Budget Savings Proposals
Full Equality Impact Assessment (EQIA)

Section 1: General Information

1a) Name of the savings proposal
AHWB/1 Promoting independence and reducing demand through Reablement.

1b)Service area
Older People

1c) Service manager
John Roog, Service Head, Older People

1d) Name and role of the officer/s completing the EQIA

Christine Oates, Service Manager, Adult Resources
Keith Burns, Programme Director, Special Projects

Section 2: Information about changes to services

2a) In brief please explain the savings proposals and the reasons for this change

'Reablement' describes an approach to care provision which, by concentrating resources on intensive input to rebuild and maximise an individual's capacity to manage their own care at key junctures – typically, following accident, ill-health, hospitalization, the onset of disability or impairment - reduces the need for long term, ongoing, and more intensive care. At the end of a period of reablement all service users are reassessed to establish whether there is a need for long term support, at home or in residential settings. Reablement is not alternative to long term support; it is intended to prevent people needing to access long term, intensive support by enabling them to regain their impendence. As a service model, the universal availability of re-ablement services is also central to Putting People first, the Government's three year programme for the transformation of adult social care published in January 2008. It is key to both the introduction of personalised adult social care and to the efficient management of resources.

Reablement is about:

- supporting people to regain skills and confidence;
- enabling people to set and achieve their own goals so they can have choice and control in their daily lives;
- doing things with people rather than for people; and
- focussing on strengths and aspirations as well as coping with difficulties.

Members approved the introduction of the LBTH Reablement Service in January 2009 and the service started during 2009/10 at the Royal London and Mile End Hospitals for all patients discharged who were either new to home care or who needed an increase in their existing care package. It has since been rolled out to become an 'intake' service applying to all new community based referrals as well as hospital discharge. A separate pathway is being devised for specialist Teams including Sensory Impairment, Learning Disability and Mental Health where there are specific skills and knowledge required to support service users through the reablement pathway.

Since the initiation of the Council's Reablement service in 2009, the service has been delivered by the In-house Home Care Service utilising its strong existing links with District Nurses, Occupational Therapists and other relevant professionals to deliver the service successfully. Delivering Reablement successfully requires a highly skilled and well managed workforce, and the In-house

Service is well suited to these requirements.

Since October 2009, new long term packages of home care support have all been commissioned from external suppliers rather than from the In-house Home Care Service. As a consequence of this, we have seen an incremental reduction in the number of long-term hours being delivered by the In-house service as existing long term packages come to an end. It is proposed that this arrangement be maintained in future, and it is the continuation of this incremental reduction that will make a significant contribution to the delivery of the savings set out in the proposal.

The reablement service is a popular and positive offer to people across all equality strands and there is no reason why there should be differential outcomes for people at the end of the reablement period in terms of equalities. However, a commitment has been made (see action plan) for future monitoring of the service to include analysis of outcomes disaggregated by equality strands, which will enable us to monitor this. At the end of reablement all people who are eligible for long-term support will receive an appropriate level of care, in keeping with the Council's policy and duty of care. It should be stressed that all assessments and care decisions are made on a case-by-case basis. Because reablement promotes independence, this may well reduce people's need for long-term care; however where people are assessed to require it, eligibility for long-term care remains and needs will be met accordingly.

2b) What are the equality implications of your proposal?

The evaluation of the first phase of the service, which was a hospital discharge service is well documented and includes the outcomes for people having received the service. The emphasis is on the number of people who did not need Long Term support or had reduced support requirements. In addition, there is a breakdown of service users who were referred by age, gender, ethnicity, religious belief and sexuality.

The draft evaluation report for the first six months activity of 10/11 indicates that 41% of people required no ongoing support. The final report will include information regarding outcomes for all equality strands.

The Re-ablement service is delivered by the in-house Home Care service, with the majority of care and support being provided by employed staff. The first key equality issue here is, therefore, the extent to which this workforce reflects the community it serves (in this case the cohort of individuals referred for re-ablement).

As the service is already operational, and has been for some time, this is an existing issue. It is addressed on a day to day basis by the use of staff employed from agencies in order to provide a culturally sensitive and appropriate service to individuals where this is not possible from within the employed workforce. The establishment of the Re-ablement service is designed to cover up to 85% of the overall activity of the service, with the remaining 15% of activity covered by the use of agency staff. This arrangement will ensure that the service continues to be able to use agency staff to provide a culturally appropriate and sensitive service on an ongoing basis. At the same time, efforts to develop the employed workforce so that it more closely reflects the community it serves will be maintained.

The other key equality issue which arises from this proposal is that in order to achieve the savings proposed, we continue to commission all new packages of longer term care and support from the independent sector. This element of the proposal is very closely interlinked with the separate savings proposal related to the re-commissioning of these independent sector arrangements. The equalities issues, and mitigation, relating to this proposal are discussed in section 2c) below.

Links to other service changes

This savings proposal is closely interlinked with the re-commissioning of externally purchased Domiciliary Care services. As noted in Q2a above, the Directorate no longer commissions longer term packages of care and support from the in-house Home Care service. All services of this type are now commissioned from the independent sector The planned re-commissioning of these independent sector services will result in four geographic (based on paired LAPs) contracts being let.

In order to mitigate any potential negative impacts arising from this changed approach a number of steps are being taken. These mitigating actions apply equally to this savings proposal, as it is predicated in large part on continuing to commission all new longer term packages of care and support from the independent sector suppliers selected through the procurement process.

Firstly, a detailed breakdown, by ethnicity, of the population of current service users in each of the paired LAP areas has been completed. This breakdown will be included in the OJEU advert that will initiate the formal procurement process, and potential suppliers will be informed that any tender submissions which do not provide a comprehensive and credible description of how the supplier will deliver a sensitive and appropriate service to the diverse communities within the particular geographic area they are bidding for are highly unlikely to be successful. This comprehensive description will need to address each of the equality strands in

order to be evaluated positively. Alongside this, we will also actively promote the submission of consortia bids that see 'lead' suppliers working in partnership with smaller more specialist suppliers to offer a service that best reflects the community served.

At Pre-Qualification Questionnaire (PQQ) stage, suppliers will be asked to set out their plans for delivering a workforce that reflects the community in the paired LAP area they are bidding for, and the scoring for this question will be weighted to ensure it has a significant impact on the overall evaluation. Suppliers not responding effectively and fully to this question are, therefore, less likely to be invited to tender. The method statements potential suppliers will be required to complete as part of the subsequent tender submission will then explore their workforce plans in more detail.

In addition to this, there is a further question in the PQQ asking suppliers to "outline your approach to ensuring that all care staff employed have, or are working towards, as a minimum NVQ level 2 in Health and Social Care, and tell us what proportion of your current workforce have achieved this level." This is important both in terms of the quality of care delivered and in providing an indication of the supplier's approach to up-skilling a workforce that is traditionally a low pay, low skill one. This is of relevance to the socio-economic strand of the equality framework.

At the invitation to tender stage, it is our intention to ask suppliers to submit two prices: one based on their existing salary scales; and the other based on them paying the London Living Wage as a minimum. This will enable us to test the affordability of letting the contracts on the basis of the LLW being applied, and to make recommendations to Cabinet on this matter at contract award stage. Again, this is of relevance to the socio-economic strand of the equality framework.

Finally, although the application of the TUPE arrangements will ultimately be a matter for successful bidders, and any current suppliers who are unsuccessful, to consider, we will make clear from the outset of the procurement process that we believe that TUPE will apply. We will also make clear our expectation that successful suppliers will comply with both the letter and the spirit of the law in how they handle TUPE. This will support both the efforts to maintain a workforce that reflects the community, and to support local employment.

Section 3: Equality Impact Assessment

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

Race *Identify the effect of the policy on different* ***racial*** *groups.*	Will the change in your policy/service have an adverse impact on specific ethnic groups? No Please describe the analysis and interpretation of evidence to support your conclusion. The evaluation reports for the service will continue to monitor referrals to the service by all equality strands and this will also be applied to outcomes for service users. The reablement programme is expected to deliver a major reconfiguration of care services, away from a model, which is primarily geared to meeting long term dependency needs for all people. The service will act as a triage for access to domiciliary care and as a consequence of this, access to the reablement service will increase. Specifically phase 1 evaluation reports 68% of users as White British and 9% Bengali. Since being broadened out and more widely offered as part of the customer journey phase 2 reports 63% White British uptake against 19% Asian and 12% Black. The service is aware that few Somali speaking carers are directly employed in the service and in order to meet the requirements of this user group, staff have been sourced from other agencies. A need for ongoing support where required will be met by external providers. A process of re-commissioning domiciliary care during 2011/12 will ensure that long term services are commissioned from providers rated as good or excellent by CQC. These providers, through the retendering process will need to demonstrate an ability to meet the needs of all communities and the promotion of equality will be required in the new contract arrangements. See section 2c above for a detailed explanation of how this will be achieved.

Disability *Identify the effect of the policy on different* ***disability*** *groups*	Will the change in your policy/service have an adverse impact on disabled people? No Please describe the analysis and interpretation of evidence to support your conclusion. Detailed disability data is not gathered, the majority of service users do however, have a form of disability. The service aims to maximise an individuals ability to live as independently as possible. If at the end of reablement an individual remains FACs eligible then support will be provided. The reablement programme is expected to deliver a major reconfiguration of care services, away from a model, which is primarily geared to meeting long term dependency needs for all people. The service will act as a triage for access to domiciliary care and as a consequence of this, access to the reablement service will increase. A need for ongoing support where required will be met by external providers. A process of re-commissioning domiciliary care during 2011/12 will ensure that long term services are commissioned from providers rated as good or excellent by CQC. These providers, through the retendering process will need to demonstrate an ability to meet the needs of all communities and the promotion of equality will be required in the new contract arrangements. See section 2c above for a detailed explanation of how this will be achieved.

Gender *Identify the effect of the policy on different* ***gender groups (inc Trans)*** *groups*	Will the change in your policy/service have an adverse impact on men or women? No Please describe the analysis and interpretation of evidence to support your conclusion. In the data gathered for phase one, of all referrals to the service, 57% were female and 43% were male. When the service was extended to the community Teams the data changed to 63% female and 37% male. There is no obvious explanation for this but the referrals by gender will continue to be monitored. The reablement programme is expected to deliver a major reconfiguration of care services, away from a model, which is primarily geared to meeting long term dependency needs for all people. The service will act as a triage for access to domiciliary care and as a consequence of this, access to the reablement service will increase. A need for ongoing support where required will be met by external providers. A process of re-commissioning domiciliary care during 2011/12 will ensure that long term services are commissioned from providers rated as good or excellent by CQC. These providers, through the retendering process will need to demonstrate an ability to meet the needs of all communities and the promotion of equality will be required in the new contract arrangements. See section 2c above for a detailed explanation of how this will be achieved.

Sexual Orientation *Identify the effect of the policy on members of the LGB community*	Will the change in your policy/service have an adverse impact on lesbian, gay or bisexual people? No Please describe the analysis and interpretation of evidence to support your conclusion. Effort has been made to collect data but in phase one, 98% of users declined to state their sexual orientation. In phase 2 this figure had fallen to 83%. There is a potential for a need for further staff training in regard to this strand. The reablement programme is expected to deliver a major reconfiguration of care services, away from a model, which is primarily geared to meeting long term dependency needs for all people. The service will act as a triage for access to domiciliary care and as a consequence of this, access to the reablement service will increase. A need for ongoing support where required will be met by external providers. A process of re-commissioning domiciliary care during 2011/12 will ensure that long term services are commissioned from providers rated as good or excellent by CQC. These providers, through the retendering process will need to demonstrate an ability to meet the needs of all communities and the promotion of equality will be required in the new contract arrangements. See section 2c above for a detailed explanation of how this will be achieved.

Religion and Belief *Identify the effect of the policy on different* ***religious and faith*** *groups*	Will the change in your policy/service have an adverse impact on people who practice a religion or belief? No Please describe the analysis and interpretation of evidence to support your conclusion. Data has and continues to be collected on this strand. The first six months of Phase two has demonstrated a move that is more in line with the known estimates of religion/belief in the borough contained in the 2001 census. The reablement programme is expected to deliver a major reconfiguration of care services, away from a model, which is primarily geared to meeting long term dependency needs for all people. The service will act as a triage for access to domiciliary care and as a consequence of this, access to the reablement service will increase. A need for ongoing support where required will be met by external providers. A process of re-commissioning domiciliary care during 2011/12 will ensure that long term services are commissioned from providers rated as good or excellent by CQC. These providers, through the retendering process will need to demonstrate an ability to meet the needs of all communities and the promotion of equality will be required in the new contract arrangements. See section 2c above for a detailed explanation of how this will be achieved.

Age *Identify the effect of the policy on different **age** groups using the prompts above*	Will the change in your policy/service have an adverse impact on specific age groups? No Please describe the analysis and interpretation of evidence to support your conclusion. In phase two the profile of service users has broadened out slightly and reflects younger age groups which although small, may rise as the service is further rolled out. The reablement programme is expected to deliver a major reconfiguration of care services, away from a model, which is primarily geared to meeting long term dependency needs for all people. The service will act as a triage for access to domiciliary care and as a consequence of this, access to the reablement service will increase. A need for ongoing support where required will be met by external providers. A process of re-commissioning domiciliary care during 2011/12 will ensure that long term services are commissioned from providers rated as good or excellent by CQC. These providers, through the retendering process will need to demonstrate an ability to meet the needs of all communities and the promotion of equality will be required in the new contract arrangements. See section 2c above for a detailed explanation of how this will be achieved.

Socio-economic *Identify the effect of the policy in relation to* ***socio-economic*** *inequalities*	Will the change in your policy/service have an adverse impact on people with low incomes? No Please describe the analysis and interpretation of evidence to support your conclusion. The reablement service cannot be charged for under national guidance and there are no adverse impacts on people with low incomes. Referral to reablement will not affect an individuals entitlement to be assessed using FACs eligibility.
Other *Identify if there are groups, other than those already considered, that may be adversely affected by the policy?*	Will the change in your policy/service have an adverse impact on any other people (e.g. carers)? No Please describe the analysis and interpretation of evidence to support your conclusion. The pathway of care described will apply to all, apart from a small number where reablement will clearly not be appropriate. This may be the case where people who are terminally ill and therefore, require end of life care.

Staff

Identify if there are any staff groups, that may be adversely affected by the policy?

Will the change in your policy/service have an adverse impact on staff? Yes
Please describe the analysis and interpretation of evidence to support your conclusion.

The immediate impact will be a reduction of one post, a Homecare Supervisor. Longer term, there will be an impact on a larger group of staff arising from the cessation of a Homecare Long Term team provided in house. The possible implications of this change are considered in the Budget Saving Proposal, included in the budget pack. These potential staff reductions are the result of the overall proposals for the future of the in house service and not specifically related to the creation of the reablement service. The current workforce has recently been profiled as follows:

Gender	**Total**	**%**
Female	132	76.7%
Male	40	23.3%
Grand Total	***172***	***100.0%***

Ethnicity	**Total**	**%**
BME	98	57.0%
White	74	43.0%
Grand Total	***172***	***100.0%***

Age Band	**Total**	**%**
Over 50	87	50.6%
Under 50	85	49.4%
Grand Total	***172***	***100.0%***

Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.
If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

Adverse impact	Please describe the actions that will be taken to mitigate this impact
Potential losses of staff arising from the cessation of a long term service in house.	A further EQIA will be completed in relation to the impact on staff in Workstream 3.
Whilst no adverse impacts identified, work will take place to ensure that outcomes for service users are analysed by equality strand in the future in order to identify any significant trends.	The draft evaluation report for the first six months activity of 10/11 indicates that 41% of people required no ongoing support. The final report will include information regarding outcomes for all equality strands.

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Section 5: Future Review and Monitoring

Please explain how and when the actual equality impact of these changes will be reviewed and monitored.

i) Service Users:
The impact on service users will be reviewed and monitored through contract monitoring. The reablement service will continue to monitor all equalities fields via the service user database.

ii) Staff:
The full impact on staff has yet to be determined.

APPENDIX A: Equality Impact Assessment Test of Relevance

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN…..
Does the change reduce resources available to address inequality?		• What outcome did the previous intervention seek to achieve? • What evidence do you have about how effective the previous intervention was?
CHANGES TO A SERVICE		
Does the change alter access to the service?		• Is there evidence that access will be more difficult or costly for some people?
Does the change involve revenue raising?		• What evidence do we have about who will pay? • What impact will this have on the income available for these people?
Does the change alter who is eligible for the service?		• What evidence do we have about who will no longer be eligible for the service? • Is this likely to lead to poorer outcomes for those who cannot access the service?

Does the change involve a reduction or removal of income transfers to service users?		• What evidence do we have on who has benefits from these transfers? • What is the likely impact of the removal of the income to current beneficiaries?
Does the change involve a contracting out of a service currently provided in house?		• Is there a need to include promotion of equality in the new contract arrangements?
CHANGES TO STAFFING		
Does the change involve a reduction in staff?		• What evidence do we have about the composition of the current workforce? • Are there some groups who are likely to be disproportionately affected by the proposed reduction?
Does the change involve a redesign of the roles of staff?		• What evidence is there that this could have an impact on equal pay? • Does the change reduce the ability of staff to work flexibly?