

Equality Analysis (EIA) Form (Appendix 2)

A) Description

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

Help to Live at Home - A remodelled home care service to replace the current service known as Home and Community Support (HACS).

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

Adults & Wellbeing

Date of assessment

2 September 2016

Names and job titles of people carrying out the assessment

Ian Gardner - Commissioning Officer

Accountable person

Martin Samuels – Director, Adults & 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 purposes of the Help to Live at Home Service is to enable vulnerable / disabled people to be as independent as possible and enjoy the best quality of life through the provision of effective person-centred home care.

The current home care service HACS includes the provision of personal care regulated by the Care Quality Commission (CQC). Assistance is also provided with activities of daily living such as meal preparation, dealing with correspondence and non-professional care and support such as shopping, cleaning and transport.

The service presently supports around 1,500 service users per year and approximately 900 people at any one time. People using the service 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 872 service users receiving the service at 1 April 2016 identified that 72% of service users were over 65 and of those 41% were over 85 years of age. The percentage of females receiving the service was 64%.

Of those in receipt,* 61% required personal care support. Physical support with access and mobility was required by *20% of service users (*some service users require both). People who needed support due to a learning disability equated to 12% and those with a mental health problem 3%.

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 the commissioned home care service (HACS).

The current commissioned home care services are delivered via a closed framework arrangement. There are 39 providers on the framework; however currently only around 20 of these providers are consistently delivering care services. The Framework ceases on 30 June 2017.

However, there are a number of challenges with the current arrangement, these include:

- Difficulties placing packages particularly in rural areas including the Golden Valley and Bromyard and the surrounding area.
- The associated reliance on spot purchasing packages from non-Framework providers.
- The number of packages handed back by service providers due to operational issues and financial viability.
- Restricted choice of provider for service users.
- Inconsistent quality of provision.

In order to address these issues the service will be structured on geographical zones. This will ensure providers a volume of business and assist their operational and financial viability. The associated efficiencies and economies of scale will aid the council to meet the increased demand for care services within the budget available.

The Help to Live at Home Service is predicated on the prevention and wellbeing principles that underpin the Care Act. The service will provide professional home care to people who need care and support to enable them to achieve their outcomes of maintaining independence and living in their own homes.

The model of service delivery will also evolve over time from the current “time and task” approach to delivering outcomes for service users. There will be a different approach to social care assessments with consideration given to what people can do for themselves with the support from informal carers, friends and neighbours. The use of community resources and the services provided by the voluntary sector will also be considered.

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 care and support 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.
The equalities considerations will be an integral part of the tender evaluation process and service providers will be evaluated on their cultural and disability awareness.
During the first two years of the contract the service will be monitored on a six monthly basis 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 should be considered and will be regularly monitored during the first two years of the contract.

The primary aims of the new service are to promote service users wellbeing, enable them to maintain their independence and prevent, reduce or delay the need for more intensive care and support. These aims will be achieved by making greater use of the service user's strengths, informal care and community resources. Providers will be required to work with service users to develop informal care and support networks and to reduce their reliance on formal support where appropriate. Provider's performance in this activity will be closely monitored to ensure service user's eligible unmet needs are met and their outcomes achieved.

The competitive tender is likely to result in a reduction in the number of contracted service providers. This may require service users to change service provider if they want the council to continue to arrange care services on their behalf.

However, the revised model of service delivery is intended to improve capacity and continuity of provision. Furthermore, service users will have the opportunity to exercise individual choice by opting for a direct payment and arranging care with their preferred service provider. 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 the provider organisations in order to ensure that any disruption is kept to a minimum.

There are areas in the County, mainly rural, where it is currently difficult to arrange or maintain continuity of service provision. The new service zone structure is intended to address this by improving provider's financial and operational viability.

A reduction in the number of providers may restrict the availability of female/male care workers in specific geographic areas in the short-term. However, the revised service structure will ensure financial and operational viability for providers who will be contractually required to maintain continuity of provision reflective of service user preferences.

There is the potential for the introduction of the Help to Live at Home Service to impact on the wider care market. If providers unsuccessful in the tender 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?

Service User Questionnaires

Summary of key responses			
52% are aged over 75	64% were female	75% were in receipt of council funded services	17% of respondents stated that they felt they were treated differently because of who they are
Key findings			
83% agreed with the proposal for approved providers	87% agreed that priority should be given to those in greatest need	88% agreed that the new service should to have an enabling approach	Personal care , preparing meals and managing medication were identified as the most important activities

Of the 211 responses to the question, 36 respondents (17%) indicated that they were treated differently because of who they are. The people who provided associated comments referred to the negative attitudes of the wider community in respect of their age and/or disability.

However, none stated that they were treated differently by the organisations or workers providing their care and support services.

A full report of the service user consultation findings is available on request.

An analysis of complaints received by the Council regarding home care during the preceding 12 months confirmed that none suggested a breach of the Equalities Act 2010.

A review of the situations where providers have discontinued provision “handed back” packages of care, identified that these are for operational reasons and there is no indication these arise as a result of any equalities considerations.

Service provider’s contract monitoring and Quality & Review Reports do not indicate non-compliance with the Equalities Act 2010.

Council Case Management System

The table below summarises the equalities data recorded on the Mosaic Case Management System for the 872 service users in receipt of home care services as at 1 April 2016.

Age		Gender	
Under 65 years old	236	Female	563
65-74 years old	101	Male	309
75 - 84 years old	174		
85- 94 years old	300		
95+	61		
Ethnicity		Nationality	
White British	860	British	403
		Not recorded	461
Marital Status		Religion	
Married	194	Christian	173
Single	110	Roman Catholic	13
Widowed	201	Other	11
Separated / divorced	52	No religion	18
Not recorded	315	Not recorded	657
Primary Reason for Support			
Personal care	529		
Access mobility	171		
Memory / cognition	21		
Learning disability	104		
Mental health	29		
Sensory support	18		

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 872 service users in receipt of home care services as at 1 April 2016, 860 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 12 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. 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>
Disability	<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 872 service users in receipt of home care services as at 1 April 2016:</p> <p>61% required physical personal care support. 20% need physical support with access and mobility. 12% required support due to a learning disability. 3% 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. Service users will also benefit from consistent, responsive quality provision and better targeting of financial resources to those in greatest need.</p> <p>As a result of the reduction in contracted providers it may be necessary for service users to transfer to an alternative provider if they want the council to continue to arrange their provision of care.</p> <p>However, service users can take a Direct Payment in order to purchase care services from the provider of their choice.</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 872 service users receiving the service at 1 April 2016 identified that 72% of service users were over 65 and of those 41% 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. 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>As a result of the reduction in contracted providers it may be necessary for service users to transfer to an alternative provider if they want the council to continue to arrange the provision of care.</p> <p>However, service users can take a Direct Payment in order to purchase care services from the provider of their choice.</p> <p>Therefore, the impact of the changes to the home 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 872 service users in receipt of home care services as at 1 April 2016, 563 were female (64%) and 309 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 are 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. Although as a result of the reduction in contracted providers it may be necessary for service users to transfer to an alternative provider if they want the council to continue to arrange their provision of care.</p> <p>However, service users can take a Direct Payment in order to purchase care services from the provider of their choice.</p> <p>Therefore, the impact of the changes to the home 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 Council's adult social care assessors.</p> <p>Of the 872 people in receipt of a service no religion was recorded in 657 cases. Where religion was recorded the largest group was Christian/Roman Catholic (186).</p> <p>The impact of the changes to the home 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 Council's adult social care assessors.</p> <table data-bbox="598 873 965 1041"> <tr> <td>Married</td> <td>194</td> </tr> <tr> <td>single</td> <td>110</td> </tr> <tr> <td>Widowed</td> <td>201</td> </tr> <tr> <td>Separated / divorced</td> <td>52</td> </tr> <tr> <td>Not recorded</td> <td>291</td> </tr> </table> <p>The impact of the changes to the home 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	194	single	110	Widowed	201	Separated / divorced	52	Not recorded	291
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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 Council's adult social care assessors. The impact of the changes to the home 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>										

Sexual orientation	<p>There are no single, reliable estimates of sexual orientation in the UK. However, in a quality of life survey undertaken in 2008, 1.1% 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 the home 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>
Pregnant women & women on maternity leave	<p>The age profile of service users receiving home care is older women. Of the 563 female service users in receipt of home care as at 1 April 2016, only 28 women were under 44 years of age (6%).</p> <p>As the vast majority of births are to women aged 15 – 44, the impact of the changes to the provision of home 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

Who was consulted?

The Big Conversation

Summer – November 2015

Series of meetings, events for general public addressing the future of social care in Herefordshire

Help to Live at Home Project

Stakeholder Engagement

Introductory/briefing sessions	
18 November 2015	Promoting Independence Event
04 December 2015	Making It Real Board Briefing Session
Engagement sessions countywide	
04 December 2015	Hereford
10 December 2015	Leominster
15 December 2015	Cleghonger
16 December 2015	Ross on Wye

Programme/Project engagement	
04 February 2016	Promoting Independence Engagement Workshop
17 March 2016	Redefining Social Care Event
Stakeholder Project Group Meetings	
21 January 2016 18 February 2016 28 April 2016 22 June 2016 21 July 2016	
Dedicated Service User/ Carer Sessions	
16 February 2016	Event facilitated by Hereford Disability United
April 2016	One to one meetings with users of the reablement service
Service Provider	
June – August 2016	34 individual meetings between providers and commissioners
20 April 2016 03 August 2016	Home Care Provider Forum
Networking Events	
10 May 2016 13 July 2016	
Adults and wellbeing directorate staff	
20 April 2016	Adults & Wellbeing Forum
Formal Consultation 6 June to 28 August 2016	
Service User Questionnaire and telephone help / advice line	
872 questionnaires were issued to people in receipt of home care services. 233 responses received.	
A summary of the findings are provided in Section C (pages 4/5).	
Service User Drop In Sessions	
04 July 2016	Ledbury
07 July 2016	Leominster
12 July 2016	Hereford
14 July 2016	Ross on Wye
Service Provider Questionnaire	
Responses received – 17.	
Individual meetings between current and prospective providers and commissioners – 34.	

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.
Help to Live at Home Service User Survey.
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 1 July 2017	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 1 July 2017	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.