

Appendix 3 - Procurement strategy – Support at Home (Homecare) services

H&F Equality Impact Analysis Tool

Conducting an Equality Impact Analysis

An EQIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool has been updated to reflect the new public sector equality duty (pseud). The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under this act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Whilst working on your equality impact assessment, you must analyse your proposal against the three tenets of the equality duty.

H&F Equality Impact Analysis Tool

Overall information	Details Of Equality Impact Analysis
Financial year and quarter	2023/24, Q2
Name and details of policy, strategy, function, project, activity, or programme	<p>HEMOCARE AND INDEPENDENT LIVING PROCUREMENT</p> <p>Short Summary</p> <p>Homecare is defined as services provided for individuals in their place of residence (Support at Home), aimed at keeping people independent in their home for as long as possible, reabling and enabling individuals to do things for themselves giving the right amount of support at the right time. Hammersmith & Fulham is proud to provide free homecare to all residents who have an assessed and eligible need for the service. The uptake of services in the borough is the highest of all London local authorities and LBHF also provides the most hours per resident per week on average. The current commissioned services are provided in three patches covering the north, central and south localities of the borough which have been awarded to three providers. In addition, we also procure a number of homecare services through our spot provision which is spread over a number of providers as and when needed. Residents also have the option to take their personal budget as a direct payment so they manage their care independently of commissioned services.</p> <p>Homecare activities include personal care, practical support, assistance with medication, working closely with health staff, emergency support, assistance to be as independent as possible and tasks that contribute to achieving outcomes identified in the individuals care and support plan.</p> <p>The contracted commissioned providers are coming up to the end of their contract and this provides us with an opportunity to review what is working well, areas for improvement, and different ways of working to increase the quality of services residents experience, and improve their individual outcomes. The purpose of the homecare procurement is to procure quality, person centered and outcome focused services, develop a new specification and KPI's, and improve resident involvement, choice and control through a new model of homecare services.</p> <p>Homecare is available to all residents who require it, including older people, people with physical disabilities, learning disabilities and mental health support needs. It is regulated by the Care Quality Commission (CQC) to ensure quality and safe services; they also assign ratings to providers based on their inspections and it is our desire to only place residents with providers who have a rating of at least</p>

	<p>Good.</p> <p>The procurement will only cover the current contracted provision and the packages of care those providers hold. All residents who are using the spot provision will remain with their current provider which will maintain their continuity of care.</p>
Lead officer	<p>Laura Palfreeman Programme Lead laura.palfreeman@lbhf.gov.uk</p>
Date of completion of final EIA	<p>26/09/2023</p>

Section 02	Scoping of Full EIA								
Plan for completion	<p>Timing: 2023</p> <p>Resources: Laura Palfreeman – Programme lead Johan Van Wijgerden – Strategic lead</p>								
Analyse the impact of the policy, strategy, function, project, activity, or programme	<p>Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic. You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.</p> <table border="1" data-bbox="555 798 2098 912"> <thead> <tr> <th data-bbox="555 798 801 912">Protected characteristic</th> <th data-bbox="801 798 1854 912">Analysis</th> <th data-bbox="1854 798 2098 912">impact:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Protected characteristic	Analysis	impact:			
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	Age	<p>The homecare services to be procured are for all adult residents aged 18 and over. Although it is available for all adults, due to the nature of the service a higher number of older people are affected by any change in services</p> <p>The 2019-20 ADASS Home-based Support Survey 2019-20 indicated across London local authorities, most homecare service users were aged between 75 and 94 years. In H&F, 56% of homecare users are within this age group, and 75.8% are aged over 65 years.</p> <table border="1"> <thead> <tr> <th>Age group</th> <th>count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>18-25</td> <td>13</td> <td>0.9%</td> </tr> <tr> <td>26-49</td> <td>104</td> <td>7.5%</td> </tr> <tr> <td>50-64</td> <td>219</td> <td>15.7%</td> </tr> <tr> <td>65-74</td> <td>220</td> <td>15.8%</td> </tr> <tr> <td>75-84</td> <td>391</td> <td>28.1%</td> </tr> <tr> <td>85-94</td> <td>388</td> <td>27.9%</td> </tr> <tr> <td>95+</td> <td>56</td> <td>4.0%</td> </tr> <tr> <td>Total</td> <td>1391</td> <td>100</td> </tr> </tbody> </table> <p>Demand for homecare services is expected to increase in the future as the proportion of the population in LBHF aged over 65 years, and the old-age dependency ratio, increases. The demographic shift will likely result in more pressure on healthcare and adult social care services as the prevalence of long-term conditions and multimorbidity increases. The average age of starting homecare services was 74 years, and the average age of a homecare service user was 75 years.</p>	Age group	count	%	18-25	13	0.9%	26-49	104	7.5%	50-64	219	15.7%	65-74	220	15.8%	75-84	391	28.1%	85-94	388	27.9%	95+	56	4.0%	Total	1391	100	Positive
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Disability	<p>Individuals receive homecare services in LBHF for one of seven primary support reasons - 76% of service users received homecare primarily for physical support in October 2020. Physical support was</p>	Positive																												

	also the primary reason service users previously receiving reablement were referred to homecare.	
Gender reassignment	There are no identified impacts for gender reassignment. The service will be expected to support residents and treat everyone equally	Neutral
Marriage and Civil Partnership	There are no identified impacts for marriage and civil partnerships.	Neutral
Pregnancy and maternity	There are no identified impacts for marriage and civil partnerships	Neutral
Race	<p>Individuals identifying as Black, Asian or minority ethnic comprised 34.2% of homecare service users in LBHF and individuals identifying as White accounted for 50.1%. This largely correlates with the borough profile which refers to the 2011 census findings that 68.1% of residents identified as White and 31.9% identified as belonging to Black and minority groups.</p> <p>Individuals identifying as mixed ethnicity were the most underrepresented ethnic group receiving homecare services relative to the population in LBHF. The three largest subgroups of ethnicity for homecare residents were individuals identifying as White British (55.3%); Caribbean (12.4%); and White Irish (7.4%).</p>	Neutral
Religion/belief (including non-belief)	<p>There are no identified impacts for religion/belief.</p> <p>The service will be expected to support residents to practice their religion/beliefs and ensure residents and staff are treated equally and without abuse or prejudice based on religious beliefs or lack of.</p>	Neutral
Sex	Homecare services are available to all genders, although the majority of residents using the services are female, and the number	Neutral

		of female carers greatly exceed the number of male carers in the industry. Females residents accounted for 60.9% of homecare users, whereas males comprised 38.4%	
	Sexual Orientation	There are no identified negative impacts for sexual orientation. The service will be expected to ensure equality of access and treatment for all residents; provide sensitive services and deal robustly with all incidents of homophobic harassment, violence and/or abuse.	Neutral
<p>Human Rights or Children's Rights</p> <p>If your decision has the potential to affect Human Rights or Children's Rights, please contact your Equality Lead for advice</p> <p>Will it affect Human Rights, as defined by the Human Rights Act 1998?</p> <p>No</p> <p>Will it affect Children's Rights, as defined by the UNCRC (1992)?</p> <p>No</p>			

Section 03	<p>Analysis of relevant data</p> <p>Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.</p>
Documents and data reviewed	<p>Borough profile 2018</p> <p>Homecare needs assessment 2020-2021</p>
New research	

Section 04	Consultation
Consultation	<p>We hosted a number of in person events for residents and their families to be able to take part in coproducing the new services. Quality Leads also contacted residents by random selection who were in receipt of homecare services either through commissioned provision or via direct payment. These quality calls will be continuous throughout the year to get resident feedback on the quality and impact of the homecare services they are receiving.</p> <p>In addition, we are recruiting a group of residents to join an overarching co-production group but so far take up has been very low with only one resident registering an interest. I hosted a resident forum to review the draft specification and get feedback and input into this, though resident attendance was low.</p>
Analysis of consultation outcomes	<p>In person events were attended by a small number of the community, with 24 residents attending across 9 events. 54% of attendees were female, 79% were white compared to approx. 50% of homecare users been from white backgrounds meaning they were over represented in the feedback. All attendees were older people, which is the largest user group of homecare services, but means the views of younger people with physical or learning disabilities were not captured.</p> <p>There were mixed responses about the quality of the service people were receiving, but overwhelmingly they supported closer relationships with the people caring for them or their friends / family to help build connections to enable their needs to be better responded to.</p> <p>Residents wanted to be treated with respect in their home and for cultural differences not to impact on the care they receive. E.g. we heard examples of carers been unwilling to prepare or purchase items the resident wanted, such as pork products, due to religious beliefs.</p>

Section 05	Analysis of impact and outcomes
Analysis	<p>Homecare services are available for all residents who have assessed need, and it is accessible via direct referral or referral via a third party. Anyone can ask for a needs assessment, regardless of age, gender, ethnicity or any other protected group. As homecare services are provided free of charge to residents there is no economical barrier for residents accepting care if they are in need. This also supports residents to stay in their homes living independently for as long as possible with access to</p>

their community.

Older people already account for the largest use of homecare services in the borough and the proportion of the population of LBHF aged 65 years and older is projected to increase to 14.7% by 2031. The need for homecare services is therefore likely to increase with this demographic continuing to be the predominant users of the service

There may be a gap in provision for those with specialist needs which the mainstream providers may not have sufficient skill to provide care for, such as dementia, mental health and learning disabilities. From the dementia strategy 2021, dementia diagnoses are expected to rise by 42% to 1,900 people living with dementia in 2030 so it is reasonable to expect the demand for homecare services to rise for this need group.

Learning disabilities and mental health make up the larger portion of younger people who use homecare services. Some further consultation with these groups would be beneficial to understand the issues they face when using the service and what good looks like for them.

In September 2023, the Homecare and Independent Living Procurement Strategy was revised to realise significant financial benefits of the service, without which would not be a financially viable service. As a result, all current spot placements will remain with Bridging providers and only the patch hours of the incumbent providers will be transferred to the new patches. The potential negative impact on quality of service to protected characteristics is considered minimal if the following risk mitigations are put in place:

- Make use of existing oversight tools to help monitor performance of bridging providers.
- Recruitment of additional resources to manage the quality of service.
- Strengthen monitoring arrangements under the new Homecare & Independent Living Service and regularly review.
- The Bridging providers will be expected to ensure equality of access and treatment for all residents (Align with Homecare standards)
- All new contract providers will be considered strategic partners working alongside ASC to improve quality and effect necessary changes in the market over the life of the contract, we will also hold regular Strategic Homecare & Independent Living provider forums.
- Continued use of the Bridging screening tool.

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Section 06	Reducing any adverse impacts and recommendations
Outcome of analysis	No adverse impacts are anticipated but further consultation with residents under 65 using the service would be beneficial.

Section 07	Action plan					
Action plan	Note: You will only need to use this section if you have identified actions as a result of your analysis					
	Issue identified	Action (s) to be taken	When	Lead officer	Expected outcome	Date added to business plan
	Voices of younger people using homecare services not been heard	Use the Quality lead calls to target residents in this age group	Ongoing	Laura Palfreeman	More feedback and engagement from representative groups	

Section 08	Agreement, publication and monitoring
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Chief officers' sign-off	Name: Julius Olu Position: Borough Lead for ASC & PH Commissioning and Partnerships Hammersmith & Fulham Council Email: Julius.Olu@lbhf.gov.uk Telephone No
Key decision report (if relevant)	Date Of Procurement Strategy To Cabinet: September 2022 Date of Award Report to Cabinet: January 2024 Key Equalities Issues Have Been Included: Yes
Equalities lead (where involved)	Name: Position: Date Advice / Guidance Given: Email: Telephone No:

