Equality Impact Assessment – Electronic Call Monitoring Project

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1. Management of the EqIA

Lead – Svetlana Katzarova,
Contributions from William Whiteside and Bradley Few

2. Identification of policy aims, objectives and purpose

If introduced, an electronic monitoring system will deliver significant benefits across Newham Adults Social Service with the ability to invoice home based support service providers on the basis of actual hours of care delivered rather then planned hours. The policy provides three non-financial benefits that will benefit customers and lone workers:

- **Ensuring service users receive the care commissioned**: By accurately recording the time care workers spend in service users' homes through 'real time' monitoring; commissioners can verify that the packages of homecare ordered are actually delivered.

- **Improving safety to care workers**: Electronic systems will typically facilitate communication between care worker and 'base', and by allowing real time monitoring of location can assist with lone worker protection measures.

- **Quality of service delivered**: Systems may, for example, facilitate real time verification that 'critical' visits are made at the times commissioned, and alert duty officers in the event that such calls are missed.

Although various electronic monitoring systems exist, reliant on different technologies, they all share the essential features of providing to commissioners accurate data on actual care hours delivered to each service user. The majority of providers use the same method of monitoring carers by the means of the carer logging in and out while at the carers home using a landline telephone number, which is the preferred method of monitoring due to cost and accuracy. Where this is not possible, other options exist including code boxes (a box located in the customers home that generates a random numbers which an algorithm date and time stamps) or mobile technology including mobile phones.

This policy does not affect people's eligibility for receiving home based support. The procedure of professional assessment of eligibility for a required service will continue under the new policy.

The home-based support service is a significant part of Newham's Adult Social Care services. It helps disabled, vulnerable and older people live as independently as possible in their homes. This policy will support users of the service to ensure they manage their Individual Budgets (IIBs), use monitoring data on variations of commissioned hours, punctual and actual care is delivered over time. It will achieve greater efficiencies through the use of technology by providing automation of invoices, billing and payroll.

3.   Scope / focus of EqIA

The aim of this EqIA is to identify the effects of the implementation of the Electronic Monitoring Call System on individuals from the protected characteristic groups.

Full regard will be given to the requirements of the Equalities Act 2010 to help determine whether or not the policy has a negative, neutral or positive impact on groups and individuals. Some groups may be at risk of being excluded from the benefits of the service delivered, as there is evidence that shows that some transgender, LGB and some different ethnic groups are not accessing social and health care.

There is currently less ethnic diversity amongst older residents in Newham. It's estimated that 21,400 are aged 65 and over, however the diversity is increasing as the local BAME population ages. In 2012 it is predicted that 38% of Newham's 75+ population will be from BAME groups, by 2022 this is predicted to increase to 52%.

Some individuals may not have the capacity to make their own decisions and a best interest approach will be needed. For these individuals, all involved in their care will need to make best interests decisions about their support needs and how they will be met.

Protected Characteristic	Assessment of relevance High, Medium, Low	Provide Evidence
Age	High	This is a new process for residents, including vulnerable people, and may cause particular concern to the elderly if the technology is unfamiliar to them
Disability	High	This is a new process for residents, including vulnerable people, and may cause particular concern to those with a learning disability.
Transgender	Low	No evidence available for this group, but no reason for any negative impact.
Pregnancy and maternity	Low	No evidence available for this group, but no reason for any negative impact.
Race	Low	No reason to impact disproportionally on this group.
Religion / belief	Low	No reason to impact disproportionally on this group.

Sexual orientation	Low	No reason to impact disproportionally on this group.
Sex	Low	No reason to impact disproportionally on this group.
Class or socio-economic disadvantage	Medium	A relatively small group of individuals do not have landlines which is the primary method that ECM systems use to measure attendance by carers. Assuming ownership of landline phones is related to socio-economic groups.

4.   Relevant data, research and current situation

The home-based support service is a significant part of Newham Adult Social Care Services. The total Budget of Home Care provision is £8,715 million of which the cost for sitting care support and community access are excluded. Approximately 3753 customers are on our records, of which 2,164 receive home care support and 1,590 receiving home care any time. Newham Council commissions over 21,000 hours a week, of which 17,000 hours are delivered (paid).

A snap shot of those people receiving services which could be monitored using Electronic Call Monitoring is provided below.

	Home Care	Sitting	Community Access	Total
Services	2,164	100	110	2,374
People	1,612	97	105	1,683
no visits recorded	28	0	5	33
Total visits recorded	26,695	259	391	27,345
Ave visits per service/week	*12.5*	*2.6*	*3.7*	*11.7*
Estimated total visits/week	27,045	259	410	27,714
People with 1-5 visits per week	262	89	79	307
People with 6-10 visits per week	393	7	19	411
People with 11-15 visits per week	272	0	0	269
People with 16-25 visits per week	373	0	1	379
People with 26 or more visits per week	289	1	1	292

	1,586	97	104	1,656
People who have a contact phone number	1,586	97	104	1,656
People who have a contact land line	1,381	85	90	1,440
% who have contact number	98%	100%	99%	98%
%^ who have contact land line	86%	88%	86%	86%

A demographic breakdown of the people receiving home care is provided below. The data shows the vast majority of home care users are over 65 and have a physical disability.

		All community based SU		Home Care	
		2011-12	on 31st March 2012	2011-12	on 31st March 2012
18-64	Physical disability	668	530	314	241
	Mental health	320	224	54	34
	Learning disability	474	438	82	58
	Substance Misuse	112	80	2	2
	Other vulnerable	3	2	1	1
65+	Physical disability	2146	1587	1550	1133
	Mental health	228	176	142	104
	Learning disability	27	26	10	9
	Substance Misuse	7	7	6	6
	Other vulnerable	4	4	2	2
18-64	British	469			
	Irish	10			
	Traveller of Irish	0			

	heritage				
	Gypsy/Roma	1			
	Other white	52			
	W&B Caribbean	10			
	W&B African	3			
	W&A	6			
	Other mixed	13			
	Indian	180			
	Pakistani	126			
	Bangladeshi	116			
	Other Asian	86			
	Caribbean	152			
	African	205			
	Other black	67			
	Chinese	5			
	Other	72			
	Refused	0			
	Not yet obtained	4			
65+	British	1171			
	Irish	60			
	Traveller of Irish heritage	0			
	Gypsy/Roma	0			
	Other white	49			
	W&B Caribbean	3			
	W&B African	2			
	W&A	3			
	Other mixed	5			
	Indian	336			

	Pakistani	104			
	Bangladeshi	86			
	Other Asian	87			
	Caribbean	308			
	African	100			
	Other black	19			
	Chinese	11			
	Other	61			
	Refused	0			
	Not yet obtained	7			
18-64	Male	852			
	Female	725			
65+	Male	885			
	Female	1527			

There is limited data on the number of missed appointments as these are not routinely reported to Adults social care and is one of the main drivers for introducing Electronic Call Monitoring. Once the Electronic Call Monitoring system has been implemented, this data will become available.

5.   Assessment of Impact and outcomes

The electronic monitoring system is a system whereby the home carer on arrival and at a departure from the service user's home makes a telephone call that is electronically picked up by a computer system. The system gives accurate information about the length of stay, continuity of care and whether visits have been missed. This safeguards service users and care workers (lone workers particularly).

Protected Characteristic	Positive impact (benefits) including evidence	Negative impact (disadvantage) including evidence
All groups:	• Quality of service delivered (potential to alert people who receive care that a carer is running late) • Ensuring service users receive the care commissioned • Improving safety to care workers • Greater control and transparency over care • Some ECM systems have functionality to provide warnings when carers are late and the resident requires time-related care (ie medication at certain times of the day).	• Residents will have minor disruption as carer will need the use of a landline phone • New process for residents, including vulnerable people, which may cause concern if no communication plan is in place to explain the changes.
Age	As above	Some individuals (who may be old) may object to their telephone being used to make free monitoring calls. Some vulnerable elderly people may be worried or unhappy about this even after being given reassurance that the calls are free. Communications may need to be targeted to this group.
Disabled people	As above	Some individuals (who may have learning disabilities) may object to their telephone being used to make free monitoring calls. Communications may need to be targeted to this group.
Transgender	Neutral	No specific issues relating to transgender group, but we do not have data relating to this protected characteristic.
Pregnancy and maternity	Home support is not provided specifically to this group	None specific
Race	High relevance	A number of potential service users are from a variety of ethnic backgrounds and have specific cultural and language requirements around

		their care. Introducing ECM will need to be explained and language barriers will need to be overcome.
Religion / belief	Neutral	
Sexual orientation	High relevance	This is particularly important with regards to dealings with sensitive information appropriately. The exchange of personal data through a web based system may involve the risk of exposing customers' personal information to third parties.
Sex	Neutral	None specific
Class/socio-economic disadvantage	Neutral	Phone ownership - approximately 332 people do not have a landline. Alternative ways of logging in and out are available (depending on the supplier chosen) but landline offers the most benefits. Some individuals may not have a telephone (due to cost) or object to their telephone being used to make free E-monitoring calls.

Protected characteristics	Issues taken from evidence	Judgement (positive / negative)	Recommendations
Age	This is a new process for residents, including vulnerable people, and may cause particular concern to the elderly if the technology is unfamiliar to them.	Positive	Overall the impact of the policy on this group is positive, however there are some negative impacts (a judgement of which is not high) which will be mitigated though a targeted communications plan to help manage the change and address any concerns.
Disability	This is a new process for residents, including vulnerable people, and may cause particular concern to those with a learning disability.	Positive	Overall the impact of the policy on this group is positive, however there are some negative impacts (a judgement of which is not high) which will be mitigated though a targeted communications nlan to help manage the change and address any concerns.
Class or socio-economic disadvantage	A relatively small group of individuals do	Negative	Monitoring via alternative means of

	not have landlines which is the primary method that ECM systems use to measure attendance by carers. Assuming ownership of landline phones is related to socio-economic groups.		landline phones
All groups	• Quality of service delivered (potential to alert people who receive care that a carer is running late) • Ensuring service users receive the care commissioned • Improving safety to care workers • Greater control and transparency over care • Some ECM systems have functionality to provide warnings when carers are late and the resident requires time-related care (ie medication at certain times of the day).	Positive	
	• Residents will have minor disruption as carer will need the use of a landline phone • New process for residents, including vulnerable people, which may cause concern if no communication plan is in place to explain the changes.	Negative	See above

Equality Impact Assessment Action Plan for Electronic Call Monitoring						
Issues identified and groups affected	Actions to be taken	Timescales of actions	Who is responsible for delivery	Intended outcomes	Performance measures	Reference to service or other plans
Phone ownership. Electronic call monitoring primarily relies on a landline to monitor the arrival and departure of carers. Not all service users have a landline and likely bias towards socio-economic disadvantage	Suppliers will be asked to provide alternatives to monitor carers in the absence of a landline and will be part of the tender specification document. Initial soft market testing of the technology shows this is a common issue and routinely overcome with either code boxes (located in service users home) or mobile phone technology.	Will be a requirement of the tender document and introduced at, or shortly after the introduction of ECM.	Project Manager- Samantha Lewis	Allows for all service users to gain the benefits of ECM.	Detailed data will be produced with the introduction of ECM which will also us to distinguish landline and other devices and whether the same service is being provided.	A Business Case is currently being developed.
Customers objecting to phones being used (potentially affects all groups affected)	Clear communications plan that outlines the benefits of ECM to service users. Communications plan will need to be targets to user groups, and may include an easy read version.	Communications plan awaiting the business case and Mayor sign off to introduce ECM but in-house communications lead has been made aware of this work.	Business Change Manager – William Whiteside; Bradley Few – Programme Office Manager. Jennifer Kumi – Adult Social Care Communications lead	Smooth implementation of ECM and few objections from service users to using landline phones.	Detailed data will be produced with the introduction of ECM which will also us to monitor number of visits that are logged in against number of visits not monitored.	A Business Case is currently being developed.

6. **Formal agreement**

    a. Sign off by Director of Adult Social Care

    b. Strategy & Partnerships
       Anne Ibezi
       Date: 12/12/13

7. **Publication of results**

    a. EqIA published on Council website December 2013.

8. **Monitoring and review**

An electronic call monitoring system is a reliable way of knowing whether the service has been delivered and for how long.

The increasing emphasis on person centred care, independence and choice is a key objective of this service will lead to monitoring becoming a more important and demanding activity.

The level and frequency of monitoring will be risk based and therefore a Risk Assessment criteria will include:
- Vulnerability of service users
- Volume of business – number of service users, commissioned service in hours,
- Track records
- Information shared by providers and the feedback received from service recipients
- Safeguarding

The proposed system will be reviewed in accordance with the service's contract management procedures.