

Equality Impact and Needs Assessment Form

A) General Information

Name of service, function, policy (or other) being assessed

Home and Community Support Services

Directorate or organisation responsible (and service, if it is a policy)

Adult Well Being

Date of assessment

2 December 2013

Names and/or job titles of people carrying out the assessment

Alison Clay Commissioning Officer

Accountable person

Helen Coombes

B) Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:

The vision for the project is to ensure that Home and Community Support Users receive a personalised service that maximises their opportunity to exercise choice and control over their care.

The key objectives of the project are to:

- a. Implement a new Framework for the provision of Home and Community Support
- b. Deliver a £1 million savings against the homecare budget of £13.7 million
- c. Deliver an outcome based specification for home care and implement the new contract to deliver this

Ensuring minimal disruption to service users and least effect on the transition process will be a key priority.

C) Context - describe, in summary;

<p>The number of people and/or providers that may be affected by the proposal.</p>	<p><u>Service Users</u> There are currently approximately 850 service users of spot purchased home care services in Herefordshire – this excludes those with services provided through block contracts.</p> <p><u>Care Home Providers</u> The council currently spot purchases home care provision from 46 providers. This does not include provision purchased through block contracts.</p>
<p>What are the values of the contract(s) affected by the proposal? (if appropriate).</p>	<p>The proposal affects spot purchased home care placements. Currently, these placements are purchased at the following rates:</p> <ul style="list-style-type: none"> • £14.90 per hour (standard) • £17.13 per hour (rural premium for specific postcodes) <p>There are currently approximately 1000 home care service users in total (block and spot contracts) for which the council commissions around 14,000 hours of home care per week.</p>
<p>What are the geographical locations of those that might be affected by the proposal?</p>	<p>Spot purchased home care is provided county-wide.</p>

D) Who are the main stakeholders in relation to the proposal?

- | |
|---|
| <ul style="list-style-type: none"> • Current and future service users, including: <ul style="list-style-type: none"> - Service users whose services are arranged by the council - Service users who purchase services through a Direct Payment - Self-funding users of home care services • Service user family, friends and carers • Home and Support care providers • Herefordshire Council • Social care practitioners • Elected members |
|---|

E) What are the anticipated impacts of the proposal?

Positive impacts.

Improved quality and consistent of home care provision

Quality will be part of the scoring criteria in the allocation process of new care packages to providers on the Framework. Quality scoring will be based on a variety of information sources, including Care Quality Commission (CQC) rating, EMS data and contract monitoring data. By robustly monitoring provider's quality performance and feeding this into a fair and transparent allocation process, it is hoped this will drive continual quality improvement within the whole home and community support market – benefiting adult social care funded and self-funding service users.

As part of the new contractual arrangements, successful providers will be required to implement an electronic monitoring system. This will be used by the council as part of a wider approach to contract monitoring, to ensure that provides are delivering the services required at the quality required.

Increased focus on individual outcomes for service users

Rather than specify the exact services that home care providers will be expected to deliver, the new service specification will give an indication of the types of service required. Home and community support providers will be required to adopt a more flexible approach and tailor their provision to meet the needs and desired outcomes of each individual service user, as identified in their support plan.

Development of the homecare market in Herefordshire

The council has opted for a county-wide approach, rather than restricting providers to particular geographic zones. This approach will allow home and community support providers to self-select the areas where they wish to provide services, and subsequently more able to be responsive to customer demand, creating a diverse and flexible market place ensuring service users need and choice are met.

In addition, rather than requiring all providers to deliver all types of home and community support, through the procurement process providers will be able to identify whether they wish to provide “standard” and/or “specialised” services. It is hoped this approach will enable a greater variety of providers to tender and result in a richer mix of provision that is more flexible and responsive to service user needs.

As most providers have both private and council funded clients, enabling the local home and community support market to have greater control over its own development and to be more responsive to customer demand will benefit current and future social care service users (both those who have provision arranged by the council and those who take Direct Payments) and the private, self-funder market.

Financial savings for the Council, enabling better targeting of resources

Due to reductions in central government funding, by 2016/17 Herefordshire Council will need to have delivered savings of £33 million to stay within its budget. Therefore the council is seeking to find efficiencies, do less, and reduce costs. Whilst enabling residents to live safe, health and independent lives is a priority, the council must look to find ways of making reductions across all areas of provision, including home and community support, to ensure that the limited financial resources available are used efficiently and targeted effectively so as to benefit the most vulnerable. Setting a new market price for home and community support is anticipated to deliver £1 million reduction in budget spend.

Negative impacts

Whilst the project is not intended to have any negative impacts, the following potential impacts should be considered:

Potential reduction in rates for home care providers

The council intends to implement a new, lower Framework price for home and community support. There is a risk that a reduction in rates may result in reduced or poorer quality provision for service users.

Mitigation: The council has consulted with providers to identify what is a fair and affordable rate. To drive quality improvements in the market, new care packages for home and community support will be offered to providers on a ranked basis – of which quality will be a central criteria.

Potential gaps in provision

As providers will be able to indicate where they are able to deliver services, there is a risk of limited or no coverage of provision in certain areas of the county. Equally, as we are not requiring all providers to be able to deliver both standard and specialist provision, there is a risk of a shortage of providers on the Framework able to support service users with specific needs

Mitigation: If there is a geographical gap in provision, the council will manage this through a market development approach by incentivising existing providers to extend into these locations. This will help increase the resilience of the local homecare market generally, benefitting both social care and private funded service users. As providers will be able to define their geographical coverage, this will ensure providers offering specialist support are not confined to operating in certain locations. Furthermore, if there is growing demand for particular types of support the council would seek to support the market to develop to meet this demand.

Existing service users may be transferred to a different provider

There is a risk that if an existing contracted provider chooses not to tender, or is unsuccessful in the tender, service users in receipt of their provision may be transferred to a different provider.

Mitigation: A key priority for the project is to ensure minimal disruption to service users and least effect on the transition process is a key priority – we are not limiting the number of providers on the Framework. Therefore, moving existing service users to a different provider will only occur as a last resort. If an existing provider is not on the new framework, in the first instance their service users will be offered a direct payment so as to be able to remain with that provider.

F) With regard to the stakeholders identified and the diversity groups set out below;

	<i>Is there any potential for (positive or negative) differential impact?</i>	<i>Could this lead to adverse impact and if so what?</i>	<i>Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?</i>	<i>Please detail what measures or changes you will put in place to remedy any identified adverse impact.</i>
Age	Yes – older people account for the majority of home care service users (76%). In particular, service users are more likely to be within the “older” section of the 65+ client group – 55% of all home care service users are aged 80 or over.	Older age service users may be adversely affected if there is a change in provider of their home care service. This may cause anxiety and stress as national research indicates continuity of carer is important to service users. Isolated older people without support networks (e.g. family, friends) may be particularly vulnerable.	Minimising the impact on service users is a priority and therefore it is hoped that as few service users as possible will need to move provider. The proposal seeks to reduce home care rates and improve quality through more efficient monitoring. Home care service users will benefit from consistent, quality, responsive services, and all current and future adult social care service users will benefit from better targeted financial resources.	Moving service users to a new provider will only be necessary if a current provider does not tender or is not able to demonstrate through the tendering process that they can deliver the quality of care required at the rates specified. Before resorting to the option of changing provider, the service user will be offered a Direct Payment so as to maintain their current provider.
Disability	Yes. All social care funded service users are assessed as having eligible critical or substantial needs. 95% of home care service users are categorised within the “physical disability frailty and sensory impairment” client group.	Service users are only likely to be adversely affected if there is a change in provider of their home care service – this may cause anxiety and stress. If a home care provider of specialist services chooses not to tender or is unsuccessful, this may have particular implications on service users	As above in “age”.	As above in “age”. The Council is keen to ensure the procurement process does not exclude specialist providers from participating: 1. providers can self-select where they operate, and so small providers are not unfairly excluded 2. providers can indicate

	51% of service users aged 18-64 years are categorised within the “physical disability and sensory impairment” client group	with complex needs and ensuring that their needs and outcomes continue to be met.		whether they are willing to provide “standard” home care visits and/or specialist longer visits
Race	Yes. 96% of service users are White British.	No. The composition of service users according to this equality strand is broadly reflective of local demographics in Herefordshire generally (6% of the population describe themselves as not White British)		
Gender	Yes. For older people, women constitute the majority of service users (69%).	It is particularly older women that may be affected – therefore refer to comments written previously in “age”.	Both locally and nationally, women generally constitute a greater proportion of the older age population. Therefore, the composition of older age service users by this equality strand is to some degree a reflection of this trend. It is particularly older women that may be affected – therefore refer to comments written previously in “age”.	It is particularly older women that may be affected – therefore refer to comments written previously in “age”.
	For service users aged 18-64 the gender split is 48% female, 52% male.	No. The composition of service users aged 18-64 years by this equality strand is comparable to local, regional and national demographic trends.		
Sexual Orientation	<i>No data available to allow analysis</i>			
Religion/ Belief / Non Belief	<i>No data available to allow analysis</i>			
Pregnancy / maternity	<i>No data available to allow analysis</i>			
Marital Status	<i>No data available to allow analysis</i>			
Gender Reassignment	<i>No data available to allow analysis</i>			

G) Consultation

Please summarise the consultation(s) undertaken with stakeholders regarding this proposal

A number of consultations have taken place to inform the development of the home and community support procurement. This includes

A. Market Consultation

1. Consultation document, Market Consultation on the Commissioning

Approach, which was distributed to all providers to gain their feedback and view on:

- a) The process for allocating new care packages
- b) Whether there should be a zoned or all-county approach to geographically allocating packages
- c) Which services should be included within the scope of the procurement

2. Financial Consultation with providers, to help inform the proposed rates. In total 25 responses were received in the form of cost models, financial questionnaires or accounts.

3. Face to face meetings with home care providers to further discuss their views on the commissioning approach and what would be an acceptable rate. 21 providers attended meetings between 8 and 16 October 2013, 31 attended further meetings on 15 November. Face-to-face meetings to discuss the financial considerations of the project were held on 19 and 21 November 2013.

4. Whole group provider meeting, held on 28 November at which 16 providers attended. All aspects of the proposal were discussed, particularly the proposed changes to rates.

B. Service user consultation

4. Use of other recent service user consultations, such as the Making it Real survey (July 2013) and the Your Life Your Services Your Say survey (July 2013). In recent months there has been a significant amount of consultation with adult social care service users. It was considered appropriate that before further engaging with service users we understand what views have already been captured elsewhere.

5. Service user consultation via Herefordshire Carers Support. A questionnaire was distributed to service users through Herefordshire Carers Support. A small number of responses were received.

H) Additional information and / or research

Include here any references or other sources of data that you have used to inform this assessment.

Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact(s) of this proposal? If yes, please list them here

If you have identified gaps in your evidence or conclusions, how will you explore the proposal in greater depth. Or, if no further action is required, please explain why.

Information and research used:

- Herefordshire Facts and Figures website
- Herefordshire Council Framework Data Reports:
 - RAP P2 (sample week 4-10 November 2013)
 - RAP p4 (sample week 4-10 November 2013)
- Weeler, L. & Newstead, S (September 2013) Attitudes to Homecare in England. Research conducted by Guardian Professional in association with Department of Health
- Care Quality Commission (February 2013) Not Just a Number. Homecare inspection programme: national overview.
- UK Home Care Association Limited (July 2012) Care is not a Commodity. UKHCA Commissioning Survey 2012
- Lucas, L. & Carr-West, J. (October 2012) Outcomes Matter: Effective commissioning in domiciliary care (*Local Government Information Unit*)