

Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Recommissioning Homecare for Vulnerable Older People

Name of Author: Peter Morley – Commissioning Manager

Department: Chief Executive's Department

Service Area: Strategy and Resources

Author (assigned to Covalent): Peter Morley

Director: Katy Ball

Strategic Budget EIA Y/N (please underline)

Brief description of proposal / policy / service being assessed:

Nottingham City Council, jointly with Nottingham City CCG intends to re-commission homecare services for vulnerable older people following the expiry of the current framework agreement. New contractual arrangements are to be in place from 1st April 2018.

The new model of delivery will consist of a number of providers, based in geographical zones in the City, who will take the lead for delivering ongoing homecare to citizens in that area. This will be supported by a list of accredited providers who will take up what the contracted providers are unable to deliver.

There will be a clear expectation in the new service specification for both internal and external providers to work together in an alliance arrangement to improve the experience of the citizen as they transition through the system and to share systems to facilitate this.

The model will see all citizens receiving a package of care from City Council homecare delivery for a 6-8 week period to stabilise packages before the package of care is passed out to the external provider to provide ongoing care. The rationale for this is set out below.

Information used to analyse the effects on equality:

- Consultation with citizens in receipt of homecare
- Consultation with providers of homecare
- Consultation with the carers of citizens in receipt of homecare
- National best practice guidelines (NICE / UK Homecare Association / CQC)
- Consultation with SPLAT – representing citizens with learning disabilities and autism
- JSNA

A programme of consultation and analysis was undertaken to understand what good homecare looks like from a citizen perspective. This took place in April and May 2017 and included:

- A citizen engagement event at the Council House
- Obtaining citizen questionnaire feedback from current providers
- Contacting day centres and holding events to consult with citizens who would be in attendance
- 1-2-1 visits to citizens' homes
- Analysis of national documentation, for example NICE guidance, feedback from the UK Homecare Association and CQC advice about what to look for from good homecare provision

Key themes from consultations were that:

- Good homecare:
 - Helps citizens to feel independent
 - Is friendly
 - Is not rushed
 - Is provided by a consistent group of carers
 - Provides the right gender of carer if delivering personal care to maintain dignity. This is especially the case in some specific cultures
 - Provides carers who can communicate with the cared for if there are language or disability requirements in relation to communicating
 - Provides carers who offer practical advice and support
 - Provides carers who will liaise with the family
 - Provides carers who are trained and knowledgeable about the citizen's specific needs e.g. diabetes
- Citizens feel that current homecare in Nottingham is of a good standard
- Some citizens felt their slots were too short or somewhat rushed
- Loneliness and isolation are recurrent issues for citizens
- Moving a to a new provider did not elicit anxiety as long as the process was managed and that there was good communication with the citizen and their family / carers
- There is ambivalence towards taking a Direct Payment. Some thought it was a good idea; others thought it would be too much hassle and responsibility.
- Citizens appreciate continuity in the care workers they receive but that with the right planning, induction and communication, anxiety could be lowered around moving to new care workers.

| | Could particularly benefit X | May adversely impact X | How different groups could be affected (Summary of impacts) | Details of actions to reduce negative or increase positive impact (or why action isn't possible) |
|--|--|-------------------------------------|---|--|
| People from different ethnic groups. | <input type="checkbox"/> | <input type="checkbox"/> | <p>Older people and their carers could be affected by a change in service provider. In consultation they have said that they value continuity of care workers but that they are not averse to changing to a new provider if this is planned and they are kept well informed.</p> <p>Homecare is provided to all cultures in the City and consultation has taken place with significant interest groups, namely Pakistani, Indian and African Caribbean. These groups are particularly at risk of poor provision through a change in provider if the new provider is unable to meet their specific cultural needs, especially in relation to the gender of care worker, language requirements or food and drink.</p> | <p>If current homecare providers are not successful in tendering for the new contract, citizens will have a choice of either moving to a new provider or taking a direct payment to stay with their current provider. For those who wish to move to the new provider, a comprehensive transition plan will be put in place that includes robust handover of the care plan to new provider and delivery staff (including any cultural requirements) and communication with the citizen and their family. [Transition plans to be written from November 2017 to be completed by April 2018 for all citizens moving to new providers]</p> <p>The overarching strategic plan for transition to the new contract will be</p> |
| Men | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Women | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Trans | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Disabled people or carers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Pregnancy/ Maternity | <input type="checkbox"/> | <input type="checkbox"/> | | |
| People of different faiths/ beliefs and those with none. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Lesbian, gay or bisexual people. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Older | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Younger | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other (e.g. marriage/ civil | <input type="checkbox"/> | <input type="checkbox"/> | | |

partnership, looked after children, cohesion/ good relations, vulnerable children/ adults).

Please underline the group(s) /issue more adversely affected or which benefits.

Some citizens, through consultation, have said that their calls can sometimes feel rushed. The service specification for new provision will allow for some flexibility in the time slots provided to citizens. This will allow care workers not to rush visits when an older person's needs require more resources on a given day. This will allow for better quality interaction between care worker and citizen, in line with what citizens have told us in consultation about social isolation and length of care slots.

completed by Adult Assessment, following contract award. **[By April 2018]**

The new model will see a mechanism built into reporting that will allow flexibility around how much time a provider spends with a given citizen. **[Developed as part of service specification – by June 2017]**

Providers will receive a guaranteed payment of a percentage of the hours that are commissioned from them by the City Council. This is intended to improve provider and market stability, creating more capacity in the market to take more packages of homecare and reduce waiting times for citizens. **[Developed as part of service specification – by June 2017]**

A data strategy is being written to set out exactly what we need to providers to report on, which will enable City Council analysts, brokers, providers and assessment colleagues to fully understand if the overall homecare system is performing well in terms of quality and capacity to deliver. **[Development from June 2017 – April 2018]**

Monitoring of the intended improvements in the new model will be undertaken via contract management procedures and via the City Council Insight Team. They will ensure they have accurate data that reflects the performance of the whole homecare system with regard to quality and capacity. **[To commence at the start of the new contract in April 2018]**

Outcome(s) of equality impact assessment:

•No major change needed •Adjust the policy/proposal •Adverse impact but continue

•Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of. September 2018

Approved by (manager signature):

Clare Gilbert – Lead Commissioning Manager
Clare.gilbert@nottinghamcity.gov.uk

Date sent to equality team for publishing:

31st May 2017

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
<http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment>
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.