

# Equality & Poverty Impact Assessment 00638 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services None	<b>Lead Officer Name:</b>	Liz Beattie
		<b>Team:</b>	PMO
		<b>Tel:</b>	07483960619
		<b>Email:</b>	liz.beattie@falkirk.gov.uk
<b>Proposal:</b>	<p><b>Provision of Care and Support at Home (Care at Home and Supported Services) Contract Framework.</b></p> <p>This contract strategy sets out the proposed strategy for the Provision of Care and Support at Home (Care at Home and Supported Services), Flexible Framework Agreement from 1 April 2024.</p> <p>This contract strategy will help achieve the Falkirk HSCP vision – to enable people in the Falkirk Area to live full and positive lives within supportive communities. Services will support people to achieve their personal goals, choices, and abilities, that enables them to live independently and safely in their own home for as long as practical.</p> <p>The key principles of this Framework would include:</p> <ol style="list-style-type: none"> <li>1. Continuity of care for people in receipt of Care and Support at Home.</li> <li>• 2. Fair Working Practices and the payment of the real living</li> </ol>	<b>Reference No:</b>	

wage are integral.

- 3. That services offered are community-based, accessible, and promote early intervention, prevention and de-escalation of care needs, and support is flexible, responsive, and aligned to outcomes.

- 4. Adopting a reablement approach to help individuals to relearn and maintain the activities of daily living following an episode of acute illness, hospitalisation or some other life event that may have inhibited independent living skills. This approach encourages independence and in doing so, promotes the model of 'doing with' rather than the traditional 'doing for'. The aim of reablement is for the individual to regain their independence to the fullest of their abilities and promote community inclusion and reintegration.

- Encourage personal choice by supporting the commissioning of Self-Directed Support (SDS), options 1,2,3 and 4.

- Introduce a new combination of ways of helping people using assistive technology to augment service delivery whilst promoting a positive and enabling approach to risk.

- Improve communication through engagement, feedback opportunities and signposting.
- Maintain a multi-disciplinary workforce across the service.

<b>What is the Proposal?</b>	<b>Budget &amp; Other Financial Decision</b>	<b>Policy (New or Change)</b>	<b>HR Policy &amp; Practice</b>	<b>Change to Service Delivery / Service Design</b>
	Yes	Yes	No	Yes
<b>Who does the Proposal affect?</b>	<b>Service Users</b>	<b>Members of the Public</b>	<b>Employees</b>	<b>Job Applicants</b>
	Yes	Yes	Yes	No
<b>Other, please specify:</b>	External contracted providers			

<b>Identify the main aims and projected outcome of this proposal (please add date of each update):</b>	
20/11/2023	Seeks to set out the key considerations and contracting principles associated with the development of a new flexible framework for the purchase of Care and Support at Home (Care at Home and Supported Services).
20/11/2023	<p>Help us achieve the Falkirk Health and Social Care Partnership (Falkirk HSCP) vision; to enable people in the Falkirk area to live full and positive lives within supportive and inclusive communities. The key priorities for the Framework are to ensure we deliver on the following:</p> <ul style="list-style-type: none"> <li>• Community-based services will be enhanced to improve the 'flow' of patients through hospital settings and promote independent living and minimise the reliance on bed based models of care.</li> <li>• Accessible care by improving the way people access services, enabling everyone to access the right care, at the right time, in the right place.</li> <li>• Early intervention, minimising the harm of long-term illness, mental health, substance abuse, or neglect through early action.</li> <li>• Carer support which is there to assist, inform, and empower unpaid carers to manage their caring role and have a fulfilled life outside of caring.</li> </ul>

<b>Identify the main aims and projected outcome of this proposal (please add date of each update):</b>	
20/11/2023	Maximise and commission a service from a variety of care providers across all three localities.
20/11/2023	Promote reablement opportunities into the in-house Home Care Services future model, with the implementation and assistance of the new automated brokerage solution to manage the packages of care, whilst reducing the internal maintenance provision.
20/11/2023	Deliver better outcomes, with a coordinated approach to alleviate service pressures. Any partner organisations entering the Framework, must be able to work with Falkirk HSCP to demonstrate experience and commitment through the contract monitoring process and the on-going quality assurance and review processes being developed as part of our internal service remodelling work.

## SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
<b>Current spend on this service (£'0000s)</b>	<b>Total:</b>	<p>The total commissioned spend in 2022-2023, was £38.176M.</p> <p>Care at home services commissioned through external providers was £11.826M, over 80% (£9.613M) of this spend was commissioned with 14 providers.</p> <p>The overall spend in 2022-2023 on the provision of supported living services was £26.35M, with over 80% (£21.487M) of this commissioned spend being with 17 providers.</p>	<p>Aspects considered by Falkirk HSCP as part of the overall pricing review undertaken, and namely:</p> <p>benchmarking with 11 other NHS/Local Authorities' current contractual rates for Care and Support at Home Services, the national standard via Scotland Excel's Annual Review Process,</p> <p>the UK Homecare Association (UKHCA) methodology,</p> <p>Scottish Government's requirements (payment of the Real Living Wage for Adult Social Care).</p>
<b>Reduction to this service budget (£'0000s)</b>	<b>Per Annum:</b>		
<b>Increase to this service budget (£'0000s)</b>	<b>Per Annum:</b>	£3m per annum, £12m over 4 years.	Increase is in relation to uplift and inflation
<b>If this is a change to a charge or concession please complete.</b>	<b>Current Annual Income Total:</b>	Not applicable	
	<b>Expected Annual Income Total:</b>	Not applicable	
<b>If this is a budget decision, when will the saving be achieved?</b>	<b>Start Date:</b>		
	<b>End Date (if any):</b>		

**SECTION THREE: EVIDENCE**

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

**A - Quantitative Evidence**

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

A comparison of Care and Support at Home (Care at Home and Supported Services, in terms of number of services users and hours provided, was taken from Falkirk HSCP's data for the last week of fiscal period 2022/23, which identified the following.

- There were more people receiving Care at Home (n=1702) compared to Supported Services (n=958), however with Supported Services providing a larger number of hours (Supported Services 22,305 hours to Care at Home 14,200 hours), see charts 2 and 3, which demonstrate this, with average weekly planned hours. There were 258 people receiving a combination of both Care at Home and Supported Services.
- The majority of people receiving Supported Services were receiving non-personal care (75%) and compared to 25% being personal care. While Care at Home service users were receiving 97.5% personal care.
- Care at Home predominantly providing care for people with physical or sensory disabilities or older persons. Supported Services predominantly for people with learning disabilities or with physical or sensory disabilities. Both Care at Home and Supported Services have been providing care for similar amounts of people with mental health needs.

Supported Services provided care for people covering a large range of ages. Care at Home provided care to people generally over the age of 50 and a larger number of females.

It is estimated that the population of Falkirk will increase by 6% between 2018 and 2043.

Population projections anticipate an 80% increase in the 75+ population between 2018-2043 at the same time as the proportion of working age people is decreasing. Older people are generally high users of services such as Care and Support at Home. This means that at the same time as demand for services could be increasing it could be more challenging to employ the workforce to meet this demand. In addition, there are increasing numbers of older people with comorbidities, therefore presenting more complex care needs.

Workforce The Scottish Social Services Council (SSSC) reported that in December 2021 there were 1,630 people employed in the Falkirk Council area, within the housing support/care at home sector. This is a 25% decrease from 2,170 in 2020.

### Providers

In June 2023 the Care Inspectorate had 1,183 registered locations under the heading of Support Services, Care at Home. This represents a 7.9% increase compared to the June 2022 figure. This confirms an expanding market and opportunities to attract new provision to the area to help address the additional pressures on services likely to flow from changing demographics.

### B - Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

### Social - case studies; personal / group feedback / other

Consultation with carers of people receiving care and support at home services was facilitated by the Falkirk and Clackmannanshire Carers Centre. This involved a survey and engagement meetings of Falkirk HSCP officers at the Carers Forum. Feedback highlighted a number of factors that are important to carers such as;

- Their involvement in service review arrangements;
- To be notified of any service changes;

- Avoiding where possible short notice service cancellations where carer breaks were scheduled; and,
- Ensuring as far as practical continuity of care and having adequate support staff in place.

Feedback has been obtained from questionnaires and surveys completed by current and potential Falkirk HSCP care at home and supported services providers.

The table below shows a summary of stakeholder consultations;

## Consultation

**Introduction** Falkirk Health and Social Care Partnership gathered feedback on the support offered to people within their own homes. People who currently receive support at home services, their family members, and their carers had the opportunity to share their views via an online survey published on Citizen Space or attend our face-to-face consultation event.

37 people participated in this consultation and told us their views on the support they want to receive at home. Their comments will help us to ensure that the support we provide is suited to the needs and wants of the people who use it.

**Methodology** A survey was designed to gather views from service users on the support they receive at home. The survey asked a series of statements to determine what was important and not important when receiving support at home. Participants could also provide comments on what was working and not working well. We asked participants the same questions in an online survey and at a face-to-face consultation event.

The online survey was published on Falkirk Council's Citizen Space and was open for responses between 22 July and 16 August. The survey received a total of 16 responses. 56% (n=9) of responders were family members or carers of someone who receives support at home and does not live with them. 25% (n=4) of responders were family members or carers of someone who receives support at home and lives with them. 13% (n=2) of responders receive support at home, and one person didn't provide any details.

A face-to-face consultation was held on Friday 13 August at the Sensory Centre. There were three sessions during the day with a total of 21 service users in attendance. Five carers, including one parent carer attended the first session, eight service users attended the second session, and another eight service users attended the third session.



A limitation of the face-to-face consultation is that it focused primarily on gathering the views of carers, people with learning disabilities, and people with mental health conditions rather than the views of older people.

**Findings - The key themes that emerged from participant comments were:** **Consistency:** Providers and practice **Communication:** Between provider and family and between provider and other services (SW) **Choice and control:** Person-centred care that suits service user and carer

GROUP

METHODS

LEARNING POINTS INCLUDED

Internal

Multi-disciplinary consisting of Subject Matter Experts

The clarification of roles and responsibilities helped to facilitate the generation of ideas, buy-in and compliance with procurement regulations.

External

PIN and Short Life Working Group

The importance of having clear processes with a single point of contact.

Early engagement to optimise opportunities for collaboration leading to effective support arrangements.

Supported Persons

Falkirk and Clackmannanshire Carers Centre presentation and multiple surveys.

Supported Person involvement in service review arrangements and avoiding where possible short notice service cancellations.

Ensuring as far as practical continuity of care and support staff.

The need for improved service information, including complaints information.

**Capacity:** Services short of staff.

**Duration:** Tight timescales. Length of visits should be increased. **Trust:** Important to develop a trusted relationship. Getting to know the person is important. **Continuity:** Too many carers. Too frequent changes. Need to view rota. **Support:** Carers provide support with daily activities that service user enjoys. **Independence:** Enable the person to stay as independent as possible **Record-keeping:** Handover notes are important. Important for family to view notes.

**An example of a statement from a Supported Person**

**Trust**

“My Mum receives her care from a provider who provide excellent care.” “I find support at home very helpful. The carers are very caring, kind and understanding.” “I like the support workers I get on with them and I wouldn't change them.” “I am happy with the services I receive.” “The support my father receives means he has been able to remain at home with my mother. The staff are a very professional dedicated group of individuals and I can't praise them enough. Provider has also been excellent, and my father has forged very good meaningful relationships with his support workers.”

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	No
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	
Is further research necessary?	Yes
If NO, please state why.	

**SECTION FOUR: ENGAGEMENT**

Engagement with individuals or organisations affected by the policy or proposal must take place

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	Yes	
<b>If YES, please state who was engagement with.</b>	Key stakeholders - External - Service users and family, providers, Internal - user intelligence group (UIG), sub-groups, senior leadership team, IJB board, Strategic Planning Board.	
<b>If NO engagement has been conducted, please state why.</b>		
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
<b>Focus Group</b>	Yes	<p>A provider event took place, following a Prior Information Notice (PIN) being advertised on Public Contracts Scotland. A post survey was then undertaken by most current and potentially new providers which gathered experiences and views on the procurement process, this is detailed within the contract strategy.</p> <p>The feedback was mostly in relation to the pricing element, the framework structure, entry requirements and general comments around training recognition in relation to complex cases.</p> <p>Consultation with carers of people receiving care and support at home services was facilitated by the Falkirk and Clackmannanshire Carers Centre. This involved a survey and engagement meetings of Falkirk HSCP officers at the Carers Forum.</p>

<b>Survey</b>	Yes	<p>A survey was designed to gather views from service users on the support they receive at home. The survey asked a series of statements to determine what was important and not important when receiving support at home. Participants could also provide comments on what was working and not working well. We asked participants the same questions in an online survey and at a face-to-face consultation event.</p> <p>The online survey was published on Falkirk Council's Citizen Space and was open for responses between 22 July and 16 August. The survey received a total of 16 responses. 56% (n=9) of responders were family members or carers of someone who receives support at home and does not live with them. 25% (n=4) of responders were family members or carers of someone who receives support at home and lives with them. 13% (n=2) of responders receive support at home, and one person didn't provide any details.</p>
<b>Display / Exhibitions</b>	No	
<b>User Panels</b>	No	
<b>Public Event</b>	No	
<b>Other: please specify</b>		
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	No	
<b>Have the results of the engagement been fed back to the consultees?</b>	Yes	
<b>Is further engagement recommended?</b>	Yes	

## SECTION FIVE: ASSESSING THE IMPACT

**Equality Protected Characteristics:** What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
<b>Age</b>		✓		<p>This contract strategy delivers services to people of all ages, however, the large majority will be people over the age of 65 years. It is anticipated that it will have a positive impact on older people in particular.</p> <p>Adopting a reablement approach to help individuals to relearn and maintain the activities of daily living following an episode of acute illness, hospitalisation or some other life event that may have inhibited independent living skills.</p> <p>This approach encourages independence and in doing so, promotes the model of 'doing with' rather than the traditional 'doing for'.</p> <p>The aim of reablement is for the individual to regain their independence to the fullest of their abilities and promote community inclusion and reintegration.</p>
<b>Disability</b>		✓		<p>This strategy seeks to assist people with disabilities to maintain or enhance their independence through support offered to retain and/or gain skills.</p> <p>Therefore it is anticipated that it will have a positive impact on people with disabilities.</p>
<b>Sex</b>		✓		<p>Due to the fact that there are more woman in the general population of the age of 65 receiving support than males, it is anticipated the impact will be positive for females.</p>
<b>Ethnicity</b>	✓			<p>There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.</p>
<b>Religion / Belief / non-Belief</b>	✓			<p>There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.</p>
<b>Sexual Orientation</b>	✓			<p>There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.</p>

**Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:**

<b>Pregnancy / Maternity</b>	✓			There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.
<b>Marriage / Civil Partnership</b>		✓		By maintaining or enhancing independent living skills, the strategy will ensure that people are less dependent on a spouse/civil partner for support. This will be seen as a positive impact.
<b>Poverty</b>		✓		We know that older people and people living with disabilities are more likely to be impacted by poverty. By enabling people to access benefits or employment opportunities the strategy will have a positive impact on poverty.
<b>Care Experienced</b>		✓		By maintaining or enhancing independent living skills, the strategy will have a positive impact on care experience people.
<b>Other, health, community justice, carers etc.</b>	✓			By maintaining or enhancing independence of individuals, this strategy will have a positive benefit for informal carers.
<b>Risk (Identify other risks associated with this change)</b>				

	<b>Evidence of Due Regard</b>
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>	Enabling people to more fully participate in their communities will help to eliminate discrimination.
<b>Advance Equality of Opportunity:</b>	By maintaining and enhancing skills the contract strategy will advance equality of opportunity and contribute to people fulfilling their potential.
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>	By supporting people to maintain and enhance their independence, in a way that respects and understands their needs will foster good relations.

## SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
<b>Business</b>	Yes	Private Sector Care Providers will be interested in participating in the tender framework agreement.
<b>Councils</b>	Yes	There will be a change to the delivery of the Home Care service therefore other neighbouring councils may be interested in the approach being taken.  Benchmarking/conversations with other authorities is underway.
<b>Education Sector</b>	No	
<b>Fire</b>	No	
<b>NHS</b>	Yes	As a Partnership, we are working together to improve the current service delivery model and develop the future model.
<b>Integration Joint Board</b>	Yes	The IJB is responsible for the delivery of the HSCP Strategic Plan, budgets and service being delivered.
<b>Police</b>	No	
<b>Third Sector</b>	Yes	Third sector providers may be interested in participating in the new Flexible Framework Agreement.
<b>Other(s): please list and describe the nature of the relationship / impact.</b>		

## SECTION SEVEN: ACTION PLANNING

**Mitigating Actions:** If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

### No Mitigating Actions

**Please explain why you do not need to take any action to mitigate or support the impact of your proposals.**

This EPIA demonstrates that the contract strategy is robust; and that there is no potential for discrimination and opportunities to promote equality, as they have all been considered. It is expected that working in partnership, with stakeholders, will deliver the agreed priorities, and outcomes contained in the contract strategy through the delivery of a more equitable service.

The strategy will support service improvements for people requiring care and support at home (care at home and supported services) and is aimed at upholding the strategic values and priorities to improve the quality of support for people who receive this care.

<b>Are actions being reported to Members?</b>	No
<b>If yes when and how ?</b>	



**SECTION EIGHT: ASSESSMENT OUTCOME**

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	This framework has been designed to benefit all protected characteristics, it is also anticipated that there will be both neutral and positive impacts for the protected characteristics joining the framework.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

**SECTION NINE: LEAD OFFICER SIGN OFF**

Lead Officer:

Signature:	<i>Liz Beattie</i>	Date:	24/11/2023
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b> Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes / No
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<b>ASSESSMENT FINDINGS</b>		
If YES, use this box to highlight evidence in support of the assessment of the EPIA		
If NO, use this box to highlight actions needed to improve the EPIA		

<b>Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?</b>	Yes / No	If YES, please describe:
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**LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA**

LEVEL	Yes / No	COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

<b>Director / Head of Service:</b>			
<b>Signature:</b>	<i>David Keenan</i>	<b>Date:</b>	10/04/2024