Joint commissioning of care at home services (domiciliary care)

Evidence based equality analysis

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

Introduction

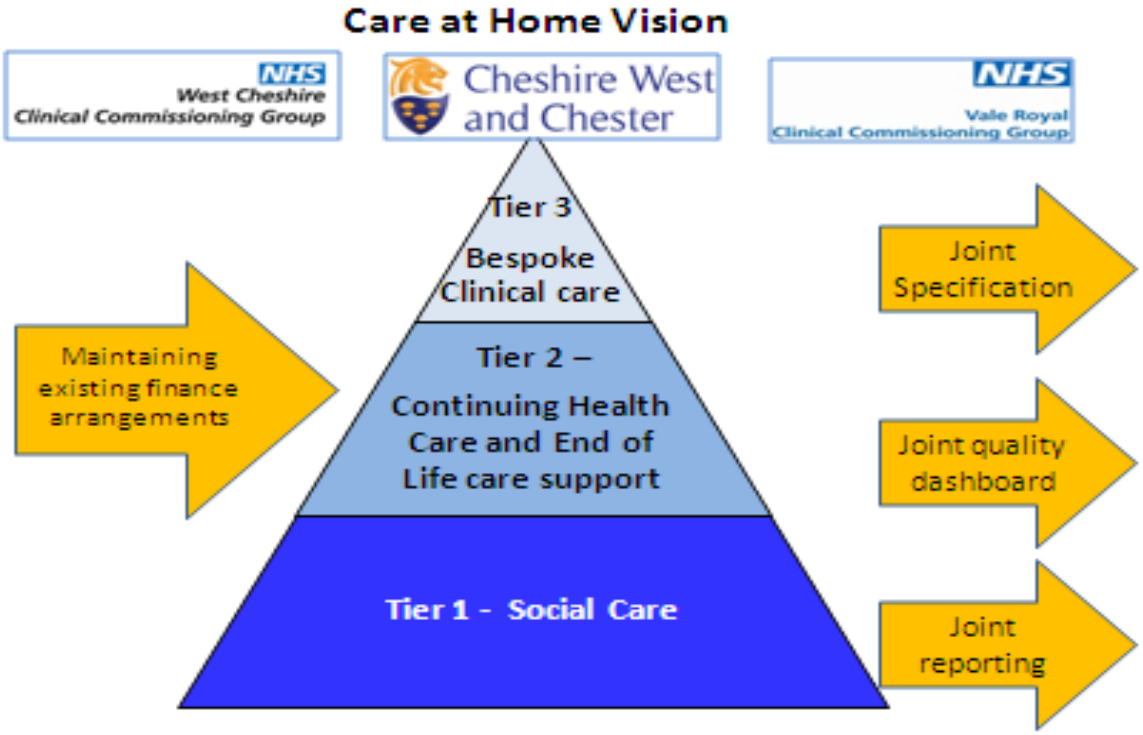
The current care at home services (domiciliary care) is divided into three geographical service areas, with an estimated equal split of urban and rural areas, current service user numbers and population. The geographical service areas are Patch 1 – Chester, Patch 2 – Ellesmere Port and Patch 3 – Northwich/Winsford.

The current arrangements modernised the domiciliary care market locally by changing the way we buy care from the time and task approach to a more personalised and outcomes driven approach to care that supports more choice and flexibility. This has involved assessing the customer's needs and then allocating the customer a weekly amount of support (in hours) to meet their care needs and assisting them in establishing a realistic outcome. The current contract has personalisation embedded into the contract as a core value. Customers receive their care that focuses on their agreed outcome and is flexible around the times that care is received.

To further enhance the current service a redesigned model for the care at home services (was known as domiciliary care service) seeks to provide an integrated care at home service offer with Vale Royal Clinical Commissioning Group (VRCCG) and West Cheshire Clinical Commissioning Group (WCCCG). The diagram on page two demonstrates the joint commissioning of care at home service model. Three levels of care for health and social care activity (tier 1 – low, tier 2 - medium and tier 3 –high) and the review of geographical coverage to ensure that service users, carers and families have services available.

The new service will be developed incorporating joint specifications, joint quality dashboard and reporting to help with the provision of quality care, monitoring services to ensure tailored outcomes for individuals are being achieved with the customer/patient at the centre of the service provision.

Vision for the Joint Commissioning of Care at Home Service



Service Aim:
An integrated model will provide more volume within the framework and allow for an integrated approach and continuity of care for customers, whilst enabling joint approaches to contract management, joint quality dashboards and joint reporting. This approach will inevitably result in the better coordination of care, built around the needs of local residents, it is expected that this will result in higher levels of customer satisfaction.

Service users:
We have 800 service users who receive tier 1 care at home services across the three patches. The service is provided within their homes and tailored to individual needs that are detailed in their support plan. By 2021 the population of the borough will have grown to over 350,000 residents and will increase the demand for the services identified in the vision.

Additional information about health and exercise is currently being carried out by health to identify the numbers of service users currently receiving services for tier 2 and 3.

Lead officer: Jamaila Tausif

Stakeholders: Adult social care residents

For each of the areas overleaf, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	**Positive**	**Negative (High/Med/Low?)**
Target group / area			
Race and ethnicity (including Gypsies and Travellers; migrant workers, asylum seekers etc.)	No barriers perceived as the service is available to all.	The care at home service is considered to have a positive effect on race, as one to one service is provided to everyone, despite language or cultural barriers. The council requires all its contractors to comply with its policies on equality and diversity. Services personalised with a support plan that details people's individual needs.	The council also has services such as an interpreter service that could be used to remove any perceived barriers to enable people from different race and ethnicity backgrounds to access services. Specification to be developed with equality and diversity training to ensure staff has awareness of culture, gender, disability etc. **(Low impact)**

Disability	No barriers perceived as the service is available to all.	Services are delivered to individual homes and they have choice, control and flexibility to shape their care package. Other services are available if they need to adapt their own so they can fully utilise the services available.	Care delivered in their own homes therefore no significant barriers perceived. Individuals can be signposted to other council and health services to improve access around individuals own homes if needed. **(Low impact)**
Gender/gender reassignment	Services will be delivered to all and any provider will need to comply with our equality and diversity policy.	Services are available to all individuals within the borough.	
Religion and belief	To monitor any changes in service eligibility and scope to ensure there is not a detrimental effect to individuals from culturally diverse community groups.		No perceived changes to service eligibility. **(Low impact)**
Sexual orientation (including heterosexual, lesbian, gay, bisexual)	No barriers perceived as the service is available to all. Service users are not required to disclose this information to access the service.		
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for illustration only as overriding consideration should be given to needs).	There is no age limitation for this service.		The majority of service users accessing services will be older people to enable them to remain in their own homes. **(Low Impact)**
Carers/those with caring responsibility		The service provision is perceived as additional resource for carers to enable them to have support with their caring responsibilities. Enables carers and service	The new contract will also incorporate the key findings of the recent Safeguarding Scrutiny Committee review into the quality of care at home provision and suggested improvements. This will

		users to stay in their homes longer and assists carers to care for their families and friends providing independence, choice and control for service users in their own homes.	give confidence to service users to continue to use the service and minimise safeguarding issues **(Low impact).**
Rural communities		The service provision is provided in three patch areas: Chester, Ellesmere Port, Northwich and Winsford. The areas have an estimated equal split of urban and rural areas to ensure there is service provision available across the borough.	Geographical coverage will be mapped and the patches revised according to the needs of our residents. This will be addressed in our specification and tendering for the new service provision**.** **(Low impact)**
Areas of deprivation	No barriers perceived as the service is available to all across the borough and care is tailored to individual needs.		
Human Rights	No barriers perceived as the service is available to all and the service is to enhance life of service users and to enable them to stay in their homes for longer and be in control of their own care.		
Health and Wellbeing (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)		The services provide a positive impact on lifestyle as support is provided to undertake daily tasks.	

Staff retention (providers)	Consistency and retention of care workers to provide continuity for service user, carer and families.		This will be addressed in our contract monitoring and provider visits to ensure staff employed by providers have the appropriate skills and training to provide good care and that care managers are able to ensure that recruitment processes are robust to ensure consistency and retention of care workers to alleviate any concerns for service users, carers and families. Work has been successfully completed in the current service provision to address this issue. Some issues with the availability of male carers. This is to be addressed as part of the specification. **(Low impact)**
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)		A detailed specification will be developed jointly with our health colleagues to capture the needs of patients, service users, carers and families. Equality compliance will be in the tender document to ensure there is buy in from the successful providers. **(Low impact)**	

Evidence:

Care at Home Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Joint specification development	Write into specification equality and diversity policy training for staff being employed to provide	Low	Increase consistency of care worker to provide stability for service users, carers and	Jamaila Tausif/Colin Ashcroft	July 2015

	care. Request for providers to send a current monthly staff list to our contracts team so that providers with a high staff turnover can be monitored and involve our workforce development team to assist providers. Availability of male carers to be addressed as part of specification.		families.		
Training provided for staff employed for the provision of the care at home contract	Write into specification that a training plan and record for each employee must be maintained and that specialist training such as gender reassignment awareness must be provided.	Low	Care workers to be provided with the training and skills to provide a quality service for all service users, carers and families.	Judith Culleton/Phil Green	August 2014
Joint quality dashboards and reporting	Consistency of data, statistics and reporting to provide information regarding service provision and levels of quality supplied. Working with providers to be proactive and identifying issues and solutions to maintain quality services.	Low	Indicators will provide crucial information regarding the level and quality of services provided.	Judith Culleton/Dave Thomas	September 2015 and throughout contract monitoring meetings
Geographical coverage	Map current service provision to ensure that geographical coverage is in line with the needs of the customer.	Low	To ensure that geographical coverage matches the demand for the service and that successful providers have the capacity to provide the services in the right patches.	Judith Culleton/Phil Green	August 2014

Sign off	
Lead Officer:	Jamaila Tausif
Approved by Head of Service:	Alistair Jeffs

Commissioning Officers	Judith Culleton, Phil Green
Moderation and/or Scrutiny	
Date:	Moderated at Strategic Commissioning Directorate Equality Group 14 July 2014
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	