

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Homecare Commissioning - Improving the supply and quality of commissioned homecare
Directorate and Service Area	People Directorate, Adult Social Care Commissioning
Name of Lead Officer	Lucia Dorrington, Strategic Commissioning Manager, Adult Social Care

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

Investment in commissioned homecare to improve the supply and quality of care in the City.

To underpin this, to review current home care contracts to ascertain whether services meet presenting need, are value for money and can provide the expected quality.

This has included:

- A robust needs analysis looking at need and projected need over the next 5 years.
- Work with providers to develop future options, ensuring that any revised commissioning model supports the need to improve capacity.
- These proposals should have the following impact:
 - Positive impact for service users – the proposals could positively improve both service users' experiences of services and reduce the number of service users experiencing delays in receiving a service both from hospital and from the community.
 - Positive impact for (provider) staff – the proposals should

positively impact staff working for providers through improved pay rates and employment terms and conditions.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

The proposal will impact on people with protected characteristics, especially older and disabled people, in the following ways:

- Access to a service (Homecare)
- Impact on quality of life (Health, Wellbeing, Independence, Social Isolation)

Bristol City Council currently commissions home care with 1424 service users across the City. Homecare includes the delivery of personal care in people's homes which can include washing, dressing and support with medication and daily living tasks. It is a personalised service and it is essential that the needs of service users are recorded and considered for care planning purposes and ongoing reviews.

The majority of homecare service users are female (62%), White British Ethnicity (81%), Christian (50%). 53% of service users are British, with 45% recorded as unknown. 47% of service users are Heterosexual, with 43% recorded as Not Known.

A slightly higher proportion of homecare service users are White British (81%) compared with the Bristol population (78%), suggesting that BME groups are slightly unrepresented for those receiving a commissioned service. Looking at the profile of service users who receive a Direct Payment for homecare, a large majority are still White British (63%), however there is significantly more ethnic diversity.

The majority of the service users have a primary need associated with being physically frail or ill (37%), closely followed by physical disability (33%). There are also a significant number of service users with dementia (9%) and

mental illness (6%) as a primary need.

Physical Disability and Physical Frailty are also prevalent when looking at secondary needs. A significant number of people have a secondary need as a Carer. Most carers are older people. The average age of a Carer in Bristol is 65.

There is a clear correlation between areas of high proportion of working age population whose day to day activities are limited (limiting long-term illness or disability) and the wards with the highest number of homecare packages.

The majority of service users are 81- 90 years of age followed by 71-80 years of age. A significant proportion (21%) of service users are between 51 and 70. The average age is 76.

The older population is growing and this will create more demand. Older people receiving homecare are more likely to have a primary need linked to physical frailty or dementia.

There are projected to be 7,700 more people 65 & over by 2024, a 13% rise (and potentially a 44% rise by 2039). The demand for homecare is thereby predicted to rise especially as we commission less residential care and more homecare to enable people to stay at home and be supported to be independent for longer.

2.2 Who is missing? Are there any gaps in the data?

There is a lack on data on Nationality and Sexual Orientation. There is no data on marriage and civil partnership, pregnancy and maternity and gender re-assignment.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

A 5% sample of service users were contacted for a survey. This was done on a random sample basis. The aim of the survey was to ask for feedback on whether the homecare service was meeting their needs, and what could be improved.

The overwhelming majority of respondents were positive about the care they received and the carers who visited them. The overwhelming majority of negative comments related to late visits and the timing of visits.

The results suggest that service users would be happier if the number of late visits could be minimised or eradicated. Service users should be informed when carers are running late and the reason explained. The enforcement of compliance of this through the contract, KPI's and Performance Monitoring should be reviewed.

Some respondents were unhappy with their visit times. The approach to deciding these and communication to service users about this may need to be clearer.

These issues raised are under consideration as part of the detail of proposed changes to the homecare commissioning model and specification.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

Age and Disability

There are currently people waiting for Homecare in Bristol, who have been assessed as eligible under the Care Act to receive this commissioned service. The numbers on the unable to place list are down from previous times but this is still likely to have a negative impact on older people and people with disabilities as their care needs may not be being met. Most people on the 'unable to source list' for commissioned homecare in Bristol are at home with no commissioned support. There are also people waiting for homecare in hospital who are ready to be discharged. (Delayed Transfers of Care – DTOCs). This is the thrust of the proposed changes to the homecare commissioning model to improve supply of homecare.

Race

We know that there is slight underrepresentation of people from non 'White British' ethnicity receiving commissioned homecare. The reasons for this should be considered. There are social care providers in Bristol who specialise in providing services to certain BME groups. One of these providers works with Bristol on our 'legacy' framework to provide commissioned services in Bristol. Some service users access these services through the use of Direct Payments, which might suggest that our commissioned services don't always meet the needs of BME populations.

Sex

The majority of service users are women. The proposals should have no adverse impact on people of different sex.

Religion

There is no evidence that the proposals would have an adverse impact.

Gender Reassignment

There is no evidence that the proposals would have an adverse impact.

Sexual Orientation

There is a lack of profile data on sexual orientation. There is no evidence that the proposals would have an adverse impact.

Marriage and Civil partnership

There is a lack of profile data on Marriage and Civil Partnership. There is no evidence that the proposals would have an adverse impact.

Pregnancy and Maternity

There is no evidence that the proposals would have an adverse impact.

3.2 Can these impacts be mitigated or justified? If so, how?

The impact of people waiting for a commissioned homecare service can be mitigated by ensuring that there is enough commissioned capacity in the market to meet demand, it is good quality and can meet people's needs.

It is essential that assessments of people's homecare care needs, completed by social workers and providers, take into account needs related to the protected characteristics.

3.3 Does the proposal create any benefits for people with protected characteristics?

The review of the Homecare Commissioning model is an opportunity to review the current services against the needs of the local population. This has included ensuring that the service is accessible and that people's needs are being met under the Care Act, both now and in the future. This has included looking at the needs of people with Protected Characteristics relevant to the service, for example, whether there are any specific care needs that the service must meet for specific groups, and if the service is accessible.

Age and Disability

The review of this service proposes the continued funding of and investment in a commissioned homecare service which has clear benefits for older and disabled people, helping people to stay well and remain in their own home. A key outcome of the project is to increase the supply of homecare in Bristol, which will mean more people can benefit.

Race

There is the potential to commission more Black and Minority Ethnic (BME) suppliers of homecare services.

3.4 Can they be maximised? If so, how?

The commissioning process provides the opportunity to review service specifications and contracts with service providers. As per proposals in the Cabinet Report, this will include the addition of measures, or changes, to the way we ask providers to deliver services, and what measures we performance monitor.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

This EqlA has highlighted the need for the Homecare Redesign Project to:

- Ensure the outcome of the redesign prevents or eliminates the adverse impact of people waiting for commissioned homecare services. This is having an impact on older and disabled people.
- Ensure we commission providers that are representative, and can meet the needs of the local population
- Ensure that there is nothing preventing or discouraging small providers and BME organisations accessing any future tendering activity
- Ensure our service specifications specify that needs assessments take into account any needs in relation to the Protected Characteristics
- Ensure any tender process ensure providers' employment policies, procedures and practices are not discriminatory
- Consider whether equalities service standards and targets should be used in the contract specification or Performance Management Frameworks.

4.2 What actions have been identified going forward?

- Procure commissioned services that meet the needs of local populations including BME groups and disabled people. Consider whether specialist providers need to be commissioned to meet any unmet need.
- Design a procurement process that does not discriminate against small and/or specialist BME homecare businesses tendering, and encourages them to do so.
- Review and implement effective equalities service standards and targets as part of the performance management framework.
- Improve equalities monitoring of service users.
- A commissioned homecare service of higher quality which ensures less people are waiting for homecare services.

4.3 How will the impact of your proposal and actions be measured moving forward?

The impact of this proposal and the actions will be measured through ongoing contract management and quality assurance of the contracts. In addition the impact of the project will be measured to ascertain whether it has achieved its benefits.

Service Director Sign-Off:

Equalities Officer Sign Off:

Date:



Terry Dafter, 20/6/2018

Date:



Duncan Fleming 25/06/2018