td> <td>0.4%</td> </tr> <tr> <td>Spiritualist</td> <td>1</td> <td>0.1%</td> </tr> <tr> <td>Not given</td> <td>192</td> <td>26%</td> </tr> <tr> <td>Zoroastrian</td> <td>1</td> <td>0.1%</td> </tr> <tr> <td>Total</td> <td>729</td> <td>100%</td> </tr> </tbody> </table>	Religion	No. of people (out of 729)	% of people	Agnostic	2	0.3%	Buddhist	4	0.5%	Christian	350	49%	Hindu	44	6%	Islam	45	6%	Jain	3	0.4%	Jedi	1	0.1%	Jehovah's Witness	1	0.1%	Jewish	82	11%	Sikh	3	0.4%	Spiritualist	1	0.1%	Not given	192	26%	Zoroastrian	1	0.1%	Total	729	100%	<p>The new service specification sets out that the service should meet the needs of diverse user groups, for example by providing specialist or translated literature, providing language support, or arranging visits compatible with religious preferences</p>
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<p>7. Gender / sex</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p><b>No impact</b></p> <p>It is assumed that the majority of telecare service users are female, in</p>	<p>N/A</p>																																													

		<p>line with the client group for adult social care. There will be no disproportionate impact on them. People will not be affected any differently from other groups by virtue of their gender / sex.</p> <p>Telecare will provide additional support and reassurance for carers, who are more likely to be women.</p>	
8. Sexual orientation	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p><b>No impact</b></p> <p>While data is not available on service users' sexual orientation, it is not expected that this client group will be affected any differently from other groups by virtue of their sexual orientation.</p>	N/A
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p><b>No impact</b></p> <p>This client group will not be affected any differently from other groups by virtue of their marital status</p>	N/A
10. Carers (discriminated by association)	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><b>Positive impact.</b></p> <p>The intention is for the scope of the new service to increase and support far more people than it currently does. Telecare has a positive impact on carers through providing reassurance for carers and additional independence for the people being cared for.</p>	Continuation of service
<b>5. What are the number, types and severity of disabilities in play in this case?</b>			
Information about disabilities is not available.			
<b>6. What are the actions that could reduce the impact on people with disability?</b>			
<ul style="list-style-type: none"> <li>• Social care will continue to do needs assessments for service users and will refer people to the telecare service through a referral form which will clearly identify needs, disabilities and the outcomes that service users would like to achieve.</li> <li>• The provider of the telecare service will conduct assessments of individuals and identify appropriate telecare services that will enable to the service user to achieve their outcomes. The provider will be expected to report on service user outcomes.</li> </ul>			
<b>7. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of</b>			

<b>residents?</b>							
<p>Satisfaction levels of service users of the current service may be impacted if they are resistant to changing to a new provider.</p> <p>Some residents may negatively view the council’s push for telecare. It may be perceived as the council trying to replace core human care with technology. A robust communications plan will be in place to raise awareness of the service and educate people about the benefits. Communications will be jointly designed between the council and the new provider to maximise the potential of effective comms.</p> <p>A number of residents may see this as a positive opportunity to help people to stay independent in the community. The service will also be expanded and this presents an opportunity for more residents, including self-funders, to experience the benefits of telecare.</p>							
<b>8. How does the proposal enhance Barnet’s reputation as a good place to work and live?</b>							
<p>A number of residents may see this as a positive opportunity to help people to stay independent in the community. Achieving efficiencies in the service may enhance the Councils reputation.</p>							
<b>9. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?</b>							
<p>Achieving efficiencies in the service should enhance the Councils reputation and confidence in the Council. Residents will also be presented with an expanded offer of telecare, which is aimed at supporting people with a range of needs from very low to very high, and supporting people to maintain independence.</p>							
<b>10. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? <i>Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 14)</i></b>							
<ul style="list-style-type: none"> <li>• Robust implementation plan will be developed closely between the council and the appointed provider. Both parties will work closely together to mobilise and implement the service and ensure a smooth transition for current customers.</li> <li>• The provider is required to capture and report on information about clients, which we can match to our internal records to assess the impact on different groups</li> <li>• The Delivery Unit will provide contract monitoring resource for ongoing monitoring.</li> </ul>							
<b>11. How will the new proposals enable the council to promote good relations between different communities? <i>Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.</i></b>							
<p>Table 4 below shows the ethnic origin of the current telecare service users, compared to the ethnicity of all adult social care service users</p> <p>The proportion of people from BME backgrounds receiving telecare accounts for 21% of 729 people, compared to 25% of BME service users accessing adult social care</p>							
<b>Table 4: Breakdown of telecare service users by ethnicity compared to adult social care service users</b>							
	<table border="1"> <thead> <tr> <th></th> <th>Current telecare service users</th> <th>Adult social care service users</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Current telecare service users	Adult social care service users			
	Current telecare service users	Adult social care service users					

Ethnic origin	Number of people receiving telecare	% of people receiving telecare	2015/16	
			Number of people	% of people
Any Other Ethnic Group	23	3.16%	408	5.71%
Asian/Asian British Bangladeshi	1	0.13%	27	0.38%
Asian/Asian British Indian	32	4.39%	519	7.26%
Asian/Asian British Other	46	6.31%	226	3.16%
Asian / Asian British Pakistani	5	0.69%	76	1.06%
Black/Black British African	24	3.29%	260	3.64%
Black/Black British Caribbean	15	2.06%	157	2.2%
Black/Black British Other	8	1.09%	93	1.3%
Chinese	1	0.14%	39	0.55%
Mixed Other	2	0.27%	46	0.64%
Mixed White & Asian	7	0.96%	19	0.27%
Mixed White and Black African	3	0.41%	12	0.17%
Mixed White and Black Caribbean	0	0%	14	0.20%
White British	280	38.41%	3,851	53.86%
White Irish	20	2.74%	212	2.97%
White Other	53	7.28%	1,058	14.8%
Not Recorded	0	0%	21	0.29%
Not Stated	0	0%	25	0.35%
Refused	209	28.67%	85	1.19%
<b>Total</b>	<b>729</b>	<b>100%</b>	<b>7,148</b>	<b>100%</b>

It is not likely that the proposal would lead to resentment between different groups of people.

**12. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.**

Consultation not required. However, there will be a period of co-design and co-production with the new provider.

## Overall Assessment

13. Overall impact		
Positive Impact  <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known <sup>12</sup>  <input type="checkbox"/> Negative	No Impact  <input type="checkbox"/>
14. Scale of Impact		
Positive impact:  Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>  Impact not known <input checked="" type="checkbox"/>	

15. Outcome			
No change to decision  <input checked="" type="checkbox"/>	Adjustment needed to decision  <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i>  <input type="checkbox"/>	If significant negative impact - Stop / rethink  <input type="checkbox"/>

16. Please give full explanation for how the overall assessment and outcome was decided
<p>There are benefits from telecare which impact a wide range of groups, in particular those with disabilities and older people, who are better supported to remain independent and in control of their care. The service will also have a positive impact on carers, who are more likely to be women, and who will be able to access equipment which provides reassurance that the person they support is safe and well, promoting the carer's own wellbeing and independence.</p> <p>The impact on people from different ethnic and religious groups is not yet known, but there are requirements in</p>

<sup>12</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

the specification for the provider to adapt their approach wherever required to engage and support people from diverse backgrounds, including those speaking languages other than English, maintaining certain religious practices (e.g. not visiting on certain days), and ensuring the promotion of the service is accessible across different communities. This will be monitored as part of the contract.