

## EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Fair Price for Care Consultation (2020-21) for Homecare
2	Person responsible for the assessment:	Lindsey Mallory
3	Contact details:	<a href="mailto:Lindsey.mallory@trafford.gov.uk">Lindsey.mallory@trafford.gov.uk</a> 01619124565
4	Section & Directorate:	All Age Commissioning Adults
5	Name and roles of other officers involved in the EIA, if applicable:	Not applicable

B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="checkbox"/> Function <input checked="" type="checkbox"/>
2	Is this EIA for a new or existing policy or function?	New <input type="checkbox"/> Existing <input type="checkbox"/> Change to an existing policy or function <input checked="" type="checkbox"/>
3	What is the main purpose of the policy/function?	The annual Fair Price for Care consultation is a statutory requirement under the Care Act, to consult the provider market with regard to proposed annual uplifts to the fees we pay them to deliver commissioned care services.  This EIA relates to the Fair Price for Care consultation for the provision of homecare services for the financial year 2020-2021.
4	Is the policy/function associated with any other policies of the Authority?	The policy is related to our statutory obligations under the Care Act.  It is also related to the Council's pledge to adopt UNISON's Ethical

		Care Charter (ECC). ECC sets out minimum standards of pay and working conditions for the homecare workforce. In order to meet these conditions we may need to make a commitment to increasing our hourly rate for homecare services, so that providers can improve pay and conditions for their workforce.
5	Do any written procedures exist to enable delivery of this policy/function?	See above
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	Not applicable
7	Who are the main stakeholders of the policy? How are they expected to benefit?	<ul style="list-style-type: none"> <li>• Homecare providers are expected to benefit from an increase to the rates paid for the delivery of commissioned homecare</li> <li>• Homecare workforce will be expected to benefit from improved pay and conditions resulting from providers paying them an increase in their salary and expenses</li> <li>• People in receipt of homecare are expected to benefit from improved workforce stability and continuity of care resulting from a reduction in staff turnover through improved pay and conditions</li> </ul>
8	How will the policy/function (or change/improvement), be implemented?	<p>The change will be implemented as follows:</p> <ul style="list-style-type: none"> <li>• A report is presented to the Executive which presents options for the financial remuneration made to commissioned providers of homecare for the services they provide to our residents.</li> <li>• The Executive considers the report and makes a recommendation for the fees payable for the relevant financial year.</li> <li>• This recommendation is then published for consultation and we gather formal responses from our providers and others.</li> <li>• The responses are then reported back to the Executive who use this information to make a final decision regarding the rates we pay our providers.</li> </ul>

		<ul style="list-style-type: none"> <li>Any challenges are considered by the Executive before a final decision is made with regard to the annual rates we pay for commissioned homecare services.</li> </ul>
9	What factors could contribute or detract from achieving these outcomes for service users?	<p>The initial recommendations for the annual uplift are made on the basis of rates of inflation and the need to balance the Authority's budgets.</p> <p>There are several other methodologies for calculating the funding required to adequately fund commissioned homecare services, including the UK Homecare Association methodology, which indicates a higher rate is required to adequately fund homecare provision and ensure the workforce are appropriately remunerated.</p> <p>The Executive may choose to implement a higher or lower rate for the provision of commissioned homecare services</p> <p>The Executive may choose to keep the rate at the current level</p>
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	The policy is shared with finance colleagues and the final decision is made by the Executive

### C. Data Collection

1	Do you have monitoring data on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/ function?	Yes
2	Please specify monitoring information you have available and attach relevant information*	<p>Social care workforce demographics (snapshot from December 2019):</p> <p>17% Male / 83% Female</p> <p>21% BAME / 79% White</p> <p>84% British / 8% EU / 9% Non-EU</p>

Homecare recipients data (snapshot from December 2019):

64% female and 36% male

9% under 55years

13% aged 55-64

12% aged 65-74

33% aged 75-84

30% aged 85-94

4% aged 95 and over

1% any other Asian background

1% any other black background

0% any other mixed background

2% any other white background

0% black African

4% Black Caribbean

3% Indian

1% no information

1% Pakistani

81% white British

3% White Irish

1% white and black Caribbean

6% are known to be registered with a disability

70% are not known to be registered with a disability\*

25% are known to not be registered with a disability\*

\*although we know that many people in receipt of homecare have physical impairments and could still be disabled if not registered as such

We do not have reliable data about the sexual orientation of people in receipt of homecare

		22% of homecare recipients live in the North of the borough 23% live in the Central neighbourhood 25% live in the South of the borough 30% live in the West of the borough
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	

*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

<b>D. Consultation &amp; Involvement</b>		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	Yes, we have considered UK Homecare Association (UKHCA) recommendations with regard to rates payable to providers. We have also utilised UNISON's Ethical Care Charter to consider how the proposed changes could impact on the homecare workforce. We have also considered the rates which other neighbouring local authorities pay their providers and we have considered the impact of the 2020-21 UK Living Wage rates.
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	We will consult with homecare providers, over a 3week period. Providers will be invited to submit written responses and will be offered the opportunity to meet with commissioners as requested
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	It is hard to consult with the homecare workforce with regard to pay and conditions because they tend to be lone workers, in the community and many are on part time or zero hours contracts. It is hard to consult with people in receipt of homecare because they tend to have difficulty leaving the house or are reluctant to participate in such exercises, for fear that it will affect their care. We are currently undertaking a formal evaluation of the homecare market which will include interviews and

	questionnaires for the homecare workforce and people in receipt of homecare services. This will be completed in late 2020, so it will be used to inform next year's Fair Price for Care consultation process but cannot be used to inform decisions in this financial year
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*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Gender – both men and women, and transgender;</b>	✓			If we do not uplift the homecare rate sufficiently, providers may not share the benefits of any uplift with their workforce who are predominantly female
Pregnant women & women on maternity leave			✓	Not applicable-the consultation relates to hourly homecare rates for the whole workforce
Gender Reassignment			✓	Not applicable-the consultation relates to hourly homecare rates for the whole workforce
Marriage & Civil Partnership			✓	Not applicable-the consultation relates to hourly homecare rates for the whole workforce
<b>Race-</b> include race, nationality &			✓	Not applicable-the consultation relates to hourly homecare rates for the whole workforce. The workforce is predominantly white British, as are recipients of homecare

ethnicity (NB: the experiences may be different for different groups)				
<b>Disability –</b> physical, sensory & mental impairments	✓			If the annual uplift is insufficient it may impact on market stability and workforce retention, which will impact on provider ability to deliver quality care. As the service is targeted at those who are most vulnerable, we can assume that many will be people with disabilities
<b>Age Group -</b> specify eg; older, younger etc)	✓			If the annual uplift is insufficient it may impact on market stability and workforce retention, which will impact on provider ability to deliver quality care. As the service predominantly supports people who are over 65, it is likely affect older people more
<b>Sexual Orientation –</b> Heterosexual, Lesbian, Gay Men, Bisexual people			✓	Not applicable-the consultation relates to hourly homecare rates for the whole workforce
<b>Religious/Faith groups</b> (specify)			✓	Not applicable-the consultation relates to hourly homecare rates for the whole workforce

**As a result of completing the above what is the potential negative impact of your policy?**

High

Medium

Low

Neutral

<b>F. Could you minimise or remove any negative potential impact? If yes, explain how.</b>	
Race:	Not applicable
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	Although there is a positive impact, we cannot enforce the impact because of our current contractual arrangements with providers, which do not make provisions for workforce pay and conditions. It is hoped that the increase in homecare rates will enable providers to improve the pay and conditions of their workforce. This is aligned with our commitment to adopting the Ethical Care Charter and our plans to tender for homecare provision, in a way which will oblige providers contractually to adopt the Ethical Care Charter and ensure that homecare

		workforce pay and conditions improve
Disability:		Although there is a potential positive impact, we cannot enforce the impact because of our current contractual arrangements with providers, which do not make provisions for workforce pay and conditions. It is hoped that the increase in homecare rates will enable providers to improve the pay and conditions of their workforce. This is aligned with our commitment to adopting the Ethical Care Charter and our plans to retender for homecare provision, in a way which will oblige providers contractually to adopt the Ethical Care Charter and ensure that homecare workforce pay and conditions improve. This in turn will lead to better workforce retention which will improve continuity of care and will also ensure that carers have sufficient time to support recipients of care, thereby improving the quality of homecare
Age:		Although there is a potential positive impact, we cannot enforce the impact because of our current contractual arrangements with providers, which do not make provisions for workforce pay and conditions. It is hoped that the increase in homecare rates will enable providers to improve the pay and conditions of their workforce. This is aligned with our commitment to adopting the Ethical Care Charter and our plans to retender for homecare provision, in a way which will oblige providers contractually to adopt the Ethical Care Charter and ensure that homecare workforce pay and conditions improve. This in turn will lead to better workforce retention which will improve continuity of care and will also ensure that carers have sufficient time to support recipients of care, thereby improving the quality of homecare
Sexual Orientation:		Not applicable
Religious/Faith groups:		Not applicable
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	Not applicable
2	Could the policy have an adverse impact on	Not applicable

	relations between different groups?	
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	Not applicable

**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Progress milestones</b>
<b>Develop a more ethical commissioning framework for homecare by 31<sup>st</sup> March 2021</b>	<b>Tender for new homecare framework including contractual requirements around workforce pay and conditions</b>	<b>31<sup>st</sup> March 2020</b>	<b>Lindsey Mallory</b>	
<b>Complete a cost modelling exercise to ensure the hourly homecare rate promotes equality by March 2021</b>	<b>Cost modelling exercise</b>	<b>30<sup>th</sup> June 2020</b>	<b>Lindsey Mallory</b>	

Please ensure that all actions identified are included in the attached action plan and in your service plan.

**H. Review of Action to Mitigate Adverse Impact (where relevant)**

Protected Characteristic Impacted	Type of negative impact	Officer Responsible	Action taken to mitigate negative impact	Date action completed

Signed   
 Lead Officer  
 Date 31<sup>st</sup> January 2021

Signed  
 Service Head  
 Date

# GLOSSARY

## What is a policy?

You should take 'policies' to mean the full range of formal and informal decisions the Council makes in carrying out its duties, and use of its powers – or things the Council decides not to do. You should therefore include long-standing 'custom and practice' and management decisions, as well as your formal written policy and procedures.

Impact assessments should be carried out on existing policies that are relevant to promoting equality, and all new and proposed policies.

Equality impact assessments challenge the assumption that policies affect all equality groups in the same way, by detecting and assessing any adverse effect on particular equality strands. The assessment process allows you to make sure that different groups of people are equally served by the policy or service.

## What is a Procedure?

Procedures comprise a number of stages and rules that the service provider has to follow when delivering service and will include some mandatory instructions, tasks, steps etc. that a manager or staff member must follow when working the procedure. The procedure spells out how the policy must be followed in practice.

## What is a Function?

A function is the area of activity required to deliver the service and may include multiple functions that are inter-related.

**Differential impact** suggests that a particular group has been affected differently by the policy (in either a positive, neutral or negative way), while **adverse impact** is an indication that the effect is less favourable (i.e. negative) and is potentially unlawful.

**Discrimination** can occur in two keys ways: **direct and indirect**.

**Direct discrimination** involves treating one person less favourably than another on the grounds of race, disability, gender, age, religion and belief or sexuality.

**Indirect discrimination** occurs when a rule, condition or requirement which has, is, or would be applied equally to everyone has a disproportionate adverse affect on people from a particular equality strand and there is no objective justification for the rule.

**Both types of discrimination are unlawful unless justified**

## **What is a stakeholder?**

A stakeholder can be defined as an individual or a group which has an interest in the organisation and which has the potential to influence whether the organisation attains its long-term goals.

**Positive Impact** means the proposal will have a positive effect on one or more equality groups, or will improve equality relationships between groups. This positive impact may be differential, where the positive impact on one particular group of individuals is likely to be greater than on another.

**Neutral Impact** means that the proposal has no effect currently on equality groups

**Negative Impact** means the proposal could disadvantage one or more equality groups. This negative impact may be differential, where the negative impact on one particular group of individuals is likely to be greater than on another.