

EQUALITY ANALYSIS (EA)

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| POLICY/PROPOSAL: | Procurement of Homecare Services |
| DEPARTMENT: | Adult Social Care |
| TEAM: | Commissioning, Contracts & Market Management |

SECTION A – INITIAL SCREENING

1. Please provide a description of the policy, proposal, change or initiative, and a summary its objectives and the intended results.

The proposal that is the subject of the equalities analysis is a fundamental review and remodelling of homecare services for the borough.

The review was required because the quality and reliability of current homecare in the borough is variable both at provider and individual service user level. There are a large number of providers in the borough and this impacts negatively on the council's ability to develop close working relationships. There is also a significant and an ongoing capacity issue within the borough related to the 'churn' and retention of the homecare workforce and reduced control over costs and expenditure.

The proposed new service model will not remove services, but it will change the way services are delivered and will place greater emphasis on a personalised outcomes based approach.

The new service model is expected to deliver improved quality of service provision, improved service user experience, provide a better grip on pricing and expenditure and establish more productive working relationships with providers

As a result the council and providers will be better able to meet both needs and the expressed preferences of service users.

Proposed changes include:

- A reduction in the overall number of homecare agencies as compared with those contracted through the WLA framework and through individual spot contracts
- A Zone/Patch based approach, which will ensure that providers have a deep knowledge of the areas they work in and are able to work closely with key partners such as GPs
- Development of a sustainable market for home care provision
- Measurable improvement in the provider's ability to deliver support in an enabling outcomes based approach
- Measurable improvement in the quality of services and consistency of care
- Measurable improvement in the service user's experience of receiving services
- Better grip on pricing and expenditure
- The council is committed to paying an hourly rate that will enable providers to pay the London Living Wage.

2. Who may be affected by this policy or proposal?

Those affected by the proposal are:

- Residents receiving, or likely to receive home care services;
- Family carers;
- Providers of home care services and their staff.

It should be noted that the nature of impact of the proposed changes is expected to be mainly positive

3. Is there relevance to equality and the council's public sector equality duty? Please explain why. If your answer is no, you must still provide an explanation.

Yes.

The very nature of home care services means that they are targeted at, and are disproportionately accessed by, vulnerable adults and children who are also more likely to experience multiple disadvantages due to their age and disabilities / health conditions.

Additional disadvantages may also be experienced due to socio-economic inequalities such as fuel poverty, social isolation and economic deprivation.

4. Please indicate with an "X" the potential impact of the policy or proposal on groups with each protected characteristic. Carefully consider if the proposal will impact on people in different ways as a result of their characteristics.

| Characteristic | IMPACT | | |
|------------------------|----------|--------------|----------|
| | Positive | Neutral/None | Negative |
| Age | X | | |
| Sex | | X | |
| Race | X | | |
| Disability | X | | |
| Sexual orientation | | X | |
| Gender reassignment | | X | |
| Religion or belief | | X | |
| Pregnancy or maternity | | X | |
| Marriage | | X | |

5. Please complete **each row** of the checklist with an "X".

| SCREENING CHECKLIST | | |
|---------------------|-----|----|
| | YES | NO |
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| Have you established that the policy or proposal <i>is</i> relevant to the council's public sector equality duty? | X | |
| Does the policy or proposal relate to an area with known inequalities? | X | |
| Would the policy or proposal change or remove services used by vulnerable groups of people? | X | |
| Has the potential for negative or positive equality impacts been identified with this policy or proposal? | X | |
| <p>If you have answered YES to ANY of the above, then proceed to section B. If you have answered NO to ALL of the above, then proceed straight to section D.</p> | | |

SECTION B – IMPACTS ANALYSIS

1. Outline what information and evidence have you gathered and considered for this analysis. If there is little, then explain your judgements in detail and your plans to validate them with evidence. If you have monitoring information available, include it here.

Engagement Activity

An engagement plan was created from the start of the review, which included detailed activities to specifically involve a wide range of individuals who would be affected by the proposed changes. Engagement activities included: service user telephone interviews and workshops; care provider surveys and workshops; care worker engagement surveys; and consultations with internal staff and external providers. A detailed analysis of the profile of homecare and reablement service users will be undertaken and used to monitor the different needs of service users across the borough.

Three task and finish groups, which included representatives from provider organisations, were also set up to focus on Operational Change, Workforce Development and Technology. The aim of these groups was to identify how homecare provision in Brent could be improved.

Further engagement was undertaken prior to finalising the proposed service model. This consisted of face to face and telephone interviews of service users and a workshop session with carers. The review the results of the additional engagement reflected the results earlier engagement results.

Key Finding from Engagement Activities

Consistent themes from the engagement activity and data analysis have been used to develop the service model and service specification. These include:

- Having the same carer
- Carers turning up on time
- Being able to contact the agency
- Having a carer of a specific gender and or a carer who understands service user religious or cultural needs
- Better communication between the council and the provider and between the provider and the service user
- The provider having a better knowledge of the area they work in – this will help reduce travel time and enable to provider to work closely with local partners such as GPs
- Better workforce planning, certainty around hours for care workers improving recruitment and retention
- Better training for carers employed by providers

Data Analysis

Data used in this assessment largely came from the B13 Reports and is based on the total number of homecare or reablement packages of care open on Mosaic as of the 31st September 2017. Please note that the total number of open homecare or reablement packages of care may not reflect the total number of individual service users receiving a home care or reablement service as some service users may have more than one package of care, for instance in the case of two carers being required for a call.

Further B13 reports have been produced throughout the development of the model. The data contained within this document reflects the detailed 2017 data upon which the model was based and provides some comparisons with high level data from additional reports.

Relevant information from the data analysis is set out in individual sections of the documents.

Other Considerations

Cultural

Given the diversity of the borough, due consideration has also been given to the specific needs of service users from BAME backgrounds and faith groups, as well as the specific needs of LGBT adults.

IMD

By its very nature homecare and reablement services are targeted at, and disproportionately accessed by, vulnerable adults who are also more likely experience multiple disadvantage. The percentage of homecare and reablement service users within each ward was analysed in tandem with wider Brent indicators of deprivation including health and income. Whilst these indicators may not be protected characteristics, they helped the council understand the needs requirement of service users and any external factors influencing their circumstance.

There was only a slight positive correlation (0.337) between percentage of homecare and reablement service users (ranked by ward) and the levels of deprivation (ranked by ward), (see figure 27). Although this indicates that level of deprivation has little influence on the number homecare and reablement service users, the wards of Stonebridge, Harlesden and Willesden Green are all ranked in the top 5 most deprived wards in the borough (1, 2 & 4 respectively) and correspondingly had the same ranked position for percentage of service users per ward. As such it highlights an increased level of need within these three areas particularly due to higher levels of deprivation. This information will be taken into consideration for any final recommendations of the review.

Furthermore, as stated in the Brent Council's 2019 - 2023 Equality Strategy, there is a recognition that an individual's health has influence on their needs and life outcomes. There is a positive correlation (0.606) between self-reporting of Bad or Very Bad health in the Brent population by ward and the percentage of homecare and reablement service users (see figure 14). In only three instances (Brondesbury Park, Dollis Hill and Kilburn) there is a larger than 1% difference which suggests that wards with increased self-reporting of bad or very bad health does correspond to that wards levels of need within homecare and reablement. This information will be taken into consideration for any final recommendations of the review.

Family Carers

Family carers may also be impacted by the proposals. Nearly 9% of Brent's residents provide some form of unpaid care, and in the decade between 2001 and 2011 there has been an overall increase in unpaid carers in Brent, with 26,600 residents providing one hour of care or more on a weekly basis, and nearly 1,600 people providing care of between 20 and 49 hours a week, and 1,312 providing care of 50 hours or more per week in the borough¹. In 2017/18 there were 5536 carers registered with Brent Carers Service,

¹ Brent JSNA 2014

estimated to be around 20% of the total carers population in Brent. The review has aimed to include the opinions of family carers where possible.

Care Workers

Skills for Care estimate that 30% of care works in Brent are on zero hours' contracts, higher than the England average at 24% but lower than the London average of 37%. It is estimated that 57% of care workers in Brent are employed on a full time basis with 18% employed on a part time basis and 26% of care works having no fixed hours. The homecare and reablement review is taking this into consideration and looks to benefit care workers within Brent by changing interaction with providers.

The above will be reinforced by a review on the rates of pay seen in Brent. According to Skills for Care, the average hourly rate for care workers in Brent is £8.28, which is slightly lower than the London average of £8.31. However, the average hourly rate is higher in Brent than the neighbouring councils of Barnet (£8.06), Ealing (£7.90) and Harrow (£8.07). The homecare and reablement review aimed to understand if transport is incorporated into this hourly rate and to promote all providers to be paying the minimum of National Living wage with the view to work towards paying the London Living Wage.

2. For each "protected characteristic" provide details of all the potential or known impacts identified, both positive and negative, and explain how you have reached these conclusions based on the information and evidence listed above. Where appropriate state "not applicable".

| AGE | |
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| Details of impacts identified | <p><u>Service Users</u></p> <p>Brent has a young population with a median age of 35, five years below the national average. 12.1% of the population are over 65. However, the population is aging, it is predicted that the number of residents aged over 65 is expected to increase by two thirds by 2028 – an additional 26,000 older residents. 21% of the population are children (under 16) and this is expected fall to 19% by 2038.</p> <p>In comparison in 2017 and 2018 89% of homecare service users were over 65. Figure 3 shows a closer ward by ward comparison of age. Any changes made to homecare will impact the elderly population of Brent far greater than any other age bracket. The wards with an older population may be disproportionately affected compared to other areas in the borough.</p> <p>Consideration has been given to the distribution of homecare and reablement service users across the wards within the borough (see figure 13). Homecare and reablement service users are fairly evenly distributed across the borough, with the average percentage distribution across all wards being 4.55% when including the service users with no ward information, and being 4.72% when removing them. The highest percentage of service users are found in Stonebridge with the lowest percentage of service users residing in Queens Park.</p> |

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| | <p><u>Care Workers</u> The average age of care workers in Brent is reported to be 45, with 6% of care workers aged under 24, with 23% aged over 55. The age demographic of Brent’s workforce is therefore in line with our neighbouring councils of Harrow (44), Barnet (45) and Ealing (44).</p> <p><u>Action</u> This review has taken into account the demographic make-up in relation to the age of service users and care workers when considering the final recommendations and the development of the service model and specification.</p> <p>Particular focus has been placed on ensuring that factors relating to age, percentage of service users in a ward and areas of multiple deprivation have been considered when developing the Zones for lead providers across the borough. For instance, Stonebridge and Harlesden wards are ranked as the top two most deprived wards in the borough and are also the top two for percentage of service users. As a result, these wards are each in a Zone of their own, whereas other Zones contain two wards each. This means that lead providers for these wards can focus on the specifically on one area.</p> <p>In addition, in recognition of specialist nature of the services required by child service users and their families, the service model includes 4 specialist children’s homecare providers. Two working the west of the borough and two in the east.</p> <p>The implementation will only happen following consultation with individual service users and unless the council is satisfied that the provider has the staff and infrastructure in place to meet the needs of the service user.</p> <p>Continued consultation with internal and external stakeholders, service users, family carers and providers will help alleviate the possibility of currently unidentified negative impacts occurring.</p> |
| DISABILITY | |
| <p>Details of impacts identified</p> | <p>More than half of all residents in Brent aged over 65 have a long term disability compared with 3% of Children and 16% of those aged between 16 & 64.</p> <p>86.52% of homecare and reablement service users have ‘Physical Support’ as their primary service user group (see figure 19). Within ‘Physical Support’, 69.32% of service users receive a package of care under the Older Persons Service (OPS) (see figure 16).</p> <p>A ward breakdown by service types has been conducted: Learning Disability (LD), Mental Health (MH), Older Person Service (OPS), Physical Disability (PD) and reablement (see figure 21 – 26).</p> |

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| | <p><u>Action</u></p> <p>This data has been looked at in tandem with GP localities and existing care providers within the borough to ensure service users have sufficient access to relevant care (see figures 15 – 18).</p> <p>This review has taken into account the information relating to disability when considering the final recommendations and the development of the service model and service specification. For instance, the model sets out the need to have specialist providers for Learning Disabilities, Mental Health and Children. Lead providers in each of the Zones in the borough will specifically focus on services for older people with physical disabilities. The specification places the person at the centre of support planning and risk assessment focussing on the outcomes they want to achieve. It aims to ensure that they have the right support at the right time to live well with their particular conditions. Providers will need to ensure that staff have received the appropriate training relating to the specialism they are working within and the specific needs of the clients they are working with.</p> <p>The implementation will only happen consultation with individual service users and unless the council is satisfied that the provider has the staff and infrastructure in place to meet the needs of the service user.</p> <p>Continued consultation with internal and external stakeholders, service users, family carers and providers will help alleviate the possibility of currently unidentified negative impacts occurring.</p> |
| RACE | |
| <p>Details of impacts identified</p> | <p>In 2017 32.31% of homecare and reablement service users were White, with 28.43% of service users being Asian or Asian British, and 25.1% of service users being Black or Black British. There is a higher percentage of Black or Black British homecare and reablement service users than in the wider Brent population, with individuals identifying as White, Asian or Asian British and Mixed, Multiple or Other having a lower percentage representation within service users than in the wider Brent population (see figures 4 to 9). The review took this information, and any implications it may have, into account when developing recommendations.</p> <p>In 2018 36% of homecare users were White while, 26% Asian or Asian British, 24% & Black or Black British. The percentage of Black or Black British service users remains higher than the wider Brent population</p> <p>Unfortunately, there is no data outlining the ethnicity for 11.44% homecare and reablement service users (see figures 7 & 9). Therefore, there is an unknown element for a proportion of service users that the review cannot fully take into consideration which may lead to negative implications. However, the review looks to improve the service and, in turn, improve service users' experiences. We will also</p> |

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| | <p>look at systems, such as the use of Care Place to improve the collection of data.</p> <p><u>Care Workers</u> Skills for Care analysis indicates that Brent has an estimated 61% of care workers of British nationality, 11% from within the EU and 28% outside the EU. Brent had a higher percentage of care workers of British nationality than the neighbouring councils of Barnet (42%) and Harrow (55%) respectively, with similar rates to Ealing (60%). All four councils had a greater reliance on non-EU workers than EU workers.</p> <p><u>Action</u> This review has taken into account the demographic make-up, cultural and language needs of service users and the demographic make-up of care workers when considering the final recommendations and the development of the service model and specification.</p> <p>For instance, the service specification requires providers place the person at the centre of support planning responding to individual needs and desired outcomes. Providers are also required to respond to future demographic changes.</p> |
| SEX | |
| Details of impacts identified | <p>Although the effect of the review is presumed to be neutral on the sex of homecare and reablement service users, it is important to note that in 2017 and 2018 there is a greater percentage of female than male service users. In 2017 59.06% of service users were women, in comparison with the wider Brent population of 50.3%. (see figure 1 & 2)</p> <p>In 2018 58% of services users were female and 41% male.</p> <p><u>Action</u> This review has taken into account the demographic make-up, of service users and the demographic make-up of care workers when considering the final recommendations and the development of the service model and specification.</p> |
| SEXUAL ORIENTATION | |
| Details of impacts identified | <p>Not known. There is no recorded information on the sexual orientation of homecare and reablement service users. We will also look at systems such as the use of Care Place to improve the collection of data.</p> <p><u>Action</u> The service model and specification will ensure that the council and its contracted providers aim to provide LGBT-inclusive services.</p> |

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| PREGANCY AND MATERNITY | |
| Details of impacts identified | <p>This protected characteristic of pregnancy does is not specifically applicable to this service.</p> <p><u>Action</u> The service model and specification will ensure that the council and its providers provide an inclusive service.</p> |
| RELIGION OR BELIEF | |
| Details of impacts identified | <p>Unfortunately, there is no recorded information on the religion or belief of homecare and reablement service users.</p> <p><u>Action</u> The service specification will ensure that the council and its contracted providers provide culturally and religiously sensitive services, wherever possible.</p> <p>For instance, the service specification requires providers to take a person centred approach will be taken to care and support planning. This will include the ability to specify the gender of those who support them and religious practices that may be taken into account when providing care.</p> <p>We will also look at systems such as the use of Care Place to improve the collection of data.</p> |
| GENDER REASSIGNMENT | |
| Details of impacts identified | <p>Not known. There is no recorded information on the gender identity of homecare and reablement service users.</p> <p><u>Action</u> The service specification will ensure that the council and its contracted providers will aim to provide LGBTQ+ inclusive services.</p> <p>We will also look at systems such as the use of Care Place to improve the collection of data.</p> |
| MARRIAGE & CIVIL PARTNERSHIP | |

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| Details of impacts identified | <p>There is no recorded information on this protected characteristic.</p> <p><u>Action</u> The service specification will ensure that the council and its contracted providers will aim to provide an inclusive services</p> |
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3. Could any of the impacts you have identified be unlawful under the Equality Act 2010?

No

4. Were the participants in any engagement initiatives representative of the people who will be affected by your proposal and is further engagement required?

Participants in engagement initiatives were, as far as possible, representative of the people who will be affected by the proposals.

An engagement plan was created from the outset of the review, detailing proposed initiatives to actively involve all individuals affected. The initiatives included: service user telephone interviews and workshops; care provider surveys and workshops; care worker engagement surveys; and consultations with internal staff and external providers. A detailed analysis of the profile of homecare and reablement service users has been undertaken and used to monitor the different needs of service users across the borough.

Three task and finish groups were also set up to specifically focus on Operational Change, Workforce Development and Technology. Working with providers the aim of these groups was to identify the quality of homecare provision in Brent could be improved and person centred outcomes achieved.

A care worker survey was developed and circulated to all contracted care provider agencies in the borough. Pay, training and security were highlighted as issues

To test that the emerging service model, further engagement was undertaken toward the end of the process. This consisted of face to face and telephone interview with service users, a workshop sessions focused of carers and further provider tenement forums.

No further engagement is required prior to the model being implemented. However, ongoing engagement will be required during the implementation period and beyond to ensure the anticipated improvement in quality is sustained and equalities implications are monitored. This will also be achieved via the performance and quality framework set out in the specification.

5. Please detail any areas identified as requiring further data or detailed analysis.

N/A

6. If, following your action plan, negative impacts will or may remain, please explain how these can be justified?

No further action plan required at this stage. All of the issues identified above have been address during the development of the service model and service specification.

7. Outline how you will monitor the actual, ongoing impact of the policy or proposal?

The Service Specification and associated Scheduels include

- A Quality Assurance Framework,
- An Outcomes Framework and
- A Performance Management Framework.

To support these, providers must use the council specified Electronic Call Monitoring (ECM) system. This will provide real time information to ensure service users receive the care they need at the correct time.

The use of CarePlace, an electronic brokerage system, will also be mandatory for providers. This will enable the council and providers to respond to new service users and changes to service user needs more quickly. It will also provide contract monitoring information and equalities monitoring information.

In addition, a team of Placement Relationship Officers will monitor the contract and the quality of service provision. They will undertake regular provider audits, which will include face to face discussions with service users, deal with complaints with the aim of preventing escalation and participat in safeguarding investigations. Placement Relationship Officers will develop and deep and ongoing relationship with providers making recommendations for improvement and monitoring the implementation of those recommendations.

Ongoing service user engagement will take place during the implementation period and beyond.

A regular Brent Provider Forum will be held all providers will be invited to attend. The Provider Forum will encourage the sharing of good practice and develop an agenda that will focus on quality and improvement. This will include speakers and workshops that focus on current issues, common challenges and emerging issues including those relating to equalities.

SECTION C - CONCLUSIONS

Based on the analysis above, please detail your overall conclusions. State if any mitigating actions are required to alleviate negative impacts, what these are and what the desired outcomes will be. If positive equality impacts have been identified, consider what actions you can take to enhance them. If you have decided to justify and continue with the policy despite negative equality impacts, provide your justification. If you are to stop the policy, explain why.

Equalities issues have been taken into account throughout the review and have been a key focus in the development of the new service model and service specification.

Where identified, negative impacts have been addressed within the model and specification. Positive impacts of the proposed model have been enhanced where possible. An example of this is the focus placed on specialist providers and the way the Zones have been developed.

The main changes to the homecare service model have been set out below:

- A move away from a Brent wide, generic service to a patch based model aligned to the 13 Primary Care Networks for the delivery of service for Older People and Physical Disabilities (details of patches is set out at Appendix 1). Each patch would have a lead provider and a support provider who would be required to deliver at least 80% of all of the hours in the patch. The remaining hours would be delivered by providers from an approved provider list, allowing smaller providers who do not have the capacity to deliver the required volume of hours in any patch to also continue to deliver work for Brent and will also provide a degree of market assurance and allow us to retain enough providers to cover any market failure issues.
- For 'specialist' care groups, where there is not enough demand to allow for a split into 13 patches, we are proposing two patches. For reablement and children's services the proposal is to work on two patches covering the borough, with four lead providers for each service type. For learning disabilities and mental health services, the plan is to have two patches, with two lead providers for each service type.
- Whilst providers will be able to bid for as many services as they wish, they will only be awarded a maximum of:
 - Up to two older people / physical disability zones
 - One older people / physical disability zone and one of the children's, reablement, LD and MH or dementia zones
 - Providers will only be the lead provider for one of the children's, reablement, LD and MH zones – they will not be awarded two of these zones.
- This model has the benefit of allowing providers to develop relationships with a smaller group of GP practices, less travel time and security around the number of hours to be delivered allowing for longer term workforce planning for providers. This should also result in a smaller number of providers, allowing for better contract monitoring and better training and support for carers.
- Consistency of care worker is something that the council and care providers are committed to, and it will be included as an element in performance and contract monitoring schedules. As part of the re-procurement provider will be asked to commit to providing a small pool of named care workers for each service users, and commit to these named workers being the people who deliver care to the service user for the lifespan of the contract (wherever possible).
- The council has committed to paying an hourly rate that allows workers to be paid at London Living Wage levels.

SECTION D – RESULT

| <i>Please select one of the following options. Mark with an "X".</i> | | |
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| A | CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED | X |
| B | JUSTIFY AND CONTINUE THE POLICY/PROPOSAL | |

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| C | CHANGE / ADJUST THE POLICY/PROPOSAL | |
| D | STOP OR ABANDON THE POLICY/PROPOSAL | |

SECTION E - ACTION PLAN

This will help you monitor the steps you have identified to reduce the negative impacts (or increase the positive); monitor actual or ongoing impacts; plan reviews and any further engagement or analysis required.

| Action | Expected outcome | Officer | Completion Date |
|---|---|----------------|------------------------|
| Quality and contract monitoring visits will consider equality issues | Quality and performance measures are being achieved | Andrew Davies | Ongoing |
| Aggregated quality monitoring information will be monitored by the HOS and SGAB | Quality and equality issues and identified quickly and action taken | Andrew Davies | Ongoing |
| Equalities Data will be monitored on a regular basis | Issues are identified and action taken | Andrew Davies | ongoing |
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SECTION F – SIGN OFF

Please ensure this section is signed and dated.

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| OFFICER: | |
| REVIEWING OFFICER: | |
| HEAD OF SERVICE: | |