

# Thurrock Council

## Community Equality Impact Assessment

### Service area and lead officer

<b>Name of service</b>	Adult Social Care
<b>CEIA Lead Officer</b>	Sarah Turner
<b>CEIA Lead Officer job title</b>	Commissioning Manager
<b>CEIA Lead Officer email address</b>	SATurner@thurrock.gov.uk

### Subject of this assessment

<b>What specific policy, strategy, function or service is the subject of this assessment?</b>
Commissioning of domiciliary care (aka home care) services.
<b>Borough-wide or location-specific?</b>
<input checked="" type="checkbox"/> Borough-wide <input type="checkbox"/> Location-specific – please state locations below.
Click or tap here to enter text.
<b>Why is this policy, strategy, function or service development or review needed?</b>

**This is a large-scale procurement affecting the most vulnerable people in our community. As such a review is required to ensure we do not adversely affect service users or their unpaid carers.**

**Little change will occur to the service at contract commencement. Instead, the service will evolve in line with a Human Learning Systems (HLS) approach. As such, there will be multiple iterations of this document over the life of the contract as we decide to test and implement modifications to the existing service design in response to learning.**

**We are moving the service to operate on a locality basis as ‘place’ is the organising principle for health and social care in Thurrock. It is hoped that by moving the service onto the same locality footprint as G.P.s, district nursing and social work teams that service users will experience a more integrated and joined up approach to support, reducing duplication and the number of people coming into their home.**

**Should an ‘experiment’ (pilot) prove to be successful we hope to enhance the role of care workers. This in turn should lead to greater remuneration and status of these workers, hopefully addressing the recruitment and retention challenges facing us (care as a career is unattractive, often viewed as low status and low pay with little progression) as one third of our workforce is due to retire in the next 10 years, yet we attract few young entrants to the sector.**

**We have proposed a 10 year contract, to move away from the endless short term cycle of tenders which have historically added little value whilst being time consuming and costly. Thurrock has an over reliance on ‘0’ hour employment contracts within the adult care sector compared to national and regional averages and it is expected that by offering greater security of contracts, providers can in turn offer more security in their employment.**

## **1. Engagement, consultation and supporting information**

- 1.1. What steps you have taken, or do you plan to take, to engage or consult (where applicable) the whole community or specific groups affected by this development or review? **This is a vital step.**

**Steps you have taken, or plan to take, to engage or consult**

We have carried out a baseline survey with all users of the service and have commissioned Thurrock Coalition (our User Led Organisation) to undertake focus groups on our behalf. We have also utilised the contract officers existing contact with service users as part of their quality monitoring activity to ensure we understand what is working well and what areas we need to improve i.e. what is important to people who use the service both now and in the future.

- 1.2. What data or intelligence sources have you used to inform your assessment of the impact? How have these helped you understand who will be affected by the development or review?

**Sources of data or intelligence, and how they have been used**

We have undertaken a review of the protected characteristics of the people who use the service and compared this to survey respondents and the census data.

**2. Community and workforce impact**

- 2.1. What impacts will this development or review have on communities, workforce and the health and wellbeing of local residents?

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Local communities in general</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>We are moving to an area based (locality) delivery of care to ensure greater joined up working between health and social care. This should reduce duplication, reduce travel and increase timeliness of calls and consistency of carers.</p> <p>We have not identified any negative impacts in this approach.</p>	<p>It is hoped that users of the service will experience an improved service – especially in the two areas that they have identified as important to them, namely timeliness of visits/calls and consistency of carers.</p>
<b>Age</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>85% of users of domiciliary care users are older people – with the majority being aged 80+. Any change in service will impact on this group of people more than anyone else. The initial change to place based working should have no adverse impact on older people and support the service improvements identified by users as being of importance e.g. timeliness of calls and consistency of carers.</p> <p>Other impacts will be assessed as the service is shaped.</p>	<p>No negative impacts have been identified. We are introducing electronic monitoring so that we can monitor timelines of calls/consistency of staff. Should we see improvements in these areas of delivery, we will have higher satisfaction amongst users.</p>

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The majority of users will have some form of disability and require help and assistance with aspects of daily living e.g. washing, dressing etc. As such, improvements in services should lead to greater satisfaction with their support.	No negative impacts have been identified. Improved service quality and satisfaction should lead to improved outcomes for people with a disability. We will be testing over time how to connect people who use this service with the community they live in thereby reducing the high levels of self-reported loneliness.
<b>Gender reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neither positive or negative impacts identified. We do not have enough data to draw any meaningful conclusions.	Neither positive or negative impacts identified
<b>Marriage and civil partnership</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neither positive or negative impacts identified. We do not have enough data to draw any meaningful conclusions.	Neither positive or negative impacts identified
<b>Pregnancy and maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neither positive or negative impacts identified due to the age of most service users (80+).	Neither positive or negative impacts identified

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Race was considered as part of evaluation of users of the service. User profile matched census data for these age groups and there was no evidence that access to services was a concern. There was also no evidence that race impacted on satisfaction levels in the survey results. However, please note that the user group was too small to draw any more meaningful conclusions.	Please see explanation.
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neither positive or negative impacts identified. Please note that it is a requirement of providers registrations to not discriminate against people for their religion or beliefs so this is checked by CQC in addition to our own contract monitoring.	Neither positive or negative impacts identified.
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As women live longer than men, we have more women who use domiciliary care. As such any change in service delivery would impact women more. However, no adverse impact has been identified.	Neither positive or negative impacts identified.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Sexual orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neither positive or negative impacts identified. We do not have enough data at this time. However, we are aware that nationally (although still awaiting local analysis) that people from the LGBTQ+ community are more likely to be an unpaid carer than the general population. As such, this is considered in that section.	Please see implications.
<b>Location-specific impact, if any</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The service will operate on a locality basis. This should ensure greater integration with other social care, health and voluntary sector services reducing duplication and confusion for service users. It should also reduce travel and improve timeliness of visits and carer consistency.	Apart from the reduction in duplication and improvement in timeliness of visits/carer consistency, it is expected that by working on a locality basis that the successful provider can draw on local assets and natural circles of support within the community. We have issues with reported loneliness amongst home care service users and we see place based working as an opportunity to increase service users connections to the community they live in.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Workforce</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Recruitment occurs within this sector on a hyper local basis. By operating on a place basis recruitment should be positively impacted.</p> <p>In addition, we are proposing a 10 year contract to give providers more stability. We expect this stability to result in a reduction in the use of '0' hour contracts. We will also explore the possibility of paying differently during the life of the contract to again support this.</p>	<p>We know we are heading for a significant issue in the recruitment and retention of care workers. We have an over reliance on '0' hour workers and are expecting one third of our workforce to retire within the next 10 years. Due to the low status and pay of workers we are not attracting younger recruits.</p> <p>As such, we have highlighted recruitment and retention as our main priority in our Market Sustainability Plan. This has helped shape procurement decisions – most obviously the move away from insecure short-term contracts which foster the use of '0' hour contracts in the sector.</p> <p>An increase in more secure employment contracts will be evidence of an improved approach. A more secure workforce will support greater consistency of carers – which is a priority for service users.</p>



Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Health and wellbeing of residents</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The purpose of the service is to support the health and wellbeing of residents who meet the eligibility criteria of the Care Act 2014. We are trying to take forward greater integration to support improved outcomes for service users.	We are currently piloting a wellbeing teams approach internally – initial evidence suggests that this change to how we deliver care results in far less hospital admissions and g.p. visits. When we pilot this wider, should these outcomes be replicated, we will be able to maximise this positive aspect throughout Thurrocks communities.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
<b>Socio-economic outcomes</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>More people work in social care than the NHS and it accounts for about 5% of the economy. Therefore, this tender can have a significant impact on the local economy and employment.</p> <p>We will be requiring providers to invest in the local area and seeking social value commitments through this process. Due to the hyper local recruitment of care workers we are aware that by changing the way we commission we could positively impact on both of the socio-economic outcomes identified.</p> <p>If the proposed 10 year contract period is agreed, then we expect more people to be offered greater security of employment.</p>	<p>We are attempting to maximise the investment of successful providers into the local area and will be seeking social value commitments. The contract is worth an estimated £114million over the 10 year period.</p>
<b>Veterans and serving members of the armed forces</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neither positive or negative impacts have been identified.	Neither positive or negative impacts have been identified.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
Unpaid carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We are making the support of unpaid carers a priority within the specification including.	We will be seeking social value commitments that support unpaid carers. It is an expectation of the specification that the successful providers will support unpaid carers to access information, advice and support and to signpost them to local resources that can help eliminate loneliness and stress of their caring role.

### 3. Monitoring and review

3.1. How will you review community and equality impact once the policy, strategy, function or service has been implemented? These actions should be developed using the information gathered in sections 1 and 2 and included in your service area's business plans.

Action	By when	By who
We have committed to review the CEIA as part of our 'experiment' (pilot) process over the course of the contract. This will be an ever-evolving CEIA and not a one of process.	Various – as part of the HLS approach we will review the CEIA at the start and finish of each experiment before making any modifications to the operating model. Co-production is a core element of the HLS approach.	Commissioning Team – Adult Social Care
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### 4. Next steps

4.1. The information gathered must be used to inform reports presented to Cabinet or overview and scrutiny committees. This will give members a necessary understanding of the impact their decisions will have on different groups and the whole community.

Summarise the implications and customer impact below. This summary should be added to the committee reports template in the Diversity and Equality Implications section for review and sign-off at the consultation stage of the report preparation cycle.

**Summary of implications and customer impact**

For this tender we are undertaking an HLS approach to the service. As such, the specification will evolve and change in line with learning. Initially there are no changes to the service (except for operating on a locality rather than borough wide footprint) and no adverse impact has been identified. However, we have committed within the HOSC and Cabinet report to update the CEIA as each change is proposed to the model. As such, this will be an evolving CEIA with multiple versions by the end of the contract period (10 years).

**5. Sign off**

5.1. This Community Equality Impact Assessment must be authorised by the relevant project sponsor, strategic lead, or assistant director. This should not be the CEIA Lead Officer. Officers authorising this assessment are responsible for:

- the accuracy of the information
- making sure actions are undertaken

Name	Role	Date
Ceri Armstrong	Head of ASC Transformation and Commissioning	12/12/23
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