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Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps us to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socio-economic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected eg equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups and consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

The completed EqIA should be included as an appendix to relevant EMT/ Delegated Authority/ Cabinet/ Council reports regarding the service activity/ policy/ strategy/ budget change/ decision. Decision-makers should be confident that a robust EqIA has taken place, that any necessary mitigating

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action has been taken and that there are robust arrangements in place to ensure any necessary ongoing actions are delivered.

SECTION 1 – Equality Analysis Details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	Health & Adult Social Care
Lead officer(s) name(s) and contact details	Lia Markwick lia.markwick@enfield.gov.uk
Team/ Department	Health and Adult Social Care
Executive Director	Tony Theodoulou
Cabinet Member	Alev Cazimoglu
Date of EqIA completion	21/07/2022

SECTION 2 – Summary of Proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision

Please summarise briefly:

What is the proposed decision or change?
 What are the reasons for the decision or change?
 What outcomes are you hoping to achieve from this change?
 Who will be impacted by the project or change - staff, service users, or the wider community?

This impact assessment relates to the Section 75 agreement of 2022-2023.

The Section 75 agreement includes funding from:

- The transfer of resources from Health to Social Care through the Better Care Fund (BCF) which is updated annually based on a national formula,
- Disabled Facilities Grants (DFG) - capital funding updated annually as part of the BCF review process.
- Improved Better Care Fund (iBCF) – Government Grant income provided directly to local authorities, and

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- Section 75 Specific Schemes – local arrangements between the Council and Health to deliver shared/pooled services, reviewed annually in discussion/negotiation between partners.

Enfield Council and NHS North Central London CCG (now North Central London Integrated Care System), have had pooled funding arrangements under a Section 75 Agreement for commissioned services for adults since 2011 and for some commissioned services for children since 2015.

It is a requirement that North Central London Integrated Care System and Enfield Council enter into pooled budget arrangements and jointly agree an integrated spending plan for Better Care Fund and Improved Better Care Fund monies.

Outcomes sought from better integrated working through the pooling of budgets under these arrangements include:

- **Reduced inequalities:** Identify where inequality exists across populations, outcomes, experience and access. Devise strategies to tackle these together with our communities
- **Improved outcomes:** Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved outcomes for our population.
- **Increased efficiency and effectiveness :** Help us build a more efficient and effective operating model tackling waste and unwarranted variation.
- **Accelerated new ways of working:** Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration.
- **Improved economies of scale:** Make better use of our resources for local residents and achieve economies of scale and value for money.
- **Improved system resilience:** Improve our resilience to face changes and challenges to meet the needs of our local population by supporting each other.

It is the intention that service users, staff and the wider community will be positively impacted by this proposal.

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SECTION 3 – Equality Analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

1. Age
2. Disability
3. Gender reassignment.
4. Marriage and civil partnership.
5. Pregnancy and maternity.
6. Race
7. Religion or belief.
8. Sex
9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

“Differential impact” means that people of a particular protected characteristic (eg people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and, where possible, provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.

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Age

This can refer to people of a specific age e.g. 18-year olds, or age range e.g. 0-18 year olds.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)?

Please provide evidence to explain why this group may be particularly affected.

Integrated funding arrangements underpinned by the S75 Agreement will positively impact older people – particularly those with health support needs. The majority of new requests for Adult Social Care support in Enfield come from people aged 65 years and over. <https://new.enfield.gov.uk/services/your-council/borough-and-wards-profiles/borough-profile-2020-your-council.pdf> By way of a snapshot view, as at March 2020 there were 3,354 older people in receipt of a long term adult social care funded service, and this figure is set to rise.

Services offered under joint funding arrangements focus significantly on enabling independent living within a community setting, reducing the requirements for hospitalisation and the number of permanent admissions to residential care.

Services offered under joint funding arrangements will also benefit Enfield's unpaid carer population (usually family/friends), particularly older carers, as people are more able to access the appropriate care and support they need.

Mitigating actions to be taken

- Ongoing monitoring to ensure that the targets against national metrics for the better care fund are met

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include:

Physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people with disabilities?

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Please provide evidence to explain why this group may be particularly affected.

This additional funding will positively impact on people with illness/disabilities who are eligible for care and support aged 18 and over.

Services offered under joint funding arrangements include those with particular focus on supporting disabilities groups, specifically:

Mental Health Schemes

In 2020 it was predicted that 38,978 people aged 18-64 living in Enfield had a common mental health disorder, representing just over 18% of the 18-64 year population.

Long Term Condition Schemes

The prevalence of LTCs is higher amongst older people and people from socially deprived backgrounds and treatment of these conditions is believed to account for circa 70% of total health and social care spend.

Locally the number of people with these conditions is rising – but we also know that 3 common behaviours contribute significantly to developing four of the most common diseases (diabetes, stroke, heart disease and cancer), so action to impact these behaviours holds value.

Integrated Learning Disabilities Services

Of the total number of adults aged 18-64 in receipt of long term support, nearly half are supported by learning disability services.

Carer Schemes

The 2011 Census reported that nationally there were 6.5 million unpaid carers in the UK. Almost 1 in 4 unpaid Carers were caring for over 50 hours a week. This figure is expected to increase significantly following the release of 2021 Census data. ¹

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¹ <https://www.ons.gov.uk/census/2011census>

² <https://www.ons.gov.uk/census/2011census>

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Mitigating actions to be taken
<ul style="list-style-type: none"> Ongoing monitoring to ensure that the targets against national metrics for the better care fund are met,

Gender Reassignment
This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.
Will this change to service/policy/budget have a differential impact [positive or negative] on transgender people?
Please provide evidence to explain why this group may be particularly affected.
Access to services and support as a result of this funding does not result in people being treated differently on the basis of gender reassignment and we foresee no impact on this protected characteristic with regards to the uptake of care.
Mitigating actions to be taken
Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.

Marriage and Civil Partnership
Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.
Will this change to service/policy/budget have a differential impact [positive or negative] on people in a marriage or civil partnership?
Please provide evidence to explain why this group may be particularly affected

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The proposed funding and plan will maintain equality of access to support and services: neither married people nor single people will stand to benefit or be disadvantaged compared to each other, relative to the current eligibility criterias. The criteria which determine access to services which sit under this agreement support do not differentiate between people who are married and people who are in a civil partnership.

Mitigating actions to be taken

Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity?

Please provide evidence to explain why this group may be particularly affected

This protected characteristic refers to individuals who are pregnant, breastfeeding or have recently given birth.

Where individuals do share a protected characteristic related to pregnancy or maternity, they will benefit in the same ways as other care users who do not share the protected characteristic.

Mitigating actions to be taken

Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

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<p>Will this change to service/policy/budget have a differential impact [positive or negative] on people of a certain race?</p> <p>Please provide evidence to explain why this group may be particularly affected</p> <p>Enfield is a very diverse borough in terms of the ethnicity of its residents. The Adult Social Care Survey and ONS population estimates indicate that there are only minor differences between the care user population and the general population in terms of ethnicity.</p> <p>Eligibility criteria for access to services within this agreement do not treat people differently based on their race. However, some groups may receive particular benefit from services delivered under this pooled budget agreement, as key outcomes sought under integrated care approaches include reductions in inequality..</p>
<p>Mitigating actions to be taken</p> <p>Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.</p>

<p>Religion and belief</p> <p>Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.</p>
<p>Will this change to service/policy/budget have a differential impact [positive or negative] on people who follow a religion or belief, including lack of belief?</p> <p>Please provide evidence to explain why this group may be particularly affected.</p>

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Services underpinned under S75 Agreements do not treat people differently based on religion or belief.

Mitigating actions to be taken

Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.

Sex

Sex refers to whether you are a man or woman.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on men or women?

Please provide evidence to explain why this group may be particularly affected.

Eligibility criteria for access to support and services do not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support offered under jointly funded services.

Women in England are more likely than men to receive formal care: over half (58%) of the publicly funded or managed care population in England is female. Women are therefore likely to receive particular benefits from this policy.

In addition, women are more likely than men to be disabled. In the [2019 to 2020 Family Resources Survey](#), 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled. Please see above for an assessment of how this policy will benefit disabled people compared to those without disabilities. These differences are similar in Enfield.

Women may also be more likely to receive the benefits of this funding because they are more likely to provide informal care than men. In 2019 to 2020, 2.7 million women provide informal care versus 1.8 million males, according to data from the [Family Resources Survey](#). The benefits of the reforms for unpaid

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carers, which include greater peace of mind over the care recipient's future support, will therefore be likely to have a disproportionately positive impact on women.

Again, the picture in Enfield is very similar.

Mitigating actions to be taken

Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.

Sexual Orientation

This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation?

Please provide evidence to explain why this group may be particularly affected.

Eligibility criteria for access to support and services do not treat people differently based on their sexual orientation.

Data from the 2019 to 2020 Adult Social Care Survey indicates that care users are less likely than the general population (take from ONS experimental statistics on sexual orientation in the UK in 2018) to specifically identify as heterosexual / straight. However, a higher proportion of respondents to this survey answered 'don't know' or refused this question than in the general population estimates. The amount of people specifically identifying as bisexual was lower in the Adult Social Care Survey than in the ONS estimates for the general population.

Mitigating actions to be taken

Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic.

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Socio-economic deprivation

This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged?

Please provide evidence to explain why this group may be particularly affected.

Services delivered under S75 Agreement is likely improve access to a period of free funded care to support hospital discharge arrangements. Access to most Adult Social Care services, unlike the NHS is means tested and there is some limited evidence that people will sometimes refuse support and services because there may be a charge for them, dependent on their financial circumstances. Improving access to services and support where people are enabled to regain their independence with no further need for ongoing care and support, which may be chargeable, will directly benefit those who may be socio-economically disadvantaged therefore.

Mitigating actions to be taken.

Monitoring of people who decline support and services with reason given as financial.

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SECTION 4 – Monitoring and Review

How do you intend to monitor and review the effects of this proposal?

Who will be responsible for assessing the effects of this proposal?

The Better Care Fund working group will be responsible for the development of a comprehensive data dashboard which covers not only delivery against the national conditions and metrics but also for equalities monitoring against each of the priority areas.

This data/analysis will inform updates to the joint health and social care commissioning board, the health and wellbeing board and ultimately Cabinet as well as other partnership groups across health and social care.

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Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
Identification of impact either positive or negative on each protected characteristic area	Creation of a partnership dashboard	Matt Casey	Dashboard in place by Sept 22	Within existing budgets	Quarterly as part of the BCF working group

SECTION 5 – Action Plan for Mitigating Actions.

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Ongoing monitoring to ensure that the targets against national metrics for the better care fund are met.	Ongoing monitoring of targets against national metrics	Matt Casey		Within Existing Budgets	Quarterly as part of the BCF working group