

## EQUALITY IMPACT ASSESSMENT FORM INCLUDING SOCIO-ECONOMIC DUTY

(Revised March 2021)

Please refer to the current Equality Impact Assessment guidance when completing this document. If you would like further guidance, please contact the Diversity and Inclusion Team on 01443 444529.

An equality impact assessment **must** be undertaken at the outset of any proposal to ensure robust evidence is considered in decision making. This documentation will support the Council in making informed, effective and fair decisions whilst ensuring compliance with a range of relevant legislation, including:

- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Socio-economic Duty – Sections 1 to 3 of the Equality Act 2010.

This document will also contribute towards our duties to create a More Equal Wales within the

- Well-being of Future Generation (Wales) Act 2015.

The [‘A More Equal Wales – Mapping Duties’](#) guide highlights the alignment of our duties in respect of the above-mentioned legislation.

## SECTION 1 – PROPOSAL DETAILS

Lead Officer: Sian Nowell

Service Director: Neil Elliott

Service Area: Adult Services

Date: September 2023

1.a) What are you assessing for impact?

Strategy/Plan	Service Re-Model/Discontinuation of Service	Policy/Procedure	Practice	Information/Position Statement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.b) What is the name of the proposal?**

Commissioning of Domiciliary Home Care Services

**1.c) Please provide an overview of the proposal providing any supporting links to reports or documents.**

The proposals recommended to Cabinet include:

- **all** reablement and intermediate care services continue to be delivered by the Council's in-house 'Support@Home' Service
- that **all** long-term home care is commissioned from external home care providers as part of a full retender of the current framework contract and award of a new contract from 1<sup>st</sup> October 2024
- the retender of the long-term home care on the basis of outcomes to be achieved and organised within specified geographical zoned areas as set out in paragraph 5.6 of the report.

Through the implementation of the proposals, Adult Services will:

- continue to support people to be as independent as possible by continuing to provide an in-house reablement intermediate care service.
  - commission a sustainable model of long-term home care that achieves best value and sustainability of our care offer in the future without reducing the availability of service provided to people in need of home care support
  - improves the long-term home care service specification and commissioning arrangements to enhance the service user and home care worker experience.
- Any service transfer for any individual between care provider will maintain their current care package, subject to the usual review arrangements. TUPE requirements mean that eligible staff employed by 'Support@Home' to provide long-term home care and any current commissioned external provider prior to transfer will transfer to the new provider on retender. This will help to maintain stability for the service user and continuity of staff support around the maintenance of activities and support for health and wellbeing during any transition.

**1.d) Please outline where delivery of this proposal is affected by legislation or other drivers such as code of practice.**

All Registered long term home care services are subject to the Regulation and Inspection of social care in Wales 2016 Act. And as a consequence, must adhere to the statutory guidance for providers attached here and are subject to inspection by Care Inspectorate Wales with regards to their compliance. In particular under section 25 Registered providers are required and ensure that individuals are treated with respect and sensitivity. Including but not limited to respecting the individual's privacy and dignity; respecting the individual's rights to confidentiality; promoting the individual's autonomy and independence and having regard to any relevant protected characteristics (as defined in section 4 of the Equality Act 2010) of the individual.



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Further to the above Care Inspectorate Wales have emphasised their commitment to promoting the rights of social care users in their work to Register and Inspect regulated social care organisation in their public commitment published 4 May 2023

[Our commitment to promoting and upholding the rights of people who use social care and childcare services \(HTML document\) | Care Inspectorate Wales](#)

The domiciliary care workforce is regulated by Social Care Wales All Regulated domiciliary care service are required to adhere to the requirements of Social Care Wales and particularly the social Care code of practice ([socialcare.wales](http://socialcare.wales)). There are specific Registration requirements for Domiciliary Care workers and for the management arrangements within each provider organisation. There is in addition practice guidance for managers and staff and specific vetting and training requirements at induction.

Any Social Care service procured by the council is subject to a rigorous procurement process and ongoing contract management and monitoring and as a public authority the Council has due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The transfer of the service will require adherence to the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) that ensures the rights of employees when their employment changes when a business is transferred to a new owner.

**1.e) Please outline who this proposal affects:**

- Service users                      x
- Employees                            x
- Wider community

**SECTION 2 – SCREENING TEST – IS A FULL EQUALITY IMPACT ASSESSMENT REQUIRED?**

Screening is used to determine whether the initiative has positive, negative or neutral impacts upon protected groups. Where negative impacts are identified for protected groups then a full Equality Impact Assessment is required.

Please provide as much detail as possible of how the proposal will impact on the following groups, this may not necessarily be negative, but may impact on a group with a particular characteristic in a specific way.

**Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011**

The Public Sector Equality Duty requires the Council to have “due regard” to the need to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between different groups; and foster good relations between different groups. Please take an intersectional approach in recognising an individual may have more than one protected characteristic.

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<b>Age</b> ( <i>Specific age groups i.e. young people or older people</i> )	Negative	<p><b>SERVICE USERS</b> The largest group to access home care services are older people as they are most likely to be affected by age related frailty and disability.</p> <p>Whilst the in-house service only provides services to 10.4% of people affected by the transfer will experience some distress and uncertainty</p>	<p><b>SERVICE USERS</b> We are aware from surveys and research that older people value continuity of care and personalised care therefore the transfer will have an impact until new relationships and routines are re-established - <b>see action plan for plan to engage with people about what matters to them with regards to the transfer</b></p> <p><a href="http://scie.org.uk">What older people want from home care services – Commissioning home care for older people (scie.org.uk)</a></p> <p>The WCCIS database allows only for the recording of one category. Given the age profile of service users it is likely that people recorded as having a physical disability suffer with frailty the British Geriatric society provides information about frailty see here <a href="http://bgs.org.uk">Introduction to Frailty   British Geriatrics Society (bgs.org.uk)</a></p> <p>Of note the risk to people with frailty is different to others with physical disabilities as people with frailty are more at risk of falls, infections, delirium, incontinence and the associated effect on skin integrity but equally the impact of injury and disease is more significant and long lasting. People with frailty are vulnerable when services change and it is important to make sure communications with family and friends, carers, advocates and care managers are effective and co-ordinated. <b>See action plan for the engagement approach.</b></p>

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		<p>during the transfer process as their regular care worker and timetable of calls may be affected</p> <p><b>STAFF</b> The social care workforce is ageing and this is reflected in the age data for the affected workforce in Support@Home staff affected by the transfer.</p>	<p>There will also be a secondary concern of a cognitive impairment including a diagnosed dementia amongst this older group. Plans for the transfer of service users to new providers will need to ensure effective arrangements are in place to support peoples best interests including the use of advocates where people are unbefriended and specific care management and OT oversight of people identified as vulnerable - <b>See action plan</b> .</p> <p><u>Age profile – service users currently accessing home care from external providers. (please note data changes frequently)</u></p> <table border="1" data-bbox="853 791 1547 1398"> <thead> <tr> <th>Age Group</th> <th>Total</th> <th>Percentage:</th> </tr> </thead> <tbody> <tr> <td>18 to 30</td> <td>30</td> <td>2.07%</td> </tr> <tr> <td>31 to 40</td> <td>33</td> <td>2.27%</td> </tr> <tr> <td>41 to 50</td> <td>38</td> <td>2.62%</td> </tr> <tr> <td>51 to 60</td> <td>119</td> <td>8.20%</td> </tr> <tr> <td>61 to 70</td> <td>172</td> <td>11.85%</td> </tr> <tr> <td>71 to 80</td> <td>353</td> <td>24.31%</td> </tr> <tr> <td>81 to 90</td> <td>481</td> <td>33.13%</td> </tr> <tr> <td>Over 90</td> <td>224</td> <td>15.43%</td> </tr> <tr> <td>Not recorded</td> <td>2</td> <td>0.14%</td> </tr> <tr> <td><b>Total</b></td> <td><b>1452</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table>	Age Group	Total	Percentage:	18 to 30	30	2.07%	31 to 40	33	2.27%	41 to 50	38	2.62%	51 to 60	119	8.20%	61 to 70	172	11.85%	71 to 80	353	24.31%	81 to 90	481	33.13%	Over 90	224	15.43%	Not recorded	2	0.14%	<b>Total</b>	<b>1452</b>	<b>100.00%</b>
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			<p data-bbox="853 491 2018 552"><i>Age profile – service users currently accessing home care from in-house provider. (please note data changes frequently)</i></p> <table border="1" data-bbox="853 587 1559 1139"> <thead> <tr> <th data-bbox="853 587 1099 651">Age Group</th> <th data-bbox="1099 587 1323 651">Total</th> <th data-bbox="1323 587 1559 651">Percentage:</th> </tr> </thead> <tbody> <tr> <td data-bbox="853 651 1099 707">18 to 30</td> <td data-bbox="1099 651 1323 707">1</td> <td data-bbox="1323 651 1559 707">0.69%</td> </tr> <tr> <td data-bbox="853 707 1099 762">31 to 40</td> <td data-bbox="1099 707 1323 762">1</td> <td data-bbox="1323 707 1559 762">0.69%</td> </tr> <tr> <td data-bbox="853 762 1099 818">41 to 50</td> <td data-bbox="1099 762 1323 818">3</td> <td data-bbox="1323 762 1559 818">2.07%</td> </tr> <tr> <td data-bbox="853 818 1099 874">51 to 60</td> <td data-bbox="1099 818 1323 874">8</td> <td data-bbox="1323 818 1559 874">5.52%</td> </tr> <tr> <td data-bbox="853 874 1099 930">61 to 70</td> <td data-bbox="1099 874 1323 930">19</td> <td data-bbox="1323 874 1559 930">13.10%</td> </tr> <tr> <td data-bbox="853 930 1099 986">71 to 80</td> <td data-bbox="1099 930 1323 986">37</td> <td data-bbox="1323 930 1559 986">25.52%</td> </tr> <tr> <td data-bbox="853 986 1099 1042">81 to 90</td> <td data-bbox="1099 986 1323 1042">49</td> <td data-bbox="1323 986 1559 1042">33.79%</td> </tr> <tr> <td data-bbox="853 1042 1099 1098">Over 90</td> <td data-bbox="1099 1042 1323 1098">27</td> <td data-bbox="1323 1042 1559 1098">18.62%</td> </tr> <tr> <td data-bbox="853 1098 1099 1139"><b>Total</b></td> <td data-bbox="1099 1098 1323 1139"><b>145</b></td> <td data-bbox="1323 1098 1559 1139"><b>100.00%</b></td> </tr> </tbody> </table> <p data-bbox="853 1209 947 1241"><b>STAFF</b></p> <p data-bbox="853 1278 2029 1407">The inhouse home care workforce is ageing and may have specific concerns regarding the change proposed. Increased part time working for older people is more widely experienced as people support themselves and their families during the cost-of-living crisis – NB 4% of the workforce is over 65years for example.</p>	Age Group	Total	Percentage:	18 to 30	1	0.69%	31 to 40	1	0.69%	41 to 50	3	2.07%	51 to 60	8	5.52%	61 to 70	19	13.10%	71 to 80	37	25.52%	81 to 90	49	33.79%	Over 90	27	18.62%	<b>Total</b>	<b>145</b>	<b>100.00%</b>
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			<p>To ensure staff have good access to information and advice regarding their rights and entitlements, access to information and wellbeing support, good advice and engagement in the TUPE process and opportunity to discuss their individual concerns with appropriately trained and informed Council officers– <b>see action plan</b></p> <p><i>Age profile - Support @ Home staff affected (please note this data changes over time)</i></p> <table border="1" data-bbox="853 756 1296 968"> <tbody> <tr> <td>18-25</td> <td>7.5%</td> </tr> <tr> <td>26-35</td> <td>9%</td> </tr> <tr> <td>36-45</td> <td>11.5%</td> </tr> <tr> <td>46-55</td> <td>28.5</td> </tr> <tr> <td>56-65</td> <td>40%</td> </tr> <tr> <td>65+</td> <td>4%</td> </tr> </tbody> </table>	18-25	7.5%	26-35	9%	36-45	11.5%	46-55	28.5	56-65	40%	65+	4%
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<p><b>Disability</b> <i>(people with visible and non-visible disabilities or long-term health conditions)</i></p>	Negative	<p><b>SERVICE USERS</b> Younger people with disabilities group also access home care services.</p> <p>Whilst the in-house service only provides</p>	<p><b>SERVICE USERS</b> The cohort of service users affected by the transfer are listed as having the following disabilities/long term conditions in the WCCIS database. required to manage the transfer issues raised by the information below</p> <p><i>Disability profile – service users of all home care services (inc. in-house)</i></p> <table border="1" data-bbox="853 1276 1592 1394"> <thead> <tr> <th>Disabilities</th> <th>Percentage:</th> </tr> </thead> <tbody> <tr> <td>Frailty and or temporary illness</td> <td>0.40%</td> </tr> </tbody> </table>	Disabilities	Percentage:	Frailty and or temporary illness	0.40%								
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		<p>services to 10.4% of people affected by the transfer will experience some distress and uncertainty during the transfer process as their regular care worker and timetable of calls may be affected.</p> <p><b>STAFF</b> There are staff within the affected Support@Home service with recorded disabilities. Some of these have reasonable adjustments in place.</p>	<table border="1"> <tr><td>Learning Disability</td><td>4.28%</td></tr> <tr><td>Mental Health</td><td>8.37%</td></tr> <tr><td>Mental Health Dementia</td><td>5.80%</td></tr> <tr><td>Physical Disability</td><td>81.02%</td></tr> <tr><td>Sensory Loss</td><td>0.13%</td></tr> <tr><td><b>Total</b></td><td><b>100.00%</b></td></tr> </table>	Learning Disability	4.28%	Mental Health	8.37%	Mental Health Dementia	5.80%	Physical Disability	81.02%	Sensory Loss	0.13%	<b>Total</b>	<b>100.00%</b>			
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			<p>For long term home care services, the support for people with physical disabilities can be intensive with significant moving and handling plans and equipment involved to support the person and the staff safely with all aspects of personal care.</p>															

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			<p>Person focussed service plans to accurately document care requirements are a regulatory requirement for each service user and essential for staff reference. Staff working in regulated home care are required to undertake moving and handling training as part of their induction and to refresh on a regular basis but in addition in some situations more individual support may be required.</p> <p>The physical disabilities and medical conditions of service users will be wide ranging. Social care staff are not required to have a sophisticated knowledge of medical or health conditions but the person-centred service plan should ensure the impact of the disability is clarified with regards to how this affects the care and support delivered</p> <p>Home care in some circumstances administers medication. This is only supported with specific safeguards in place. All service users that have medication as part of their care and support plan will be identified and their transfer given specific management oversight.</p> <p>The WCCIS database allows only for the recording of one category. As previously noted given the age profile of service users it is likely that people recorded as having a physical disability suffer with frailty the British Geriatric society provides information about frailty see here  <a href="https://www.bgs.org.uk/Introduction-to-Frailty">Introduction to Frailty   British Geriatrics Society (bgs.org.uk)</a></p> <p>Of note the risk to people with frailty is different to others with physical disabilities as people with frailty are more at risk of falls, infections, delirium, incontinence and the associated effect on skin integrity but equally the impact of injury and disease is more significant and long lasting. People with frailty are vulnerable when services change and it is important to make sure communications with family and friends, carers, advocates and care managers are effective and co-ordinated.</p>

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			<p>The age profile suggests that whilst the most pressing issue for the person is a physical disability – there may also be a secondary concern of a cognitive impairment including a diagnosed dementia. Plans for the transfer of service users to new providers will need to ensure effective arrangements are in place to support peoples best interests including the use of advocates where people are unbefriended</p> <p>All social care staff in regulated services are required to undertake the induction framework for health and social care (SCW). Domiciliary care staff are Registered with SCW and their achievement against this framework is monitored as part of their Registration.  <a href="#">Induction framework for health and social care   Social Care Wales</a></p> <p><b>STAFF</b>  HR records show there are some staff within the in-house service with recorded disabilities. They may or may not have reported this disability to their manager and to avoid disclosure of sensitive information in the public domain no specific breakdown or statistics can be provided.</p> <p>Some staff have reasonable adjustments in place to support them with their disability in work.</p> <p>As part of the transfer process we will encourage open discussions with disabled staff so relevant support can be provided by any new employer. For those with reasonable adjustments currently in place we will discuss specifically with them how we can ensure these are in place with any new employer.</p>

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<b>Gender Reassignment</b> <i>(anybody who's gender identity or gender expression is different to the sex they were assigned at birth including non-binary identities)</i>	Neutral	There is no evidence to currently suggest that individuals who share the protected characteristic of gender reassignment would be impacted directly. Should officers be made aware of any impact arising, this EIA will be updated to reflect these.	<p><b>SERVICE USERS</b>            Social Care does not routinely capture data on gender identity for service users.</p> <p><b>STAFF</b>            The workforce data has been reviewed and analysis does not indicate a disproportionate impact for this characteristic.</p> <p>There will be a requirement on all providers at tender and during ongoing contract monitoring to demonstrate a robust policy and training arrangements for Equality and Diversity to support inclusive practice.</p>
<b>Marriage or Civil Partnership</b> <i>(people who are married or in a civil partnership)</i>	Neutral	There is no evidence to currently suggest that individuals who are married or in a civil partnership will be directly impacted by the proposal.	<p>Social Care does not routinely capture data on married or civil partnership status for staff or service users.</p> <p>There will be a requirement on all providers at tender and during ongoing contract monitoring to demonstrate robust policy and training arrangements for Equality and Diversity to support inclusive practice.</p>

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<b>Pregnancy and Maternity</b> <i>(women who are pregnant/on maternity leave)</i>	Neutral	There is no evidence to currently suggest that this impact will have a disproportionate negative effect on women who are pregnant or on maternity leave. Should officers be made aware of any impact arising, this EIA will be updated to reflect this	There will be a requirement on all providers at tender and during ongoing contract monitoring to demonstrate robust employment policy arrangements that support Equality and Diversity and inclusive workforce terms and conditions.
<b>Race</b> <i>(ethnic and racial groups i.e. minority)</i>	Neutral	There is currently no evidence or data held to suggest that this impact will have a	<b>SERVICE USERS</b> There will be a requirement on all providers at tender and during ongoing contract monitoring to demonstrate robust policy and training for Equality and Diversity to support inclusive practice.

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<i>ethnic groups, Gypsy, Roma and Travellers)</i>		disproportionate negative impact on a specific ethnic or racial group. However, if officers are made aware of an impact, this EIA will be updated accordingly.	<p>There will also be a requirement on all providers at tender and ongoing through contract monitoring to demonstrate how they provide a safe and nurturing workplace for ethnic minority people to thrive and flourish in their work.</p> <p>Communication with service users will be according to the needs and wishes of the person. Where an interpreter is required including for BSL this will be commissioned as required.</p> <p><u><i>Ethnicity profile – all service users of home care (inc. in-house):</i></u></p> <table border="1" data-bbox="853 794 1879 1415"> <thead> <tr> <th data-bbox="853 794 1673 863">Ethnicity</th> <th data-bbox="1673 794 1879 863">Percentage:</th> </tr> </thead> <tbody> <tr> <td data-bbox="853 863 1673 916">Any other ethnic background</td> <td data-bbox="1673 863 1879 916">0.14%</td> </tr> <tr> <td data-bbox="853 916 1673 968">Any other White background</td> <td data-bbox="1673 916 1879 968">5.85%</td> </tr> <tr> <td data-bbox="853 968 1673 1038">Any White Background, including Welsh, English, Scottish, Northern Irish, British, Irish</td> <td data-bbox="1673 968 1879 1038">81.82%</td> </tr> <tr> <td data-bbox="853 1038 1673 1091">Asian or Asian British-Indian</td> <td data-bbox="1673 1038 1879 1091">0.07%</td> </tr> <tr> <td data-bbox="853 1091 1673 1144">Chinese or Chinese British</td> <td data-bbox="1673 1091 1879 1144">0.07%</td> </tr> <tr> <td data-bbox="853 1144 1673 1197">Information not obtained</td> <td data-bbox="1673 1144 1879 1197">5.58%</td> </tr> <tr> <td data-bbox="853 1197 1673 1249">Information Refused</td> <td data-bbox="1673 1197 1879 1249">0.96%</td> </tr> <tr> <td data-bbox="853 1249 1673 1302">Not stated</td> <td data-bbox="1673 1249 1879 1302">5.44%</td> </tr> <tr> <td data-bbox="853 1302 1673 1355">White and Black African</td> <td data-bbox="1673 1302 1879 1355">0.07%</td> </tr> <tr> <td data-bbox="853 1355 1673 1415"><b>Total</b></td> <td data-bbox="1673 1355 1879 1415"><b>100.00%</b></td> </tr> </tbody> </table>	Ethnicity	Percentage:	Any other ethnic background	0.14%	Any other White background	5.85%	Any White Background, including Welsh, English, Scottish, Northern Irish, British, Irish	81.82%	Asian or Asian British-Indian	0.07%	Chinese or Chinese British	0.07%	Information not obtained	5.58%	Information Refused	0.96%	Not stated	5.44%	White and Black African	0.07%	<b>Total</b>	<b>100.00%</b>
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<b><u>Protected Characteristics</u></b>	<b>Does the proposal have any positive, negative or neutral impacts</b>	<b>Provide detail of the impact</b>	<b>What evidence has been used to support this view?</b>								
			<p><u><i>Ethnicity profile – in-house service users</i></u></p> <table border="1" data-bbox="853 536 1279 908"> <tr> <td data-bbox="853 536 1126 628">Asian or Asian British Indian</td> <td data-bbox="1126 536 1279 628">0.6%</td> </tr> <tr> <td data-bbox="853 628 1126 721">White British</td> <td data-bbox="1126 628 1279 721">58.5%</td> </tr> <tr> <td data-bbox="853 721 1126 813">White other</td> <td data-bbox="1126 721 1279 813">27.7%</td> </tr> <tr> <td data-bbox="853 813 1126 908">Not stated</td> <td data-bbox="1126 813 1279 908">13.8%</td> </tr> </table> <p>The ADSS commissioned research to support anti racist Wales see here <a href="#">DTG 2022-23 Anti-racist Wales Final report_FINAL.d2839695bfec9c3126ec87fa70d1b5968bef2d903e580a5012c7694db9d8a96c(1).pdf</a></p> <p><b>STAFF</b> The workforce data has been reviewed and analysis does not indicate a disproportionate impact for this characteristic.</p>	Asian or Asian British Indian	0.6%	White British	58.5%	White other	27.7%	Not stated	13.8%
Asian or Asian British Indian	0.6%										
White British	58.5%										
White other	27.7%										
Not stated	13.8%										
<b>Religion or Belief</b> <i>(people with different religions and</i>	Neutral	There is currently to evidence to suggest that this transfer of care will have a direct	<b>SERVICE USERS</b> Social Care does not routinely capture data on religion or beliefs status for service users.								

<b><u>Protected Characteristics</u></b>	<b>Does the proposal have any positive, negative or neutral impacts</b>	<b>Provide detail of the impact</b>	<b>What evidence has been used to support this view?</b>								
<i>philosophical beliefs including people with no beliefs)</i>		impact on those with a religion or belief, including those with no beliefs. Should officers be made aware of any potential impacts related to this protected characteristic, this impact assessment will be updated accordingly.	<p>There will be a requirement on all providers at tender and during ongoing contract monitoring to demonstrate robust policy and training arrangements for Equality and Diversity to support inclusive practice.</p> <p><b>STAFF</b> The workforce data has been reviewed and analysis does not indicate a disproportionate impact for this characteristic.</p>								
<b>Sex</b> <i>(women and men, girls and boys)</i>	Negative	This transfer will have a disproportionate effect on women both in terms of staff and service users and carers .	<p><b>SERVICE USERS</b> <u>Gender profile – all home care service users (inc. in-house):</u></p> <table border="1" data-bbox="853 1106 1330 1334"> <thead> <tr> <th>Gender</th> <th>Percentage:</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>62.26%</td> </tr> <tr> <td>Male</td> <td>37.74%</td> </tr> <tr> <td><b>Total</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table>	Gender	Percentage:	Female	62.26%	Male	37.74%	<b>Total</b>	<b>100.00%</b>
Gender	Percentage:										
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<b>Total</b>	<b>100.00%</b>										



<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?						
			<p><i>Gender profile – in-house service users:</i></p> <table border="1" data-bbox="853 523 1339 692"> <thead> <tr> <th data-bbox="853 523 1099 584">Gender</th> <th data-bbox="1099 523 1339 584">Percentage:</th> </tr> </thead> <tbody> <tr> <td data-bbox="853 584 1099 639">Female</td> <td data-bbox="1099 584 1339 639">69.66%</td> </tr> <tr> <td data-bbox="853 639 1099 692">Male</td> <td data-bbox="1099 639 1339 692">30.34%</td> </tr> </tbody> </table> <p>No information or research was available to explain why there are so many more women receiving home care than men but this may be because women in some communities live longer than men who previously worked in heavy industry. – It could also relate to more carers being women - <a href="#">Key facts and figures   Carers UK</a> 59% of unpaid carers are women (Census 2021). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022)</p> <p><b>The action plan</b> sets out the engagement plan for implementation. Consideration to the specific needs of female service user and carers will be sought to ensure what matters to them is acknowledged and addressed.</p> <p><b>STAFF</b> Of the staff identified in the service 92.5% are women and only 7.5% are men The workforce is primarily female and as noted above also ageing - this is a concern as the physical and mental demands on people working in adult social care generally, and on people working in the frontline of home care services in particular are significant see <a href="#">Microsoft Word - evidence women's health in the social care workforce.docx (londonadass.org.uk)</a></p>	Gender	Percentage:	Female	69.66%	Male	30.34%
Gender	Percentage:								
Female	69.66%								
Male	30.34%								

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
			<p>The impact on workers is evidenced in sickness levels, staff turnover and on the long term health impact for individuals.</p> <p>Social Care Wales and HEIW has set a health and social care workforce strategy for Wales <a href="https://www.nhs.uk/health-and-social-care-workforce-strategy">Workforce Strategy for Health and Social Care Final (nhs.wales)</a> that sets out the vision, ambition and approaches that are needed to put wellbeing at the heart of our plans for the workforce but the <b>action plan attached</b> includes a commitment to ensure social care providers are required to specifically identify their health and wellbeing arrangements for their workforce at the tender evaluation and this will be monitored during ongoing contract monitoring arrangements.</p>
<p><b>Sexual Orientation</b> <i>(bisexual, gay, lesbian, straight)</i></p>	<p>Neutral</p>	<p>Currently, there is no evidence to suggest that this group will be disproportionately affected by the introduction of this proposal Should officers be made aware of any potential impacts related to this protected characteristic, this EIA will be updated accordingly.</p>	<p><b>SERVICE USERS</b> Social Care does not routinely capture data on the sexual orientation of service users.</p> <p>There will be a requirement on all providers at tender and during ongoing contract monitoring to demonstrate robust policy and training arrangements for Equality and Diversity to support inclusive practice.</p> <p><b>STAFF</b> The workforce data has been reviewed and analysis does not indicate a disproportionate impact for this characteristic.</p>

In addition, due to Council commitments made to the following groups of people we would like you to consider impacts upon them:

	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?		
<p><b>Armed Forces Community</b> <i>(anyone who is serving, has served, family members and the bereaved)</i></p>	<p>Negative</p>	<p>Veterans could be indirectly impacted through the transfer of care Evidence suggests that veterans in RCT are older and likely to have disabilities or long-term health or mobility conditions. There may therefore be veterans within the cohort of affected services users.</p>	<ul style="list-style-type: none"> <li>• 3.2% of people in RCT have previously served in the UK <b>regular armed forces</b></li> <li>• 0.7% of people in RCT have previously serviced in the UK <b>reserve armed forces</b></li> <li>• 0.2% of people in RCT have previously <b>served in both regular and reserve UK armed forces</b></li> </ul> <p>(<a href="#">Census 2021</a>, <a href="#">Population Maps</a>)</p> <p>During the engagement process adult services will link in with the Regional Armed Forces Covenant Liaison Officer to assist with the identification of veterans in the service users cohort and for advice specifically for the communication and support to veterans <b>See action plan.</b></p>		
<p><b>Carers</b> <i>(anyone of any age who provides unpaid care)</i></p>	<p>Negative</p>	<p>As the groups most affected by the transfer of care are older and disabled people it is very likely that their unpaid carers will equally experience disruption from the transfer of care</p>	<p><b>SERVICE USERS</b></p> <p>Of all the people currently receiving home care services in RCT, whether provided by external provider or the in-house service, only 18% are reported as having an unpaid carer involved in this care. This is likely an underrepresentation:</p> <p><i>Unpaid carers – all home care service users (inc. in-house):</i></p> <table border="1" data-bbox="965 1353 1550 1420"> <tr> <td data-bbox="965 1353 1326 1420">Does the person have a carer?</td> <td data-bbox="1326 1353 1550 1420">Percentage:</td> </tr> </table>	Does the person have a carer?	Percentage:
Does the person have a carer?	Percentage:				

		<p>Whilst the in-house service only provides services to 10.4% of people affected by the transfer will experience some distress and uncertainty during the transfer process as their regular care worker and timetable of calls may be affected</p> <p>We are aware from surveys and research that people including unpaid carers value continuity of care and personalised care therefore the transfer will have an impact until new relationships and routines are re-established</p>	<table border="1"> <tr> <td>No</td> <td>81.68%</td> </tr> <tr> <td>Yes</td> <td>18.32%</td> </tr> <tr> <td><b>Total</b></td> <td><b>100.00%</b></td> </tr> </table>	No	81.68%	Yes	18.32%	<b>Total</b>	<b>100.00%</b>	<p>Of the total cohort of service users in the in-house service, 34 are listed in our WCCIS database as having an unpaid carer involved in their care. It is expected that this too is an underrepresentation.</p> <p>Carers will be treated the same as service users during the engagement process. However as part of the engagement, the RCT Carers Support Project will assist with specific communications, support and advice to unpaid carers <b>See plan</b></p> <p><b>STAFF</b></p> <p>There is currently no workforce data available regarding the proportion of in-house staff who are also unpaid carers. However, 40% of the in-house workforce is aged 56-65 and age is a contributing factor to the likelihood of unpaid caring responsibilities. A large proportion of them are also women, which is another factor making unpaid caring more likely. It would therefore be reasonable to assume many affected staff are also unpaid carers.</p> <p>As part of the transfer process we will make sure staff are supplied with relevant information from the Carers Support Project and RCT Council's Working Carers team to support them in managing their unpaid caring responsibilities alongside paid work. We will encourage open discussions with any new employers to ensure staff continue to be supported in relation to their unpaid caring responsibilities.</p>
No	81.68%									
Yes	18.32%									
<b>Total</b>	<b>100.00%</b>									

If the initial screening test has identified negative impacts, then a full equality impact assessment (section 4) **must** be undertaken. However, if after undertaking the above screening test you determine a full equality impact assessment is not relevant, please provide an adequate explanation below:

Are you happy you have sufficient evidence to justify your decision?

Yes

No

Name: Sian Nowell

Position: Interim Service Director

Date: September 2023

### **SECTION 3 – SOCIO-ECONOMIC DUTY (STRATEGIC DECISIONS ONLY)**

The Socio-economic Duty gives us an opportunity to do things differently and put tackling inequality genuinely at the heart of key decision making. Socio-economic disadvantage means living on a low income compared to others in Wales, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services.

Please consider these additional vulnerable groups and the impact your proposal may or may not have on them:

- Single parents and vulnerable families
- Pensioners
- Looked after children
- Homeless people
- Students
- Single adult households

- People living in the most deprived areas in Wales.
- People with low literacy and numeracy
- People who have experienced the asylum system.
- People misusing substances.
- People of all ages leaving a care setting
- People involved in the criminal justice system

<u>Socio-economic disadvantage</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<p><b>Low Income/<a href="#">Income Poverty</a></b>  <i>(cannot afford to maintain regular payments such as bills, food, clothing, transport etc.)</i></p>	<p>neutral</p>	<p>Currently, there is no evidence to suggest that service users in low income or income poverty will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.</p> <p>Any staff on low income or income poverty affected by the transfer will be subject to TUPE with continuity of employment and protection of their terms and conditions (inc, pension).</p> <p>The service once transferred will remain Regulated by CIW and the workforce training and registration requirements of Social Care Wales</p> <p>Any procurement process for home care will include requirements to comply with the SCW health &amp; social care workforce strategy that includes requirements for inclusion fairness and equity.</p> <p>As staff are relatively low income, primarily female and part time the staff engagement process will include cost of living information, access to information and advice for their rights and entitlements and advice regarding skills development.</p>	<p>64% of households in RCT are single-family households. Of this group:</p> <ul style="list-style-type: none"> <li>• 8.8% are single-family households of a lone parent family with dependent children.</li> <li>• 4.8% are single-family households of a lone parent family with non-dependent children.</li> </ul> <p><a href="#">(Census 2021: Population Maps)</a></p> <p>“There were 16.9 million families in England and Wales in 2021 – 18.7% were lone parents.”</p> <p><a href="#">(Families in England and Wales: Census 2021)</a></p>

<p><b>Low and / or No Wealth</b>  <i>(enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provisions for the future)</i></p>	<p>Neutral</p>	<p>Currently, there is no evidence to suggest that service users with no or low wealth will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.</p> <p>The staff with no or low wealth affected by the transfer will be subject to TUPE with continuity of employment and protection of their terms and conditions (including pension).</p> <p>The service once transferred will remain Regulated by CIW and the workforce training and registration requirements of Social Care Wales</p> <p>Any procurement process for home care will include requirements to comply with the social care Wales health and social care workforce strategy that includes requirements for inclusion fairness and equity</p> <p>As staff are relatively low income, primarily female and part time the staff engagement process will include cost of living information, access to information and advice for their rights and entitlements and advice regarding skills development.</p>	<p>64% of households in RCT are single-family households. Of this group:</p> <ul style="list-style-type: none"> <li>• 8.8% are single-family households of a lone parent family with dependent children.</li> <li>• 4.8% are single-family households of a lone parent family with non-dependent children.</li> </ul> <p><a href="#">(Census 2021: Population Maps)</a></p> <p>“There were 16.9 million families in England and Wales in 2021 – 18.7% were lone parents.”</p> <p><a href="#">(Families in England and Wales: Census 2021)</a></p>
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<p><b>Material Deprivation</b>  <i>(Unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, hobbies etc.)</i></p>	<p>Neutral:</p>	<p>Currently, there is no evidence to suggest that service users with material deprivation will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.</p> <p>The staff with material deprivation affected by the transfer will be subject to TUPE with continuity of employment and protection of their terms and conditions (including pension).</p> <p>The service once transferred will remain Regulated by CIW and the workforce training and registration requirements of Social Care Wales</p> <p>Any procurement process for home care will include requirements to comply with the social care Wales health and social care workforce strategy that includes requirements for inclusion fairness and equity</p> <p>As staff are relatively low income, primarily female and part time the staff engagement process will include cost of living information, access to information and advice for their rights and entitlements and advice regarding skills development.</p>	<p>64% of households in RCT are single-family households. Of this group:</p> <ul style="list-style-type: none"> <li>• 8.8% are single-family households of a lone parent family with dependent children.</li> <li>• 4.8% are single-family households of a lone parent family with non-dependent children.</li> </ul> <p><a href="#">(Census 2021: Population Maps)</a></p> <p>“There were 16.9 million families in England and Wales in 2021 – 18.7% were lone parents.”</p> <p><a href="#">(Families in England and Wales: Census 2021)</a></p>
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<b><u>Socio-economic disadvantage</u></b>	<b>Does the proposal have any positive, negative or neutral impacts</b>	<b>Provide detail of the impact</b>	<b>What evidence has been used to support this view?</b>
<p><b><u>Area Deprivation</u></b>  <i>(where you live (rural areas), where you work (accessibility of public transport))</i></p>	neutral	<p>Currently, there is no evidence to suggest that service users living in areas that cause area deprivation will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider under a zoned contract .</p> <p>The staff affected by the transfer will be subject to TUPE with continuity of employment and protection of their terms and conditions (including pension).</p> <p>The transfer proposal includes recommendation to procure the home care service according to geographic zones which will support people to work closer to their own community and reduce travel requirements</p>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Socio-economic background</b>  <i>(social class i.e. parents education, employment and income)</i></p>	Neutral:	<p>Currently, there is no evidence to suggest that service users from any specific socio-economic background will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.</p> <p>Advocacy for people needing someone to speak out or correspond on their behalf to secure their rights and entitlement will be arranged as is</p>	

		<p>required in social care for this this situation.</p> <p>The staff affected by the transfer will be subject to TUPE with continuity of employment and protection of their terms and conditions (including pension).</p> <p>The service once transferred will remain Regulated by CIW and the workforce training and registration requirements of Social Care Wales</p> <p>Any procurement process for home care will include requirements to comply with the social care Wales health and social care workforce strategy that includes requirements for inclusion fairness and equity</p> <p>The council has a policy for the management of change that includes the full involvement of the trade unions who will advocate for staff who may not feel confident to speak out on their concerns about their rights and entitlements</p>	
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**Socio-economic disadvantage**  
*(What cumulative impact will the proposal have on people or groups because of their protected characteristic(s) or vulnerability or because they are already disadvantaged)*

Neutral:

Currently, there is no evidence to suggest that service users will be disproportionately affected by the introduction of this proposal as their service will continue with a new provider.

The staff affected by the transfer will be subject to TUPE with continuity of employment and protection of their terms and conditions (including pension).

The service once transferred will remain Regulated by CIW and the workforce training and registration requirements of Social Care Wales

Any procurement process for home care will include requirements to comply with the social care Wales health and social care workforce strategy that includes requirements for inclusion fairness and equity

## SECTION 4 – FULL EQUALITY IMPACT ASSESSMENT

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impacts and clearly identify which groups are affected.

- 4.a) **In terms of disproportionate/negative/adverse impacts that the proposal may have on a protected group, outline the steps that will be taken to reduce or mitigate the impact for each group identified. Attach a separate action plan where impacts are substantial.**

### Action Plan STAFF

#### Specific action required as part of the overall programme plan

- **TUPE plan** required at the earliest possible stage to include genuine dialogue with employees throughout. All employees identified as employed in the service (or part) that are transferring will be entitled to carry on working for the appropriate new organisation with their existing terms and conditions of employment and continuity of service including LGPS
- **Procurement plan** required at the earliest possible stage to ensure procurement requirements, contract terms and conditions and service specifications include the requirement to co-operate with the Local Authority in respect of its obligations to comply with statutory equality duties. The Service Provider to be required also to promote equality and diversity, including (but not limited to) race equality, equality of opportunity for disabled people, gender (including gender reassignment) equality, and equality relating to religion and belief, sexual orientation, pregnancy and maternity, marriage and civil partnership and age in the provision of the Services. Providers will be required as part of the tender process to demonstrate robust Equality and Diversity Policies that include their commitment to provide training for their staff and managers in the organisation.

#### Questions for tender

- Do you have a published equality and diversity policy? (Please attach as evidence)
- What structures are in place in your organisation to manage and implement your equalities and diversity policy? including arrangements to assure a safe and nurturing workplace for ethnic minority people?
- What is your training plan for staff and managers to support equality and diversity for the workforce and for developing inclusive practice?
- Staff engagement plan required to ensure staff and their representatives are

- In receipt of written information around the decision and what will happen and when (to include response to frequently asked questions) October 2023
- Access to a helpline and designated email in-box monitored daily by senior officer to ensure prompt responses to concerns and queries.
- Face to face staff information surgeries in localities in **November 2023, March 2024 and July 2024** to access advice and information regarding.
  - Their rights and entitlements with regards to TUPE
  - Cost of living support and information
  - Wellbeing advice, information and access to support including occupational health if required.
  - To share information
  - Engage workers with regards to what matters to them in terms of the transfer process to inform the planned approach.
  - Managing unpaid caring alongside paid work and receiving information and advice related to unpaid caring.

## Action Plan SERVICE USERS and CARERS

### Specific action required as part of the overall programme plan

- **Procurement plan** required at the earliest possible stage to ensure procurement requirements, contract terms and conditions and service specifications include the requirement to co-operate with the Local Authority in respect of its obligations to comply with statutory equality duties.

The Service Provider to be required also to promote equality and diversity, including (but not limited to) race equality, equality of opportunity for disabled people, gender (including gender reassignment) equality, and equality relating to religion and belief, sexual orientation, pregnancy and maternity, marriage and civil partnership and age in the provision of the Services.

Providers will be required as part of the tender process to demonstrate robust Equality and Diversity Policies that include their commitment to provide training for their staff and managers in the organisation.

#### Questions for tender

- Do you have a published equality and diversity policy? (Please attach as evidence)
- What structures are in place in your organisation to manage and implement your equalities and diversity policy? including arrangements to assure a safe and nurturing workplace for ethnic minority people?
- What is your training plan for staff and managers to support equality and diversity for the workforce and for developing inclusive practice?

- **Engagement plan** A Service user engagement plan is required to ensure good communication with service users, carers and families throughout the process that supports good practice and addresses what matters to people with regards to their home care service

Initial communication by letter to inform them of the Cabinet report. October 2023

**Throughout February 2024** 4 weeks engagement events in each of the localities for service users, carers and families to discuss the proposed new service specification and the timescales for the procurement process. These event will also

1. Establish with service users and carers 'What matters to them' with regards to how we manage the transfer of cases from one provider to another so that the key issues raised can be accommodated in our plans. The response of women will be specifically encouraged
2. Refresh with service users and carers 'what matters to them' with regards to home care service delivery (e.g., continuity of care, communication with the office staff etc.) to ensure these areas are addressed in the service specification prior to the issue of the final tender documentation. The response of women will be specifically encouraged.

**For the 4 weeks of February 2024** for those unable to attend the events above information will be forwarded and invitation to contribute will be sought in writing.

**February 2024** for those unable to attend the events above a sample of service users and carers will be contacted by phone to determine 'what matters to them' with regards to home care service delivery (e.g., continuity of care, communication with the office staff etc.) to ensure these areas are addressed in the service specification prior to the issue of the final tender documentation.

**February 2024** – work to identify veterans amongst the home care service user and carers will progress with the council Veterans service and information advice and support offered as required

**April 2024** Carers Project contact with carers affected by the transfer of contracts and information advice and support offered as required

**By July 2024** unbefriended service users assigned an advocate prior to the start of the transfer process.

**By July 2024** people that are identified as needing re-assessment or Review prior to transfer will be assigned a care manager as appropriate prior to the start of the transfer process.

**By July 2024** service users or carers identified by the services to be particularly vulnerable (e.g., lack mental capacity, medication required, complex care plans) will be assigned care manager / OT oversight to support their best interests during the transfer to aid communication and co-ordination.

**By July 2024** service users or carers where appropriate will be allocated the support of an interpreter to assist during the transfer process will

**From May July 2024**

- Individual notification to service users with regards to their specific service transfer arrangements will be issued in writing based on their individual communication requirements following the award of the contracts this will include a timetable for transfer.

Detailed handover plans will be in place for outgoing and incoming providers to manage the communications required to transfer service users and carers safely.

**From May July 2024**

A helpline and specific email inbox into the council adult services will be available for service users and staff to use if they have concerns regarding the transfer arrangements. – details of which will be included in the notification letters above and carers around the specific changes they will experience.

**4.b) If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.**

None identified at this point but should officers become aware of an adverse impact where no way of reducing it is identified this section will be re-visited and escalated.

**4.c) Give sufficient detail of data or research that has led to your reasoning, in particular, the sources used for establishing the demographics of service users/staff.**

- Staff data – ITRENT staff database
- Service user and carer data WCCIS social care database
- Articles used from the following (actual articles embedded as links in text above) British Geriatrics society, Social Care Wales, Social Care Institute for excellence, Association of Directors of social Services Wales, Association of Directors of Social Services London, Carers UK and the Census 2021

- 4.d) **Give details of how you engaged with service users/staff on the proposals and the steps taken to avoid any disproportionate impact on a protected group. Explain how you have used feedback to influence your decision.**

Please see engagement plan above with details of planned engagement with staff and service user to mitigate the identified adverse effects of service transfer.

Engagement and staff communication will also align with the council management of change and according to the Legal requirements of TUPE

All engagement and consultation will consider the communication needs of the service users and staff including support to Welsh speaking workers and service users and carers, interpreters including BSL will be commissioned to support people as appropriate as will independently advocates.

All communications with staff will be alongside full cooperation with the trade unions

- 4.e) Are you satisfied that the engagement process complies with the requirements of the Statutory Equality and Socio-economic Duties?

Yes x

No



## SECTION 5 – MONITORING, EVALUATING AND REVIEWING

### 5a) Please outline below how the implementation of the proposal will be monitored:

The implementation of the proposal will be monitored as follows.

- Establishment of a program board to oversee the following project activity to include relevant decision makers across the council.
- The establishment of an agreed management of change and TUPE plan to manage the staff communications and transfer requirements.
- The establishment of a procurement plan to manage the tender process including the development of the updated service specification.
- The establishment of a communication and engagement plan to manage the transfer arrangements for service users from the initial notifications to the detailed transfer plans.
- To establish an evaluation criterion to measure the impact on staff and service users to include the following outcomes.

Initial PI's for the project

- No of staff TUPE over to the new provider
- Average quality scores for tender evaluations
- Quality of responses from successful tender applications to the questions
  - Do you have a published equality and diversity policy? (Please attach as evidence)
  - What structures are in place in your organisation to manage and implement your equalities and diversity policy? including arrangements to assure a safe and nurturing workplace for ethnic minority people
  - What is your training plan for staff and managers to support equality and diversity for the workforce and for developing inclusive practice?
- No of service users transferred to a new provider time.
- No of compliments and complaints related to the engagement process and communications.

**5b) When is the evaluation of the proposal due to be reviewed?**

Following the agreement of Cabinet to progress this proposal on the 23/10/23 The evaluation criteria will be enhanced as the development of the detailed plans are completed.

**5c) Who is responsible for the monitoring and review of the proposal?**

Sian Nowell Interim director of Social Services

**5d) How will the results of the monitoring be used to develop future proposals?**

An end of program report will be completed to set out lessons learned with regards to the management of a large-scale social care outsourcing program

## SECTION 6 – REVIEW

For all policy proposals, whether it is a Significant Key Decision or not, you are required to forward this assessment to Diversity and Inclusion team – [equality@rctcbc.gov.uk](mailto:equality@rctcbc.gov.uk) and the Consultation and Engagement team – [consultation@rctcbc.gov.uk](mailto:consultation@rctcbc.gov.uk) in the first instance for some initial guidance and feedback.

As part of the Welsh Language, Equalities and Socio Economic Duty Impact Assessment Process all proposals that fall within the definition of Significant Key Decision should present at the Officer Review Panel. This panel is made up of officers from across Council Services and acts as a critical friend before your report is finalised and published for SLT/Cabinet approval.

If this proposal is a Key Strategic Decision please forward your completed impact assessment, policy proposal/report and consultation report to [CouncilBusiness@rctcbc.gov.uk](mailto:CouncilBusiness@rctcbc.gov.uk) for an Officer Review Panel to be organised to discuss your proposal. See our guidance document for more information on what a Significant Key Decision is.

It is important to keep a record of this process so that we can demonstrate how we have considered and built in equality/Socio economic considerations wherever possible. Please ensure you update the relevant sections below in collaboration with the relevant departments

<b>Diversity and Inclusion team Comments</b>	<b>Date Considered</b>	<b>Brief description of any amendments made following Diversity and Inclusion team consideration</b>
	September 2023	The comments of the Diversity and Inclusion team have been incorporated into the EIA.
<b>Consultation Comments</b>	<b>Date Considered</b>	<b>Brief description of any amendments made following consultation</b>
N/A		
<b>Officer Review Panel Comments</b>	<b>Date Considered</b>	<b>Brief description of any amendments made following Officer Review Panel considerations</b>
		An officer Review Panel will take place during the week commencing 16th October 2023 and the feedback will be

		presented to Cabinet prior to its meeting on 23rd October 2023.
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## SECTION 7 – SUMMARY OF IMPACTS FOR THE PROPOSAL

**Provide below a summary of the impact assessment, to include some of the main positive and negative impacts along with an overview of actions taken since the impact assessment to better contribute to more positive impacts. This summary must be included in the Equality Considerations section of the SLT/Cabinet report template. It is not suitable to only write ‘please see full report at Appendix x’ in the body of the report. The impact assessment must be published alongside the report.**

*An Equality Impact Assessment has been completed and the main findings are as follows:-*

The proposal to commissions a sustainable model of long-term home care that achieves best value and sustainability of our care offer in the future without reducing the availability of service provided to people in need of home care support has some disproportionate impacts on people who are older, have disabilities, are carers, women and on low income

For service users many of the mitigating actions to support the identified concerns will be addressed through an effective engagement programme that will focus primarily on:

- Consideration to What matters to the service users and carers in terms of how the transfer is managed.
- Good quality and timely information and communications to make sure people are aware of how the process will affect them and when.
- Specific consideration to carers, Veterans, unbefriended people and the most vulnerable (e.g., who lack capacity) and those with specific communication needs.

For staff the mitigating actions to support identified concerns will be addressed through

- Examination of the equality and diversity performance of a prospective new provider at tender stage and subsequent contract monitoring post contract award

- The engagement and communication plan with inhouse staff to ensure good access to information, advice regarding TUPE, their rights and entitlements and cost of living advice.
- The engagement and communication plan within house staff to ensure access to wellbeing advice and support throughout the process.

## SECTION 8 – AUTHORISATIONS

Lead Officer:

Name: Sian Nowell

Position: Interim Service Director Care and support, transformation and integration

Date: 12/10/2023

I recommend that the proposal:

- Is implemented with no amendments
- ~~— Is implemented taking into account the mitigating actions outlined~~
- ~~— Is rejected due to disproportionate negative impacts on protected groups or socio-economic disadvantage~~

Head of Service/Director Approval:

Name: Neil Elliott

Position: Director of Social Services

Date: 13/10/2023

Please submit this impact assessment with any SLT/Cabinet Reports.