

## EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL


A. Summary details		
1	Title of EIA:	Reablement
2	Person responsible for the assessment:	Karen Ahmed
3	Contact details:	Karen.ahmed@trafford.gov.uk
4	Section and Directorate:	Integrated Commissioning Directorate
5	Name and roles of other officers involved in the EIA, if applicable:	Karen Ahmed, Julie Burroughs, Nathan Atkinson, Rebecca Poole, Anneka Kinning

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 reablement service is a short-term homecare service provided to people (mainly older people) who have had a recent illness or incident which has led to a decline in functional abilities. The service is designed to help people regain those skills and confidence and remain living independently in their own homes, with appropriate levels of support , for as long as possible.
4	Is the policy/function associated with any other policies of the Authority?	<ul style="list-style-type: none"> <li>• Medium Term financial plan</li> <li>• North West ADASS DATA SET</li> </ul>
5	Do any written procedures exist to enable delivery of this policy/function?	Care Act, Care Act guidance.
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No
7	Who are the main stakeholders of the policy? How are they expected to benefit?	People in receipt of commissioned home care services are the principal stakeholders along with the home care providers who deliver the services on behalf of the Council. The Trafford Local Care Organisation (TLCO) also have a role as they provide Occupational Therapists. The benefit of revitalising reablement would be to ensure that people receive the right kind of support at home – support which is tailored to their needs and delivered for as long as they need it. This would support more people to become independent. It would also enable a more efficient and effective use of the home care workforce, freeing up additional capacity to support new people requiring care and support. Additional

		capacity will be required as we support more people to be discharged from hospital directly to their home, as we decrease the use of Pathway 3 D2A (Discharge to Assess) beds.
8	How will the policy/function (or change/improvement), be implemented?	The change will be implemented partly through the retendering service, and partly through management of referrals from hospitals . The revised service will be co-designed with providers and social workers. TLCO will also be involved in this process
9	What factors could contribute or detract from achieving these outcomes for service users?	<p>Risks:</p> <ul style="list-style-type: none"> <li>• Increase in demand resulting in increased costs</li> <li>• Fragility of the market given substantially higher rates being paid by Manchester</li> </ul> <p>Opportunities:</p> <ul style="list-style-type: none"> <li>• More efficient use of resources</li> <li>• Enabling more people to remain living at home independently for longer.</li> </ul>
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	The responsibility for this lies with commissioning, but there are co-dependencies with the finance function to monitor spend and the Business Intelligence Unit (BIU) to monitor activity and joint working with the assessment functions and TLCO to deliver on timely assessments.

## C. Data collection

1	<p>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?</p>	<p>In 2022/23 Adult Social Care commissioned more than 960,000 hours of home care to 1,930 people with a long-term home care plan. Additionally, short-term (reablement) home care plans to 1,005 people were commissioned, in the form of Stabilise and Make Safe plans or additional support for current people with a care plan to support their discharge from hospital.</p> <p>The Directorate has 27 framework providers that are split into two tiers – Tier 1 has 21 providers and Tier 2 has 6 providers. Tier 1 providers are lead providers that work across the four neighbourhoods of Trafford. Tier 2 providers are used to address system pressures and to maintain capacity and flow.</p> <p>There has been a significant increase in the amount of home care hours procured due to increased demand for support as part of the hospital discharge process and accordingly in the average package size from 2020/21 to 2023/24 as demonstrated in the charts below. In order to facilitate speedy hospital discharge, the reablement service was delivered by all providers and was the sole route out of hospital into home based support, regardless of its appropriateness.</p> <p>Our reablement performance has dropped significantly from being in the 70% bracket to just under 50%. Analysis has shown that a significant number of people referred into reablement services are not appropriate for this service – with people dying within 3 days of service receipt, being readmitted into hospital or care homes within 10 days or being discharged from the service with over 38 hours of care.</p> <p>There is a need to re-establish the reablement model within the correct parameters and ensure that people being discharged from hospital have access to the right kind of home-based support.</p> <p>In addition, whilst reablement is based on a skilled social care workforce, it does benefit from having access to therapy. There is an opportunity now, with the creation of the Trafford Crisis Response team to look at the interface between this service and</p>
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		reablement to enable our residents to have the opportunity to access therapy assessment and equipment in a more timely way.
2	Please specify monitoring information you have available and attach relevant information*	 <p>20240220 EDI Feb reablement.xlsx</p> <p>The service is delivered to older people who are predominantly white – this reflects the make up of the borough. 92.72% of older people aged over 65 are white. There is no unintentional bias in terms of whether people are supported to go home or into a care home bed.</p> <p><a href="https://trafforddatalab.io/CENSUS%2021%3A%20Ethnicity%2C%20Identity%2C%20Language%20and%20Religion">CENSUS 2021: Ethnicity, Identity, Language and Religion (trafforddatalab.io)</a></p>
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?	<p>We will continue to monitor all areas described in the BIU report to ascertain whether there is any significant change in the pattern of care delivered and/or the nature of service users in receipt of care.</p> <p>In addition, we will monitor complaints to ensure that any unforeseen potential negative impact is identified and managed at the earliest possible date. We will also record compliments.</p> <p>We will continue to meet with homecare providers to ensure that there are no unforeseen negative impacts.</p>

*\*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*

## D. Consultation and involvement

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?	John Bolton <a href="http://brookes.ac.uk/John_Bolton_Predicting_and_managing_demand_in_social_care-IPC_discussion_paper_April_2016.pdf">John Bolton Predicting and managing demand in social care-IPC discussion paper April 2016.pdf (brookes.ac.uk)</a> has conducted numerous pieces of research which have confirmed that reablement services benefit a significant section of the older population. The LGA (Local Government Association) SCIE (Social Care Institute for Excellence) and the DHSC also recommend this approach as being best practice.
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	We will primarily focus on new entrants to the service. Through more detailed analysis we will also look at the kind of support/outcomes some service users are receiving/achieving and how that can be improved.
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	N/A We will not be consulting groups of people. We will be applying a person centred approach to individual packages of care.

*\*\*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</b> – both men and women, and transgender;	<b>X</b>			Consideration will be given to the needs of all individuals to ensure that specific support / adjustments are in place that may be required due to each person's gender.
Pregnant women and women on maternity leave	<b>x</b>			Consideration will be given to the needs of all individuals to ensure their support needs are being met during and post pregnancy and if required, in relation their employment and maternity leave.
Gender Reassignment	<b>x</b>			Consideration will be given to the needs of all individuals and consideration to being supported in the right way to maintain their identity.
Marriage and Civil Partnership	<b>x</b>			Consideration will be given to the needs of all individuals
<b>Race-</b> include race, nationality and ethnicity (NB: the experiences may be different for different groups)	<b>x</b>			Consideration will be given to the needs of all individuals in relation to their ethnicity and



				culture and appropriate signposting to relevant community links.
<b>Disability</b> – physical, sensory and mental impairments	<b>x</b>			The change(s) will be positive for people with disabilities as it should enhance their services with a range of options.
<b>Age Group</b> - specify e.g. older, younger etc.)	<b>x</b>			Consideration will be given to the needs of all individuals in determining their needs for support.
<b>Sexual Orientation</b> – Heterosexual, Lesbian, Gay Men, Bisexual people	<b>x</b>			Consideration will be given to the needs of all individuals with links to the relevant support organisations.
<b>Religious/Faith groups</b> (specify)	<b>x</b>			Consideration will be given to the needs of all individuals regarding their religious and cultural needs, and need for support from and/or links to local faith groups and places of worship.

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

High ☐

Medium ☐

Low ☐

Neutral ☐

Positive ☒

F. Could you minimise or remove any negative potential impact? If yes, explain how.		
Race:		N/A
Gender, including pregnancy and maternity, gender reassignment, marriage and civil partnership:		N/A
Disability:		N/A
Age:		N/A
Sexual Orientation:		N/A
Religious/Faith groups:		N/A
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?	N/A
2	Could the policy have an adverse impact on relations between different groups?	N/A
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?	N/A

G. EIA Action Plan				
Recommendation	Key activity	When	Officer Responsible	Progress milestones
Monitor activity and outcomes	Set up steering group	February 2024	Karen Ahmed	
	Implement revised criteria	March 2024	Rebecca Poole/Deb Jolly	
	Set up mechanism for tracking outcomes	March 2024	Rebecca Poole/Deb Jolly	
	Set up co-design group	April 2024	Rebecca Poole/Deb Jolly	

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

Signed J.A. Burroughs  
Lead Officer Julie Burroughs  
Date 25/10/2023

Signed N. Atkinson  
Corporate Director, Adults & Wellbeing  
Date 26/10/2023

Signed Karen Ahmed

Signed



Lead Officer Karen Ahmed  
Date 20/02/2024

Date 21/2/2024