

Recommissioning of Care at Home Services

Evidence based equality analysis

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

The Council has contracts for the provision of care at home services to vulnerable residents. This contract ceases on 30 June 2020 and Cabinet have agreed to recommission services from the market in order that the council can continue to provide care in line with its statutory duties. These services are crucial in supporting vulnerable residents and significantly contribute to the corporate priorities of:

- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- Vulnerable adults feel safe and protected.

The provision of quality and timely care packages has a direct impact on the key performance measure of delayed discharge (LA Outcomes Plan Ref. 57). These services will also support the wider health and social care system to help meet its delayed transfer of care targets and Domain 2 of the NHS Outcomes Framework “Enhancing Quality of Life” for people with long term conditions.

The services will be recommissioned to align with core priorities agreed as part of the Pathway to Independence Programme (previously referred to as the West Cheshire Offer Programme) in which adult social care services will be redesigned to promote the following for our customers across the borough:

- Independence and self-managed care
- Early intervention, prevention and use of technology/alternative solutions
- Support and recovery at home/in the community
- Personalisation
- Efficient and effective services
- Support for long term conditions
- Crisis avoidance

The contract will be designed to promote the priorities outlined above so that Cheshire West and Chester residents continue to receive high quality and compassionate care which meets their personal needs, as identified following a social care assessment.

Lead officer: Sarah Bowker (interim); reporting into Hayley Doyle

Stakeholders: Cheshire West and Chester Council (elected members), customers receiving care at support from the current contract, future customers of the contract, family, friends and carers of customers in receipt of care, council officers in a range of teams, partners impacted by the contract including acute NHS provider trusts, community NHS provider trusts, third sector organisations who support residents with care and support needs in the community, direct payment providers, West Cheshire and Vale Royal Clinical Commissioning Group.

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas below, 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

Target group / area	Neutral	Positive	Negative
<p>Race and ethnicity (including Gypsies and Travellers; migrant workers, asylum seekers etc.)</p>	<p>There are no additional/ new race and ethnicity impacts from the new contract proposed. Adults aged 18 and over will continue to receive information and support, irrespective of their race and ethnicity.</p>	<p>The recommissioning presents an opportunity for the council to require new providers to have specific and up-to-date training on how staff should model respectful and accepting behaviours towards those of different race and ethnicity. See training note below.</p>	
<p>Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</p>	<p>The contract will require providers to show respect and care to all adults, irrespective of their capacity or ability to perform day-to-day activities. Providers will be expected to accommodate and meet the needs of adults with minor disabilities.</p> <p>It is likely that in some instances there may be service users who have a more severe disability or those who have additional needs. The service will not discriminate against service users with disabilities. Where professionals feel that their needs identified following a Care Act Assessment cannot be met through the contract, specialist services will be sought to better meet their individual needs via specialist commissioning routes.</p>	<p>As with the current contract, all providers will be required to adhere to the council equality and diversity principles of ensuring equity and compassion to all residents. The recommissioning of services provides an opportunity to reiterate the council priorities to the market and ensure there is a robust performance monitoring framework in place to effectively monitor the quality of care to all service users.</p>	

Sex	There will be no change from the current contract in relation to gender as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individuals.		While the council has, and will continue, to provide specific gender of carers to those who request this, it cannot always be guaranteed. For example, it can be particularly challenging to recruit male carers therefore if male services users request a male carer this cannot always be accommodated for every call, although every effort will be made to do so.
Gender identity (gender reassignment)	There will be no change from the current contract in relation to Gender Identity as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individuals.	Providers will be required to undertake equality training which raises awareness of the need for a sensitive approach to caring for all individuals; regardless of their gender identity.	
Religion and belief	There will be no change from the current contract in relation to religion and belief as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines		

	for assessments and specifies that all assessments should be specific to individuals.		
Sexual orientation (including heterosexual, lesbian, gay, bisexual)	There will be no change from the current contract in relation to sexual orientation as all providers will be required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individuals.		
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older people 81+. The age categories are for illustration only as overriding consideration should be given to needs)	The contract will provide care for all adults aged 18 years and over. There is no discrimination towards adults of any age over 18 years old.	<p>The recommissioning of services will positively impact all adults aged 18 years and older as it will ensure that high quality, compassionate support is available to residents who are assessed as requiring care at home.</p> <p>It is proposed that the new contract will include a number of innovative changes which will allow providers to offer more flexible and outcome-focused support to service users. For example, embedding a trusted assessor model with the providers whereby the care package could be increased or reduced on a temporary basis to</p>	

		<p>ensure the package accurately reflects the needs of the adult. These options will be considered as part of the recommissioning process.</p>	
Carers		<p>The changes in the new contract should ensure that service users receive high quality care which will reduce demand/dependence on carers and ensure that carers have time and space to achieve their personal ambitions in life. The Adult Carers survey and regular engagement with the Carers Forum will act as a means to monitor carer perspectives on the contract performance.</p>	
Rural communities		<p>The recommissioning work will follow a Fair Cost of Care Review in which an independent review to determine an equitable rate of compensation for the delivery of care. It is anticipated that the Fair Cost of Care will propose a higher fee rate in rural areas to account for provider costs in travel time, and the challenge in recruiting staff to rural areas where sourcing staff can be challenging. It is anticipated that this rural payment rate will increase the capacity to provide care in rural areas, benefitting</p>	

		service users based in rural areas.	
Areas of deprivation	There will be no change from the current contract; the contract will be required to provide care to service users across the borough irrespective of their location of degree of deprivation.	The Providers will be encouraged and support to employ staff from the local area, supporting their positive impact on local communities and building social value.	
Human rights	The Human Rights Act 1998 underpins all of our social work practice when working with families. Due regard should be given to sharing information and consideration given to all our interventions in infringing upon individuals Human Rights.		
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 new contract will align the delivery of care around the Care Communities which are being established under the Cheshire West Integrated Care Partnership. It will strengthen links with NHS and other community services. This underpins the corporate ambition to enhance place-based care and support local communities to build services and resilience in order to better meet the care needs of the local population (acknowledging that there are different needs across different care communities).	

		<p>The recommissioning process will include engagement with NHS Clinical Commissioning Groups to ensure the council develops services which align to and support NHS services (such as community-based end of life and Continuing Health Care).</p> <p>The contract contains important services to provide personalised care to residents and enable them to remain independent in their home and within their local communities and services. This is important to people's mental wellbeing and sense of value/role within the community.</p> <p>The contract is helpful in delivering the ageing well priority in the local Health and Wellbeing Strategy.</p> <p>It is also intended to build into the contract the principle of every contact counts to ensure that risks to health and wellbeing are identified and addressed and opportunities taken to encourage healthier and safer lifestyles, such as eating well.</p>	
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<p>Procurement/ partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</p>	<p>The recommissioning will comply with corporate procurement guidance and processes which includes guidance on equality compliance.</p>	<p>The recommissioning of services is an opportunity to develop a robust performance management framework (PMF) which requires providers to evidence how they will embed practice which is equality compliant. A range of data sources will contribute to the overall PMF; including softer data such as the Adult Social Care and Carers Survey which provide an impartial channel for service users to report their customer satisfaction.</p>	<p>There are very tight timescales for the recommission therefore while every effort has been made to contact Commissioners in the local NHS Clinical Commissioning Group to identify opportunities for joint working and partnership, the timescales are such that it may be challenging to run a joint contract given the robust legal agreements (Section 75) which need to be in place to accommodate this.</p>
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Training Providers are required to deliver:

The Providers are required adopt and comply with the Care Certificate Framework which is endorsed by the Department of Health, Skills for Care England and the Care Quality commission. This requires Providers to provide training to all Support Workers on a wide range of topics including equality and diversity, dementia awareness, principles of personalisation and person-centred care and health and safety. Providers must promote and protect human rights, with a zero tolerance of neglect and abuse. Providers must promote workforce diversity and acknowledge and respect all staff and service users, particularly those protected characteristics under the Equality Act.

Evidence:

ASC Survey Data:

The Adult Social Care Survey was conducted in spring 2019 and collated views from service users on adult social care services. The following feedback comes from over 550 service users living in a community setting, which represents 84% of overall respondents (674 total respondents):

- **Satisfaction:** 87% of services users were satisfied with the care at support services they receive
- **Quality of Life:** 87% of service users felt that the care and support services help them to have a better quality of life
- **Choice:** 63% of services users felt they had the choice they needed about care and support services
- **Clean and Presentable:** 67% of services users felt that the care and support services help them keep clean and presentable in appearance
- **Food and Drink:** 63% of services users felt that care and support services help them to get food and drink
- **Assistive Technology:** 48% of services users had *not* been spoken to about assistive technology and equipment in the last 12 months.

Care at Home Consultation findings 2018:

Between July and September 2018 a questionnaire was sent to all current services users to gather their views on the Care at Home Services. The findings were as follows:

- 82% were very satisfied or satisfied with the service they receive from the current Care at Home offer. 6% reporting they were fairly dissatisfied or very dissatisfied. Demonstrating that the actual delivery of this contract does not require major redesign, it's about the way we triage use of the contract communicated between demand supply and manage the market.
- Generally the consultation reflected a very good service that made people feel secure and enable to stay at home. Concerns raised included, time of calls, carers not staying for the full slot and consistency of care. Respondents told us that well trained and caring staff were most important to them.

The findings from this consultation have led to a number of recommendations for the future contract including: customer priorities will be reflected in the key performance indicator of the contract, the Unison Ethical Care Charter will be adopted to further support the council commitment to commission care calls of a minimum of 30minutes, and to promote carer continuity within the contract. This evidence supports that a recommission is necessary and has the ability to introduce positive changes to the care provided to vulnerable adults within the community.

Internal evidence: The Pathway to Independence Programme outlines as new strategic vision for adult social care: 'Our vision is that people who require support will get information and advice in a timely way, have a range of high-quality providers to choose from and that accessing services will be fair and as simple and straightforward as possible. We also

want to ensure that people receive the right level of support, in the right setting at the right time to help them to recover quickly or prevent their needs from increasing so they don't have to wait for a crisis to get help.' As outlined, having a range of high quality providers is an integral aspect of the vision and enables the development of an adult social care service which is fit for the changing demands of the future.

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Procurement documentation	Ensure the procurement document (tender documents, evaluation etc.) are accessible and include a requirement to consider equality compliance.	High	Ensure the specification and contract the council's commitment to provide high quality care to all adults and that no adult is discriminated against on the basis of protected characteristics	Kevin Cliffe	November 2019
Contract Monitoring and Performance Framework	Performance and quality of contract to be monitored to ensure that service users are not discriminated against on the basis of protected characteristics.	High	Ensure the specification and contract the council's commitment to provide high quality care to all adults and that no adult is discriminated against on the basis of protected characteristics	Kate Phillips	November 2019
Market engagement	Market engagement events to outline the council's priorities and equality framework so that providers are aware of their responsibilities and duties in partnering with the council to provide services.	High	Providers have a clear understanding of the need to provide equitable services and that no adult is discriminated against on the basis of protected characteristics	Sarah Bowker	November 2019

Sign off	Care at Home Recommissioning Board – 14 October 2019
Lead officer:	Hayley Doyle
Approved by Tier 4 Manager:	Hayley Doyle
Moderation and/or Scrutiny	
Date: 23 October 2019 and further refinement to 11 November 2019	People Directorate Equality Group
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)	