

## EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Stabilise and Make Safe In Reach Service
2	Person responsible for the assessment:	Lindsey Mallory
3	Contact details:	0161 912 4565 Lindsey.mallory@trafford.gov.uk
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?	To improve the quality of commissioned reablement at home services, by giving the provider more responsibility for completing joint individual assessments with social care assessors and home assessments. To improve the speed with which reablement packages can be commissioned by enabling the provider to complete these assessments on the hospital ward

4	Is the policy/function associated with any other policies of the Authority?	Living Well at Home Priorities
5	Do any written procedures exist to enable delivery of this policy/function?	Yes- the service has been co-designed with a range of health and social care professionals commissioned and there is a service specification to which contracted providers must adhere
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?	Reablement providers will benefit by being able to complete assessments before someone leaves hospital because there will be fewer inappropriate referrals Social care professionals will benefit because they will be able to allocate packages of care more quickly The homecare commissioning team will benefit because they will be able to let more packages of reablement at home The person in receipt of the service will benefit because they will be able to leave hospital safely at a sooner point in time in order to recover and live well at home
8	How will the policy/function (or change/improvement), be implemented?	By way of a test and learn pilot. Two of our reablement framework providers have been selected, via a tender process to deliver the pilot from 2 hospital sites: Wythenshawe Hospital and Salford Royal Hospital.
9	What factors could contribute or detract from achieving these outcomes for service users?	Market capacity to deliver the required number of reablement packages Lack of engagement from hospital discharge professionals and social work teams
10	Is the responsibility for the proposed	It is shared between commissioning, adult social care and the

	policy or function shared with another department or authority or organisation? If so, please state?	commissioned providers
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<b>C. Data Collection on People Impacted by Policy or Function</b>		
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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?	Not at this time. All eligible service users will have a social care assessment and their membership of protected groups will be recorded on Liquid logic
2	Please specify monitoring information you have available and attach relevant information*.	The information is not available at this time because the service hasn't yet commenced
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	Yes

*\*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>		
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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 completed stakeholder consultation with a range of health and social care professionals, voluntary sector organisations and homecare and reablement providers, to design the service pilot
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2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	We will complete service user and workforce consultation over the course of the pilot. This has been commissioned independently for the whole of the homecare transformation programme
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	<p>Service users are isolated by virtue of the fact that they are often housebound. We will overcome this by utilising volunteers to conduct evaluation interviews in people's home and by completing telephone interviews We will also consult people's families to gather their views</p> <p>The workforce often works alone and is paid only for the time they spend delivering care, so they are difficult to access. We will overcome this by establishing a Facebook page where the workforce can complete evaluation questionnaires, and by interviewing the workforce at training events and staff meetings. We will also use survey monkey and telephone interviews as appropriate. Participating providers have signed up to a contract which commits them to facilitating this so we are confident that we can access the workforce</p>

*\*\*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</b>	<b>Neutral</b>	<b>Reason</b>
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		<b>High, Medium or Low)</b>		
<b>Gender</b> – both men and women, and transgender;	✓			We will train the workforce around equality issues, such as gender and sexuality, so they can deliver sensitively tailored care.  SAMS In Reach will also help to connect people to local community assets, which could include women’s groups, men’s groups and LGBT+ groups
Pregnant women & women on maternity leave	✓			SAMS In Reach contract includes specific requirements for staff to be employed on guaranteed hours contracts and to ensure that they have access to the relevant statutory support and benefits. Providers will be required to evidence that they do this
Gender Reassignment	✓			We will train the workforce around equality issues, such as gender and sexuality, so they can deliver sensitively tailored care.  SAMS In Reach will also help to connect people to local community assets, which could include women’s groups, men’s groups and LGBT+ groups
Marriage & Civil Partnership		✓		N/A
<b>Race-</b> include race, nationality & ethnicity (NB: the	✓			We will train the workforce around equality issues, such as, culture, and ethnicity, so they can deliver care that recognises and is tailored to clients’ needs with regard to their race and culture. Let’s Talk Homecare will also help to connect people to local community assets, such as local

experiences may be different for different groups)				black and minority ethnic (BAME) groups which provide support and community activities for men and women leaving hospital and with care needs. We are commissioning SAMS In Reach across the north and south of the borough, so that people from BAME communities which are predominantly in the north of the borough will have access to more culturally sensitive care. The improvements in workforce pay and conditions for SAMS In Reach also include social value requirements around recruiting people from local communities where homecare is being provided
<b>Disability –</b> physical, sensory & mental impairments	✓			SAMS In Reach will have a focus on supporting people to connect with their local community. This will include finding social activities, transport and other types of support. People in receipt of homecare often have a physical or cognitive impairment which impacts on their ability to access local community assets and this is a key focus for the project.
<b>Age Group -</b> specify eg; older, younger etc)	✓			Reablement is predominantly provided to older people aged 55+. SAMS In Reach will support people in receipt of homecare to be more independent and will reduce social isolation and loneliness by connecting people with their local community.
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people				We will train the workforce around equality issues, such as sexuality, so they can deliver sensitively tailored care.  SAMS In Reach will also help to connect people to local community assets, which could include women’s groups, men’s groups and LGBT+ groups
<b>Religious/Faith</b>				We will train the workforce around equality issues, such as culture, religion, ethnicity, so they can deliver culturally sensitive care which takes

<b>groups (specify)</b>				<p>into account clients' religious requirements, and where these may need to be tailored to meet male and female client needs with regard to religion and faith too.</p> <p>SAMS In Reach will also help to connect people to local community assets, which could include women's groups, men's groups as well as local religious groups and places of worship which could possibly be utilised as additional support networks for the clients e.g. letting local church, mosque and temples know that a member of their organisation would like a home visit after leaving hospital.</p>
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**As a result of completing the above what is the potential negative impact of your policy?**

High

Medium

Low

Neutral

**F. Could you minimise or remove any negative potential impact? If yes, explain how.**

Race:	<p>By monitoring the ethnicity of people who access the service to ensure that they are representative of Trafford's diverse population. We will compare it to business as usual services to see whether a similar proportion of people from each protected group are also accessing the transformation projects. In this way we could identify whether there is any unintentional bias. Where bias is identified, we would rectify this by working with social care assessors (who assess for eligibility) and by working with providers (who conduct joint assessments on</p>
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	hospital wards to train staff and make sure that the service is available to anyone who is eligible, regardless of race
Sex & Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	By enforcing contractual requirements around workforce pay and conditions and by ensuring the workforce complete training around working with people from protected groups
Disability:	By ensuring the workforce complete training around working with people from protected groups By consulting with people who receive the service to ensure they feel they are treated fairly and equally regardless of their membership of protected groups By consulting with the workforce to ensure that people who deliver the service feel they are treated fairly and equally regardless of their membership of protected groups
Age:	Not applicable - the pilots will be available to anyone who is eligible for homecare and resides in participating postcodes
Sexual Orientation:	We plan to deliver training for the homecare workforce around diversity and culturally sensitive practice, which will include sexuality.
Religious/Faith groups:	We plan to deliver training for the homecare workforce around diversity and culturally sensitive practice, which will include religion and faith.
Also consider the following:	
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity
	Not applicable

	for a particular equality group or for another legitimate reason?	
2	Could the policy have an adverse impact on relations between different groups?	Not applicable
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

Recommendation	Key activity	When	Officer Responsible	Progress milestones
<b>Roll out of the pilot in the North and south of the borough</b>	<b>Providers will deliver the pilot in Wythenshawe Hospital and Salford Royal Hospital, which treat people from across Trafford</b>	<b>2<sup>nd</sup> December 2019-31<sup>st</sup> March 2021</b>	<b>Lindsey Mallory</b>	<b>Service commences</b>
<b>Monitor protected characteristics of service users who access the service to ensure representative</b>	<b>Quarterly monitoring of protected characteristics</b>	<b>31<sup>st</sup> march 2020 and quarterly thereafter</b>	<b>Lindsey Mallory</b>	<b>Quarterly monitoring reports</b>

<b>group</b>				
<b>Roll out training programme around cultural awareness and diversity issues for homecare workforce</b>	<b>Deliver training</b>	<b>2<sup>nd</sup> December 2019 to 30<sup>th</sup> November 2020</b>	<b>Lindsey Mallory</b>	<b>Training completion</b>

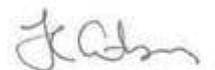
Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer  
Date



2<sup>nd</sup> December 2019

Signed  
Service Head



Date 13<sup>th</sup> Jan 2020