

Equality Analysis (EIA) Form (Appendix 1)

A) Description

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

Care @ Home - The introduction of an open approved list for the delivery of home care services (to replace the current closed framework known as Home and Community Support (HACS)).

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

Adults and Wellbeing

Date of assessment

4 August 2017

Names and job titles of people carrying out the assessment

Ian Gardner - Senior Commissioning Officer

Accountable person

Martin Samuels – Director for Adults and Wellbeing

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The primary purpose of the Care at Home Service is to ensure the capacity and consistency of high quality, person centred home care.

Currently home care services including the provision of professional personal care regulated by the Care Quality Commission (CQC) are directly commissioned from providers on a closed framework known as Home and Community Support (HACS). This arrangement will cease on 31st March 2018 and a new arrangement is required to ensure that the council meets its statutory duties under the Care Act and complies with European Union procurement legislation.

The council commissions homecare services for around 1,300 people per year and approximately 900 at any one time. People receiving home care include older people, people with long term health conditions, people with a learning disability and people with mental health problems including dementia.

Analysis of the 881 people receiving the service at 27 July 2017 identified that 74% were over 65 and of those 50% were over 85 years of age. The percentage of females receiving the service was 65%.

Of those in receipt,* 68% required personal care support. Physical support with access and mobility was required by *15% of service users (*some service users require both). People who needed support due to a learning disability equated to 10% and those with a mental health problem 4%.

Eligibility for the service is determined by application of the Care Act criteria. A financial assessment is also conducted and those who have capital above the threshold are provided with information, advice and assistance to arrange the required services.

People entitled to financial support from the council can take a direct payment, a sum of money with which to purchase support to meet the eligible unmet needs identified in their support plan. Alternatively, they can request that the council arranges the service on their behalf via HACS.

There are 39 service providers on the framework; however currently around 29 of these are delivering care services. The council also purchases home care services from organisations that are not on the framework in circumstances where the framework providers are unable to commence care packages in a timely manner. However, this is generally arranged via a direct payment.

The Care @ Home service will allow the provision of home care to be more closely aligned with the 'Adults and wellbeing plan 2017-2020'. The focus of the provision will be the delivery of high quality personal care in response to the increasing demand arising from the growing number of older people with complex care needs to enable them to live independently in their own homes for as long as possible.

Location or any other relevant information

The service will be countywide.

List any key policies or procedures to be reviewed as part of this assessment.

Who is intended to benefit from the service, function or policy?

People who need assistance with personal care and meet the eligibility criteria as defined in the Care Act.
Informal carers
People who fund their own care.

Who are the stakeholders? What is their interest?

Service users
Informal carers
Service Providers
Service Providers employees
Community & voluntary sector organisations
Health & Social Care Practitioners
Elected members

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/ delivery meets the requirements of the Equality Act 2010, i.e.

- **Eliminates unlawful discrimination, harassment and victimisation**
- **Advances equality of opportunity between different groups**
- **Fosters good relations between different groups**

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

Herefordshire Council expects all contracted providers to comply with the Equality Act 2010 and have their own Equality policies available.

During the first two years of the contract the service will be monitored annually to ensure that the required outcomes are delivered and the equality considerations are observed.

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:

Negative impacts.

The remodelled service is not intended to have any negative impacts; however, the following considerations will be regularly monitored during the first two years of the contract.

The primary aims of the new service are to promote wellbeing and independence and prevent, reduce or delay the need for more intensive care and support.

The introduction of an open approved list and the light touch approach to accrediting providers is likely to result in a greater number of contracted service providers. which will increase the choice for service users

Furthermore, service users have the opportunity to exercise individual choice by opting for a direct payment and arranging care with their preferred service provider.

In the event that providers decide to exit the market as a result of the introduction of the new open approved list timely and detailed assessments and reviews will be undertaken prior to any transfer of provision. All service users will be consulted at an early stage and their needs will be reviewed. Transition arrangements will be established between provider organisations in order to ensure that any disruption is kept to a minimum.

There is the potential for the introduction of the Care @ Home Service to impact on the wider care market. If providers opt to exit the market this may impact on those who purchase their own care from the organisations affected. In these circumstances the council has a duty to provide information, advice and assistance to people who self-fund care services.

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

Council Case Management System			
The table below summarises the equalities data recorded on the Mosaic Case Management System for the 881 service users in receipt of home care services as at 27 July 2017.			
Age		Gender	
Under 65 years old	233	Female	577
65-74 years old	122	Male	304
75 - 84 years old	202		
85- 94 years old	289		
95+	35		
Ethnicity		Nationality	
White British	866	British	388
		Other	12
		Not recorded	478
Marital Status		Religion	
Married	173	Christian	167
Single	117	Roman Catholic	11
Widowed	196	Other	11
Separated / divorced	58	No religion	13
Not recorded	326	Not recorded	588
Primary Reason for Support			
Personal care	597		
Access mobility	128		
Memory / cognition	21		
Learning disability	88		
Mental health	36		
Sensory support	10		

D) Assessment/Analysis

Describe your key findings (e.g. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Race	<p>The 2011 census identified that 6.3% of residents of Herefordshire were not white British.</p> <p>Of the 881 service users in receipt of domiciliary care services as at 27 July 2017, 866 classified themselves as white British.</p> <p>The percentage of 6.3% would indicate that 55 not white British people would be in receipt of a service rather than 5 people identified in the analysis.</p> <p>This may be accounted for by the fact that many of the not white British people may be of working age.</p> <p>Recent migrants and people for who English is not their first language may encounter barriers accessing home care services.</p> <p>However, Herefordshire has an easy accessible translation / interpreter service.</p> <p>Therefore, the impact of the changes to the home care service is assessed as neutral.</p>

<p>Disability</p>	<p>In the 2011 census 18.7 % of people said they had some form of limiting, long term health problem or disability.</p> <p>Of the 881 service users in receipt of domiciliary care services as at 27 July 2017:</p> <p>69% required physical personal care support. 15% need physical support with access and mobility. 10% required support due to a learning disability. 4% required support due to a mental health problem. 2% required support due to a sensory impairment.</p> <p>The key aims of the remodeled provision include delivering services that focus on enabling and supporting greater independence and improved quality of life irrespective of the person’s disability.</p> <p>Service users will also benefit from consistent, responsive quality provision and better targeting of financial resources to those in greatest need.</p> <p>The envisaged increase in the number of providers that the council can directly commission services from will result in greater choice for service users.</p> <p>Therefore, the impact of the changes to the home care service is assessed as positive.</p>
<p>Age</p>	<p>Analysis of the 881 service users receiving the service at 27 July 2017 identified that 74% of service users were over 65 and of those 50% were over 85 years of age.</p> <p>Older age service users may be adversely affected if there is a change in the provider of their care service. National research indicates continuity of care is important to service users and this may cause anxiety and stress. Isolated older service users without support networks (e.g. family, friends) may be particularly vulnerable.</p> <p>One of the key aims of the remodeled provision is that service users will benefit from consistent, responsive quality provision.</p> <p>Furthermore, all current and future adult social care service users will benefit from better targeting of financial resources to those in greatest need.</p> <p>The envisaged increase in the number of providers that the council can directly commission services from will result in greater choice for service users.</p> <p>Therefore, the impact of the changes to domiciliary care service is assessed as positive.</p>

<p>Sex</p>	<p>Both locally and nationally, women generally constitute a greater proportion of the older age population. It is estimated that around two thirds of all service users are female.</p> <p>Of the 881 service users in receipt of domiciliary care services as at 27 July 2017 577 were female (65%) and 304 male. This is broadly reflective of the population as a whole and the cohort of people who receive adult social care services.</p> <p>The majority of staff delivering care and support is also female. According to the 2011 Census (table DC6110 for ref), 80% of people working in the 'human health and social care' industry in Herefordshire are females, compared to 47% of the total workforce across all industries.</p> <p>It is envisaged that the level of service capacity will continue at current levels.</p> <p>The increase in the number of providers that the council can directly commission services from will result in greater choice for service users.</p> <p>Therefore, the impact of the changes to domiciliary care service is assessed as positive.</p>
<p>Faith/religion</p>	<p>The 2011 census identified that 67.8 % of residents in Herefordshire identified themselves as Christian. 23% of people said they had no religion.</p> <p>However, the religion of service users is not currently routinely collected by the Councils adult social care assessors.</p> <p>Of the 881 people in receipt of a service no religion was recorded in 588 cases. Where religion was recorded The largest group was Christian & Roman Catholic 178.</p> <p>The impact of the changes to domiciliary care service is assessed as neutral.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>

<p>Marriage/civil partnership</p>	<p>This information is not currently consistently collected by the Councils adult social care assessors.</p> <table border="0"> <tr> <td>Married</td> <td>173</td> </tr> <tr> <td>single</td> <td>117</td> </tr> <tr> <td>Widowed</td> <td>196</td> </tr> <tr> <td>Separated / divorced</td> <td>58</td> </tr> <tr> <td>Not recorded</td> <td>326</td> </tr> </table> <p>The impact of the changes to the domiciliary care service is assessed as neutral.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>	Married	173	single	117	Widowed	196	Separated / divorced	58	Not recorded	326
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<p>Gender reassignment</p>	<p>There is no official estimate of the number of transsexual people either locally or nationally.</p> <p>This information is not currently routinely collected by the Councils adult social care assessors. The impact of the changes to the domiciliary care service is assessed as neutral.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>										
<p>Sexual orientation</p>	<p>There are no single, reliable estimates of sexual orientation in the UK. However, a quality of life survey undertaken in 2008 1.1 percent of respondents identified as Lesbian, Gay or Bisexual. A national survey indicated 1.5 % which would equate to 2,100 people in Herefordshire.</p> <p>This information is not currently routinely collected by the Council's adult social care assessors.</p> <p>The impact of the changes to domiciliary care services is assessed as neutral. However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>										
<p>Pregnant women & women on maternity leave</p>	<p>The age profile of service users receiving domiciliary homecare is older women. Of the 577 female service users in receipt of domiciliary care as at 27 July 2017, only 25 women were under 44 years of age (4%).</p> <p>As the vast majority of births are to women aged 15 – 44 the impact of the changes to the provision of domiciliary care services is assessed as neutral.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>										

E) Consultation

Did you carry out any consultation?

Yes No

Describe other research, studies or information used to assist with the assessment and your key findings.

Reports from the MOSAIC case management system.
 2011 Census table DC6110.
 Herefordshire Facts and Figures website.
 Horizon Scanning – discussions and site visits to Local Authorities.

Do you use diversity monitoring categories? Yes No

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

Monitoring data will be collated as part of routine contract management.

F) Conclusions

	Action/objective/target OR justification	Resources required	Timescale	I/R/S/J
a)	Ensure that adult social care assessors routinely record diversity monitoring indicators and protocols	Staff time, internal and partners	Prior to the commencement of contract	I
b)	Review feedback from complaints, handbacks etc. during contractual period to see if there is a disproportionate impact on those that share a protected characteristic.	Staff time, internal	From the commencement of contract	I

- (I)** *Taking immediate effect.*
- (R)** *Recommended to Council/Directors through a Committee or other Report*.*
- (S)** *Added to the Service Plan.*
- (J)** *To be brought to the attention of the Equality Manager.*