

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision-making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Under the Equality Act 2010 Protected characteristics are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity.

Name of policy, service or function. If a policy, list any associated policies	Recommendations on the Rotherham Intermediate Care Centre (RICC), Badsley Moor Lane
Name of Service and Directorate	Adult Care, Housing and Public Health
Lead Manager	Richard Smith – Assistant Director – Adult Care Janine Moorcroft – Head of Service – Provider Services
Date of Equality Analysis (EA)	March 2018
Names of those involved in the EA (Should include at least two other people)	Richard Smith – Assistant Director, Adult Care Nathan Atkinson – Assistant Director, Strategic Commissioning Janine Moorcroft – Head of Service, Provider and Change Claire Smith – Head of Adults Commissioning (CCG/RMBC) Karen Smith - Strategic Commissioning Manager (RMBC/CCG) Zaidah Ahmed – Equality Officer Scott Clayton – Performance Assurance Manager Odette Stringwell – Human Resources Partner Zafar Salem – Community Engagement Manager Hayley Richardson Roberts - Adult Care and Housing Communications Account Manager Mark Scarrott – Finance Manager

Aim/Scope

The aim of this Equality Analysis is to ensure that current and future customers, key stakeholders and residents of Rotherham have been considered when developing the future of rehabilitation and reablement services for frail older people in the community. The purpose is to ensure that everyone’s protected characteristics are considered.

The report sets out the direction of travel for older people who require early intervention and preventative type services through delivery of community based rehabilitation and reablement services to restore independence, prevent frailty and further deterioration in long-term conditions. This would also improve quality of life and delay and reduce the need for formal care and support.

It is intended to bring service provision in line with best practice and enable people to, not only be part of their local communities, but to give them more choice and control on where they receive

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services in their local community.

In Rotherham, the population of Rotherham is at its highest level in terms of the general population of 263,100 and 52,000 older people (20%) aged 65 years and over, with 6,200 people (12%) aged 85 years and over. By the year 2021, the number of older people is predicted to increase to 54,400 and the 85 years and over age group will increase to 6,800. 11,871 people aged 65 years and over lives alone, which is around 36% of people in this age group (POPPI, 2018)

An estimated 20,800 people over 65 (40%) need some help with domestic tasks and 17,160 (33%) need help with self-care. 18% of people over 65 years need assistance with some aspect of mobility such as walking or climbing stairs.

The health and well-being needs of the ageing population continues to increase as older people are likely to experience disability and limiting long-term illnesses and lower quality of life. Falls in older people are of a particular concern because of the risk of hip fracture and subsequent morbidity and mortality. Our reablement pathway, including intermediate care (rehabilitation/reablement), is crucial in improving patient outcomes, providing early intervention to restore independence and prevent frailty.

Therefore, it is predicted there will be a substantial increase in the number of adults with additional health and social care needs over the next five years. This prediction is made on a backcloth of substantial reductions in social care investment; increases to the NHS budget are unlikely to keep pace with the rising demand for services. If the demographic challenge is to be met it will require a joint approach to commissioning services, ensuring through early prevention and intervention at the front door to reduce interventions further up the care pathway.

The existing model is delivered within a building based setting at RICC, which is not easily accessible for some customers which results in the use of transport (adult care and community transport). The building is under-utilised by services which increasing the requirement for it to be secure and attracts anti-social behaviour.

The current service model could be reconfigured through delivery of an integrated community based offer which would be provided from customers' homes, through the current reablement provision. The current model is a traditional model, which is not replicated elsewhere (based on benchmarking data) and does not provide value for money due to the high cost per customer.

The support staff, therapists and administrative staff could be redeployed within the in-house reablement service with a focus on recovery at home where this is appropriate. The reablement provision supports customers to live as independently as possible, through an outcome focused, personalised approach, where the customer using the service sets their own goals.

The potential changes to the future delivery of services could have an impact predominantly on older people as follows:

- Around a total of 300 new customers per year attend Rotherham Intermediate Care Centre for rehabilitation, reablement and community integration sessions.
- Around 200 new customers attend Phase 1 sessions on a twice weekly basis for a period of 6 weeks during the hours of 10.00 am to 3.00 pm.
- Around 100 new customers attend Phase 2 sessions on a one weekly basis for a period of up to 12 weeks during the hours of 10.00 am to 3.00 pm. Some of these customers/patients are now receiving the support in the community through outreach work

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and positive outcomes have been achieved through this new type of service delivery model.

The potential changes to services will directly impact on them in terms of the location they receive support. However, the access is limited in the current model as this is provided on specified available dates and times, due to availability of suitable transport (Monday and Wednesday or Tuesday and Thursday 9 am to 3 pm).

A home based provision would provide customers with more choice and control on when and where they receive services in their local community.

Change of location of support provided from building based day care provision to home based will improve outcomes by increasing independence, health and wellbeing.

What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Attached:

- The average age of customers is around 82 years of age and the potential changes to services will directly impact on them in terms of the location they receive support.
- The age of customers ranges from 59 years to 100 years who were in receipt of RICC Phase 1 and Phase 2 in 2017/18.
- The average age of customers is 82 years of age (83 years for Phase 1 and 81 years for Phase 2).
- 2% of customers were aged between 59 to 64 years, 28% aged 65 to 74 years, 40% aged 75 to 84 years and 30% were over the age of 85 years. 2 people accessed the service at the age of 100 years in 2017/18.
- 70% of customers are female and 30% are male.
- 99.5% of customers are from a White British background, with 0.5% from other ethnic background.

Consultation with TRFT colleagues has revealed that a similar number of people can be supported in their own home if the staffing levels remain the same.

TRFT occupational and physiotherapy staff would support the delivery of reablement programmes in client's own homes in order to promote independence and reduce care packages/admission to care homes. This would also help to support clients coming out of bed based provision including intermediate care.

This would enable a similar level of service that is currently being offered but in a more person centred method, closer to the person's home, and making more use of locally available resources.

Consultation will take place with relevant staff and key stakeholders between June to July 2018 on proposed model moving forward. This would involve officers from HR and Union representatives where necessary.

The CCG Patient Engagement Group will carry out a consultation exercise with members of the public, existing and old customers and customer surveys will also be used to inform future model of provision.

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Case studies provided by RICC Phase 1 and Phase 2 show that outcomes achieved include enhanced quality of life, delaying and reducing the need for formal care and support and ensures that people have a positive experience of support

Outcomes also include increased strength and mobility, reabling customers/patients to be able to carry out some or all of daily living acitivities, access to local community facilities and groups including exercise groups, luncheon clubs, social groups, shopping and use of public transport.

Engagement undertaken with customers. (date and group(s) consulted and key findings)

A period of formal consultation will be carried out with the relevant staff and stakeholders. The consultation would take place between June to July 2018 and would involve officers from HR and Union representation where necessary. Once the consultation exercise has been completed, a further report will go to Cabinet which will outline the next steps in future delivery of the service.

Engagement evidence to be completed provided during the consultation period.

Engagement undertaken with staff about the implications on service users (date and group(s)consulted and key findings)

Engagement with RICC RMBC managers took place in December 2017 with regard to potential reconfiguration of service to be delivered within the community.

Key partners and stakeholders have been engaged in some early discussions and this will continue through the formal consultation stage.

The consultation would include specific consultation with staff for a period of 30 days, to understand the implications of the options detailed in the Cabinet report.

The Analysis

How do you think the Policy/Service meets the needs of different communities and groups? Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors.

Traditional services have been delivered from the Rotherham Intermediate Care Centre for many years. However, the current model does not promote value for money, offer choice and control and promote personalisation.

Some customers will have been accessing the same service during periods of recovery from recent illnesses or physical injuries over a number of years. Potential closures or reconfiguration of services may bring fear and anxiety and a perception that something is being taken away from people.

However, aligning the service to the provision of reablement in the home will mean that people will receive a similar level of service that is currently offered, but in a more person centred method, in the person's own home and making more use of locally available resources. Providing local and community based solutions will promote less formal, restrictive services.

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It is proposed that full assessments of customers and carers will be undertaken to ensure all care and support packages are appropriate. The Care Act (2014) requires people to be assessed as individuals and for their needs to be determined in terms of their personal wellbeing. We will focus on looking at people's strengths, what they can do and what outcomes they want to achieve so that they can lead full lives, focusing on prevention and timely advice and information. We will identify local support and resources which are already available and help customers to access these services.

We need to move away from providing any in-house building based offer and provide a tailored individualised service. By delivering the service in the local community, we will ensure a personalised and outcome focused approach.

Analysis of the actual or likely effect of the Policy or Service:

Does your Policy/Service present any problems or barriers to communities or Group?

Does the Service/Policy provide any improvements/remove barriers?

The proposals will ensure improvements and remove barriers by delivering the service in customer's own homes or in their local community. This will promote choice, control and personalisation to the customer/patients

What affect will the Policy/Service have on community relations?

- It is likely that the media coverage could be negative.
- The Communications Team will provide timely press releases, if this is required.
- A Communication/Media and Engagement Plan will be developed including a working group that will drive this project and include dedicated offices from a variety of teams, including the communications team.
- As part of the recommended future service specific consultations, local residents will be proactively invited to contribute to the consultation process

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Equality Analysis Action Plan

Time Period: December 2017 to July 2018

Manager: Nathan Atkinson

Service Area: Adult Care and Housing

Tel: 01709 822270

Consultation on the Future of Rotherham Intermediate Care Centre (RICC)

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
30 day consultation with staff (RMCB and TRFT) and customers	All	June 18-July 18
Consultation through the CCGs Patient Engagement Group	All	June 18-July 18
Consultation with Rotherham CCG colleagues including report taken through Better Care Fund Governance and CCG governance	All	May 18
Consultation with provider services (voluntary sector) who utilise the RICC building to provide services to determine impact and solutions should the building be decommissioned	All	June 18-July18
Report for further recommendations following consultation in preparation for Cabinet Meeting (date to be confirmed)	All	

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Name of Director who approved Plan	Anne Marie Lubanski	Date:	
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*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams

Completed equality analysis	Key findings	Future actions
<p>Directorate:</p> <p>Function, policy or proposal name:</p> <p>Function or policy status (new, changing, existing):</p> <p>Name of lead officer completing the assessment:</p> <p>Date of assessment:</p>		