

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

<b>Under the Equality Act 2010 Protected characteristics</b> are Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity. Page 6 of guidance. Other areas to note see guidance appendix 1	
<b>Name of policy, service or function. If a policy, list any associated policies:</b>	Re-Commissioning of Home Care Services
<b>Name of service and Directorate</b>	ACH&PH – Strategic Commissioning
<b>Lead manager</b>	Jacqueline Clark
<b>Date of Equality Analysis (EA)</b>	Commenced January 2019
<b>Names of those involved in the EA (Should include at least two other people)</b>	Jacqueline Clark – Head of Prevention Early Intervention – ACH&PH - Rotherham MBC Joanne Bell, Strategic Commissioning Manager, ACH&PH ACH&PH Independent Living and Support Staff

This is an updated version of the original Equality Analysis presented to Cabinet on the 18 February 2019 to accompany the Cabinet Report, Commissioning and procurement of a new delivery model for Home Care and Support Services. The report recommended that Cabinet approve the commencement of a competitive tender process for the home care and support service from April 2019. The publication of the tender was delayed to accommodate a joint procurement exercise with NHS Rotherham Clinical Commissioning Group with contracts also extended to this date to facilitate the process. The tender was published in June 2019 for the new contracts are to commence from 1<sup>st</sup> April 2020.

It should be noted that the Equality Analysis has been refreshed to reflect the position at the end of the tender process.

**Aim/Scope** (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1

**Aim/Scope**

The contract arrangements for home care and support services for Adults in Rotherham are due to expire in April 2020 and a tender exercise commenced in June 2019 to secure new services. At January 2019 there are 12 independent sector providers appointed to a Framework who deliver in the region of 16,500 hours of care per week to around 1,300 people.

In June 2019 a competitive tender was published to invite suitably qualified providers to submit a tender application to go into business with the Council. The service specified is based on technical requirement for the service delivery. The providers appointed will need to have the appropriate capacity and capability to deliver to a range of needs to support vulnerable and disabled people in Rotherham.

At October 2019 there are in the region of 19,000 hours of care per week being provided to around 1,340 people.

The current service user cohort as at October 2019:

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The largest client group that home care is delivered to is Older People who form 84% of the total cohort or recipients of contracted home care. This trend is likely to continue in view of the increasing older population between 2017 – 2020 Rotherham's Older Population (age 65+) is predicted to increase by 4.5% with an additional 8% increase from the year 2020 to 2025.

The numbers of people using the service and who have a primary need recorded as Learning Disability form only 3% of the cohort of recipients and 16% are under the age of 65 and have a physical disability recorded as their primary need.

As the health diagnosis of dementia is not recorded on the Adult Care Management system it is not clear how many people accessing the service experience the symptoms of dementia however anecdotal evidence suggests that there are relatively high numbers of older people experiencing the symptoms of dementia who access the service.

**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?** See page 7 of guidance step 2

Rotherham has a steadily growing population which reached a record level of 263,400 in 2017. The population is growing as a result of natural increase (more births than deaths), net inward migration and increased life expectancy. Rotherham has 161,400 people of working age (61%). This is slightly lower than the English average. Rotherham has an ageing population whereby the number of older people is increasing fastest, and their health and social care needs place increasing pressure on care and support services. There are 51,000 people aged 65+ including 6,000 people aged 85+ whose numbers are projected to increase by a third over the next 10 years.

The population is increasingly diverse, with around one person in 10 from a minority ethnic group. The largest BME group is Pakistani and Kashmiri who numbered 7,900 in 2011. At the time of the 2011 Census, there were 13,147 people born outside the UK and living in Rotherham or 5.1% of the population, compared with 6,473 in 2001. The number has since increased further through migration, especially from Slovakia, Poland and latterly Romania.

Health in Rotherham has long been poorer than average with life expectancy below that in England as a whole, although rising. Life expectancy for males in Rotherham is 1.4 years below the national average and for females the gap is greater at 1.9 years. Health inequalities within the Borough are illustrated by the 9.5 year gap in life expectancy for men living in the most deprived areas and the least deprived, and a 7 year gap for women.

Particular health and lifestyle concerns in Rotherham are obesity, alcohol and smoking related illness, cancer smoking in pregnancy and low breastfeeding initiation. Older people in Rotherham are far more likely to be disabled and be in poor health than average. The 2011 Census showed that 56,588 (21.9%) of Rotherham's population had a long term health problem or disability and 11.3% said their day-to-day activities were limited a lot by long term conditions (8.3% nationally).

The current service is open to all groups of people aged 18 plus that have been assessed as having eligible needs under the Care Act 2014 and the re-commissioning of the service will not affect the groups the service is offered to.

All commissioned providers will be expected to provide service to all the people described above

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and refusals to accept offered work are monitored. Should the reason for refusal be linked to the inability to provide service for someone as a result of their protected characteristic then remedial action will be expected to be taken by the provider. Failure to do this could result in termination of contract.

It is a contract requirement that the providers fully comply with the Equality Act 2010

**Engagement undertaken with customers. (date and group(s) consulted and key findings)** See page 7 of guidance step 3

**On-line public survey - September 2018 until December 2018:**

An on line public survey aimed at borough wide participation was available over a 3 month period. This was aimed at collecting general views and opinions on home care services, using alternative support options such as community assets, social assets and aspirations for the future in terms of care and support.  
<https://www.surveymonkey.co.uk/r/rmbchomecare>. Open

**The Rotherham Show - 08/09/2018 – 09/09/2018:**

Members of the public attending the Rotherham Show were interviewed by Council officers. The Members of the public included older people, people under the age of 65, people with disabilities (wheelchair dependant, sensory disabilities), unpaid carers and people from British Minority Ethnic backgrounds. They were consulted on what their views were of their current experience of home care and their future requirements if they required home care. Their views were recorded by the Council Officers and the participants had an opportunity to complete a public survey – Survey Monkey. This permitted qualitative data to be captured in private and via general discussion.

**People receiving home care – survey completion with support - 03/10/2018 –31/12/2018:**

People who were referred for a home care service were contacted after 4 weeks of commencement of their care package. They were contacted by telephone by the Brokerage service who completed a survey on line. The aim of this exercise was to check the level of satisfaction with the service and whether the package was meeting the needs of the service user and scope views and opinions on what has been provided. Target minimum of 200 surveys  
[https://www.surveymonkey.co.uk/r/Brokerage\\_Survey2](https://www.surveymonkey.co.uk/r/Brokerage_Survey2)  
VAR VCS providers and stakeholder. VAR news bulletin - promote survey link. Requested 12/10/2018 Promoted on VAR website:<https://www.varotherham.org.uk/news/home-care-consultation/>. 19/10/2018

**Rotherham Older People's Forum – 10 October 2018**

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	<p>Representatives from local Older People's groups attended a dedicated forum. This was attended by a Council officer who hosted a focused group discussion and captured views and ideas and relayed information, verbally and encouraged completion of a survey in hard copy and encouraged participation in the on-line survey.</p> <p><b>RotherFed Staff meeting – 24 October 2018.</b></p> <p>RotherFed – Charitable organisation that represents a large number of community groups across the Rotherham Borough.</p> <p>A Rotherfed staff meeting was attended by a Council officer who hosted a focused group discussion and captured views and ideas and relayed information, verbally and encouraged completion of a survey in hard copy and encouraged participation in the on-line survey.</p> <p><b>Re-Imagining Homecare Event – January 10 2019</b></p> <p>A 'Reimagining Home Care Event' took place on the 10 January 2019. Hosted by the Strategic Director for ACHPH, this event was one of a range of 'co-production' activities that had already taken place during 2018. The objective of co-production is to involve key stakeholders in developing services to ensure they are the best they can be. Key Stakeholders included service users/carers/families/providers and social workers. At the Reimagining Home Care Event around 60 people represented providers in the home care market and around 20 staff represented the ACHPH directorate. To offer context, the wider Directorate's operating model was shared with the delegates. A world café style approach was used where providers, facilitated by Council Staff, expressed their views, ideas and opinions on the model the future model of home care. The information gleaned on the day will help to shape the service going forward and assist in identifying and overcoming the barriers the market faces in helping to achieve the Directorate's vision/strategic objectives. The ACHPH Directorate will be going to the market in April to securing a home care for adults in Rotherham to commence in October 2019</p>
<p><b>Engagement undertaken with staff about the implications on service users (date and group(s)consulted and key</b></p>	<p>Rotherham MBC Staff Engagement Sessions:</p> <p>Took place on the following dates:</p>

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**findings)** See page 7 of guidance step 3

- 22<sup>nd</sup> March 2018
- 12<sup>th</sup> April 2018
- 17<sup>th</sup> October 2018
- 12 December 2018

Presentation and discussion sessions, attended by the Independent Living and Support services managers and social workers. The sessions were arranged to update the attendees on

- the commissioning tender timetable,
- the current situation including finance,
- the SWOT (Strengths, Weaknesses, Opportunities, Threats) based on the current service delivery,
- co-production with providers and the public,
- issues providers have raised and
- the ambition for the service going forward.

Comments were invited and recorded following the presentation

**Community and Home Care Providers Workshop – Strengths Based Approach - 1 October 2018**

A workshop/meeting with the Community and Home Care Providers and key internal staff (including the Principle Social Worker) to consider the commissioning tender timetable, the current situation including finance, the SWOT (Strengths, Weaknesses, Opportunities, Threats), co-production with providers and the public, including issues providers have raised and the ambition for the service going forward. Comments were invited and recorded following the presentation and a number of case studies were tabled to ask for views on the strength base approach.

**CHCS Provider Forum 11<sup>th</sup> October 2018**

**The Analysis**

**How do you think the Policy/Service meets the needs of different communities and groups?** Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, 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. This list is not exhaustive - see guidance appendix 1 **and** page 8 of guidance step 4

The Service Specification will detail outcomes expected for all service users which will include how the service is provided to people with the protected characteristics above. Particular reference will be made to the following Protected Characteristics:

**Disability:**

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Access to the service will be determined in line with the National Eligibility Criteria under the Care Act 2014. The eligibility decision making process takes into account all physical and mental health needs. There are concerns that the current service does not meet the needs of the following groups:

- **People with Mental ill-health** - There is an indication that the service is not accessed for client groups who have mental ill-health and this required requires further consideration.
- **People with Learning Disabilities and Autism** - The current service specification does not require specialist skills and capabilities around young adults with Learning Disabilities and Autism.

**Carers:**

Similarly access to the service by unpaid Carers is be determined in line with the National Eligibility Criteria under the Care Act 2014 and this is inclusive of a Carer's need for support which arise because they are providing necessary care to an adult and eligibility is considered if their physical or mental health is deteriorating or is at risk of doing so. The service is currently not flexible enough to respond to the needs of unpaid Carers or empower them to utilise personal budgets. It may be possible to specify a responsive home care service provision for carers supporting them to utilise Carers Personal Budgets. In this scenario, the home care service would be one of a range of options for carers to use their PB's.

**Children:**

Access to the service will be considered for Children going through transition into adult care services. The service specification will indicate specialist skills and capabilities around young adults with Learning Disabilities and Autism. In respect of children going through transition into adult care services it is thought the current service does not accommodate this client group.

**Financial Inclusion:**

The home care service procured by Rotherham MBC will be required to comply with the legal obligations encompassed in employment law including regulations in respect of the National Living Wage, Working Time Directives, sick pay and payment for travel time and travel expenses. Issues which surround employment terms and conditions for this group (home care workers) is commonly associated with concerns on a national level. The hourly rates paid to home care providers take into consideration the direct employment cost to employees. Submissions of bids by providers are scrutinised during the commercial evaluation process. Providers who disregard the employment regulations are disregarded. Following tender award the Directorate undertakes a review of hourly rates on an annual basis to ensure any proposed annual increase in rates keep pace with increases in National Living Wage and associated increases.

Access to the service will be determined by the Council who is duty bound under the Care Act 2014 to carry out an assessment of anyone who appears to require care and support regardless of their eligibility of state funded care.

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

See page 8 of guidance step 4 and 5

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**Does your Policy/Service present any problems or barriers to communities or Group?** Identify by protected characteristics **Does the Service/Policy provide any improvements/remove barriers?** Identify by protected characteristics

The current framework of providers is lacking in provision for people with a mental health conditions, learning disability, autism and a flexible service for unpaid carers. In recommissioning this service there will be consideration given to whether a separate service is already in place for these groups or whether service provision for these groups can be commissioned through this procurement exercise or by bespoke procurement specific to these groups.

- **Unpaid Carers** currently benefit from the service in that their caring responsibilities are supported by the service which provides planned replacement care. Under the Care Act unpaid Carer's may have their own personal budgets to access a wider range of support options. Whether this new home care service to be procured can include a more tailored responsive carer service provision is to be explored. In this arrangement Carers may utilise their Carers Personal Budgets to call off a service at a time determined by the carer.
- **Mental ill-health** - There is an indication that the service is not accessed for client groups who have mental ill-health and this required requires further consideration.
- **Learning Disabilities and Autism** - In respect of children going through transition into adult care services. The current service specification does not require specialist skills and capabilities around young adults with Learning Disabilities and Autism.

**What affect will the Policy/Service have on community relations?** Identify by protected characteristics

The Service Specification expects Care Providers to be integrated into the Communities they are working in and to understand the protected characteristics of the people who are accessing their service. Furthermore they are expected to understand what community assets are available in the Community that people can access to improve their health and wellbeing and to enable them to play as active part in their community as they wish to.

Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

**Website Key Findings Summary:** To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

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**Equality Analysis Action Plan** - See page 9 of guidance step 6 and 7

**Time Period .....**

Manager: Jaqueline Clark    Service Area: Strategic Commissioning    Tel: 01709 822358

**Title of Equality Analysis: Re-Commissioning of Home Care Service**

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic.

List all the Actions and Equality Targets identified

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
If determined to be required the service to be procured will have the appropriate level of skill and capability to support people who have dementia – this will be determined at the point of tender evaluation and the appropriate service will be secured at the point of tender award. The service delivery will be monitored against this objective throughout the contract term.	D	October 2019
If determined to be required the service to be procured will have the appropriate level of skill and capability to support people who are experiencing mental ill-health this will be determined at the point of tender evaluation and the appropriate service will be secured at the point of tender award. The service delivery will be monitored against this objective throughout the contract term.	D	October 2019
If determined to be required the service to be procured will have the appropriate level of skill and capability to support people who have Learning Disabilities and are going through a period of transition into adulthood. This will be determined at the point of tender evaluation and the appropriate service will be secured at the point of tender award. The service delivery will be monitored against this objective throughout the contract term.	D	October 2019



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Explore whether this new home care service to be procured can include a more tailored responsive carer service provision is to be explored. In this arrangement Carers may utilise their Carers Personal Budgets to call off a service at a time determined by the carer.	C	October 2029
Name Of Director who approved Plan		Date

\*A = Age, C= Carers D= Disability, S = Sex, GR Gender Reassignment, 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
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Completed equality analysis	Key findings	Future actions
<div>Directorate: .....</div> <div>Function, policy or proposal name: .....</div> <div>.....</div> <div>Function or policy status: ..... (new, changing or existing)</div> <div>Name of lead officer completing the assessment:</div> <div>.....</div> <div>Date of assessment: .....</div>		