WORCESTERSHIRE COUNTY COUNCIL EQUALITY IMPACT ASSESSMENT TEMPLATE

Please read the brief guidance which provides essential information for anyone who is unfamiliar with the County Council Equality Impact Assessment process.

Background information:

Name:	Amanda Dunn
Job Title:	Senior Project Manager
Service area:	Programme Support Office
Directorate:	DASH
Telephone:	01905 845840
Email address:	Adunn2@worcestershire.gov.uk
Date assessment commenced:	24/10/2019
Date assessment completed:	05/11/2019

Function, strategy, project, policy or procedure being assessed:

Name of the function, strategy, project, policy or procedure being assessed:	Community Reablement (Living independently in Worcestershire)
Is this a new or an amended policy?	New
Does the policy form part of a wider programme which has already been screened for equality relevance?	No

Stage 1 - Please summarise the main objectives, aims and intended outcomes of this policy

Aims/Objectives:	• The proposal is to apply “Proof of Concept" methodology to develop a robust and sustainable system wide approach to enabling people to live as independently as possible using a reablement model. A clear return on investment model for the service was endorsed by Cabinet in July 2019. • The approach supports the 3 Conversations (3Cs) operating model, will be a holistic, therapy lead model and by introducing a new service offer for customers, will create savings and efficiencies • Review the current commissioning arrangements for domiciliary care to develop a whole system approach to promoting independence by applying the principles of reablement to domiciliary care services through a Lead Provider model. • Revise the single shared management structure and business support function for the whole service (UPI and community reablement)
Intended outcomes:	• Improve equality of access to reablement services – currently only available as a discharge from hospital pathway via UPI (and excludes people with LD and/or MH) • More people living independently as a result of timely, short term intervention • Reduced demand for long-term care and support services

	• Reduction in unplanned urgent admissions to hospital • Prevent avoidable reliance on long term care for all residents of Worcestershire.

Please summarise how these outcomes will be achieved?	**Funding of project:**
	• Funding has been made available through the Business Rates Pilot Board to develop the provision of reablement to individuals living in the community.
	• A further "Proof of Concept" bid has been made to the Business Rates Pilot Board to enable us to establish and deliver wrap around care to individuals who require 24/7 support for a limited amount of time (up to 72 hours) in order to prevent avoidable admission to hospital of emergency replacement care. We are also seeking additional resource to facilitate and oversee the introduction of the lead domiciliary care provider model and to ensure this is embedded as a whole system approach to reablement for a period of 18 months.
	• The investment and resource will commence from January 2020. It will be ramped up over time, from go live of the new approach in April 2020 for an 18 month "Proof of Concept" period up to June 2021, at which point the reablement approach will be embedded, across the system and demonstrating return on investment through a reduction in both domiciliary care and long term residential care.
	Approach
	• The combined and whole system impact of the move to a reablement focused adult services provision will ensure that there is dedicated resource to support our communities in helping them to live independently at home for longer and will provide a key resource for our social work teams to consider.
	• The process of transition for our providers, partners, workforce and residents from the current 'time and task' model of domiciliary care provision to a lead provider model with a reablement focus, will need will require sustained leadership and management over a period of time to ensure that the approach becomes embedded and sustainable quality outcomes are both achieved and sustained.
	Benefit
	• The focus on providing reablement support will reduce the forecasted demand for older person's domiciliary care and long-term residential care in the medium-term
	• The service will be able to target people who live in households where there is an identified high risk of hospital admission from:
	  ○ Urinary Tract Infections
	  ○ Falls
	  ○ Declining Health Condition
	• People will live for more years in greater health; therefore reducing the healthy life gap that currently exists

Where an existing policy is to be amended please summarise principle differences between the existing and proposed policies?	• A reduction in the current inequality of access to reablement. The new service will be available to all residents in Worcestershire, (subject to appropriateness). Access is via professional referral for all potential service recipients. It will be provided under Section 2 of The Care Act 2014 and, as such, will be free of charge for up to 6 The approach will create equality of access to reablement services which are currently only available as a discharge from hospital pathway via Urgent Promoting Independence (UPI), and excludes people with LD and/or MH.

Stage 2 - Information gathering/consultation

Please give details of data and research which you will use when carrying out this assessment:	Reablement approaches have been used successfully across the United Kingdom, for some years, and are recognised as an efficient and effective way to deliver services to individuals: *"Reablement services have been shown to offer considerable benefits for many people who have been supported to regain skills rather than be 'cared for' in a traditional sense. An intensive period of coordinated 'enabling' support, focusing on outcomes, and drawing on the expertise of a number of professionals can achieve positive results, both for the person, and for organisations*." (Ambrey Associates and Helen Sanderson Associates, A New Reablement Journey.) **Current data:** • 37% of residents coming into long term care in Worcestershire were previously in a hospital setting and many were admitted to hospital, via A&E, following a crisis. • Many move into long term care as an "emergency" placement, in a crisis situation where their family is not equipped to provide support to return home. • Worcestershire has a current gap in community support provision, being unable to provide a 24/7 support service for those leaving hospital or those at risk of admission to hospital or replacement care. **Future data:** • Hospital admissions - to determine whether there as has been a reduction in the following admissions. • Emergency placement – figures, and reason • Tracking the journey of individuals through community reablement, stay at home (24/7) and UPI team from the initial referral, through to the outcomes that the individual has achieved. • Data will include time spent in the process, and outcomes to determine if the intervention resulted in a positive impact, and location following reablement in the short, medium and long term. • Tracking the care and support to be organised, coordinated and communicated from Domiciliary Care Providers will be monitored through the CM2000 scheduling system.
Please give details of any consultation findings you will use when carrying out this assessment:	• Peopletoo were commissioned to undertake a market engagement exercise in 2018 with key partners to determine the original business case for "Proof of Concept" • C.Co have also been used to understand reason why they state the UPI model is not appropriate, despite targets being achieved. • The LGA , Social Care Institute of Excellence and the National Institute for Health and Care Excellence all endorse the approach based on evidence from similar schemes across the UK

Do you consider these sources to be sufficient?	Yes
If this data is insufficient, please give details of further research/consultation you will carry out:	
Please summarise relevant findings from your research/consultation:	The success of similar schemes across the country can evidence improved efficiency and effectiveness through the implementation of this model. This underpins our confidence that by adopting this approach in Worcestershire we will be able to, to demonstrate that the "proof of concept" delivers or exceeds the intended outcomes and benefits, whist contributing to the council's commitment to "Improving the health and wellbeing" of the residents of Worcestershire.

Stage 3 - Assessing the equality impact of the policy

Based on your findings, please indicate using the table below whether the policy could have an adverse, neutral or positive impact for any of the protected groups:

Protected characteristic	Adverse	Positive	Neutral
Age	☐	☑	☐
Disability	☐	☑	☐
Gender reassignment	☐	☐	☑
Marriage and civil partnership	☐	☐	☑
Pregnancy and maternity	☐	☐	☑
Race	☐	☐	☑
Religion and belief	☐	☐	☑
Sex	☐	☐	☑
Sexual orientation	☐	☐	☑

Please provide details of all positive and adverse impact you have identified:	Equality of access to reablement services – currently only available as a discharge from hospital pathway via UPI (and excludes people with LD and/or MH)
Where possible please include numbers likely to be affected:	Currently there are 39 new care packages put in place per month by Area Teams (468 per year). 25% of people fully re-abled will result in a reduction of 7 packages per month (81 per year). Cost neutral, equates to 25% of Council funded older people service users being fully re-abled (i.e. receiving no package of care following Reablement for a minimum of 12 months following intervention from the community reablement service).

worcestershire countycouncil

Where potential adverse impact has been identified, can continuation of the proposed policy be justified?	No If yes, please explain your reasons:
Do you consider that this policy will contribute to the achievement of the three aims of the Public Sector Equality Duty?	Please indicate which of these aims is achieved through this policy: • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. Please explain how the policy contributes to achievement of any aims you have selected: • By enabling residents to remain healthy, independent and remaining in their home and part of their familiar community.
The Public Sector Equality Duty has the following three aims: 1. To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010. 2. To advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it. 3. To foster good relations between persons who share a relevant Protected Characteristic and persons who do not share it.	

Stage 4 - Action planning and time frames

Please list any actions you will take to mitigate any adverse impact you have identified:

Planned action	By who	By when	How will this be monitored
Design a Community Reablement Service – ensure compliance with Equality Act 2010.	Denise Porter	March 2020	KPI, CM2000, Liquid Logic
Design a stay at home service – ensure compliance with Equality Act 2010.	Denise Porter	March 2020	KPI, CM2000, Liquid Logic
Job Descriptions and Person Specifications for all new posts are based upon existing ones. Any changes will be presented for Grading Evaluation	Morgan Price	March 2020	Grading Evaluation, support from HR
Commence consultation with all directly impacted members of staff, if it is determined changes are required to the design of the new service	Morgan Price	March 2020	support from HR Union representation

Please indicate how these actions will be taken forward as part of your team/service/directorate planning:	Adult Services Directorate Leadership Team will provide the governance for the introduction and ongoing performance of this new service. Day to day oversight during the planning and implementation phase will be the responsibility of the Community Reablement Steering Group and associated workstream Task and Finish meetings. Any amendments to structure as a result of consultation to be made. Implement recruitment to new posts following the assignment and assimilation protocol for this restructure New structure to be implemented Ongoing responsibility for the performance of the service will be with the relevant Head of Service

Stage 5 - Monitoring & Review

How frequently will proposed action be monitored?	Fortnightly Community Reablement Steering group Meetings, in addition to Task and Finish meetings.
How frequently will intended outcomes be evaluated?	Fortnightly Community Reablement Steering group Meetings, in addition to Task and Finish meetings
Who will be responsible for monitoring and evaluation?	Denise Porter – Programme Lead, Richard Keble -Sponsor
How will you use the monitoring and evaluation results?	To determine if the project delivers the "proof of concept"

Stage 6 - Publication

Worcestershire County Council requires all assessments to be published on our website. Please send a copy of this assessment to the Corporate Equality and Diversity Team for publication.

	Signature	Date
Completing Officer:	**Amanda Dunn**	24/10/2019
Lead Officer:		Click here to enter a date.
Service Manager:		Click here to enter a date.