

## Equality Impact Assessment

### What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) (“the Act”), which asks public authorities, like Hampshire County Council, to give ‘due regard’ to equality considerations, in particular 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.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid ‘due regard’ to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
Andrew Mallett	Project Manager Adults' Health and Care	andrew.mallett2@hants.gov.uk Tel:TBA

Title:	Help to live at Home Framework (Domiciliary Care)
Related EIAs:	None
EIA for Savings Programme:	Yes EIA - Adults Health & Care - SP25
Service affected	Domiciliary Care and Support services procured by Hampshire County Council
Description of the service/policy/project/project phase	Domiciliary Care is currently delivered through the Help to Live at Home Open Framework Agreement and the Care and Support at Home call-off contracts. Should an older adult (65+) or an adult with a physical disability (PD) be determined to have eligible care and support needs that will be most appropriately met within their own home in the form a domiciliary care and support placement, then the assessment information will be used to source the most appropriate provision and provider. A high-level anonymised care and support needs summary (Pen Picture) of the individuals will be shared with the relevant call-off contract providers. The current Help to Live at Home Open Framework Agreement ends on 8 August 2024, with no further extension available. It is proposed that the replacement framework and the related call-off contracts will run for 10 years, until 2034. The framework allows us to: - To meet our Care Act duty of managing the market and ensuring it is sustainable. - To ensure individuals receive the right

	<p>service at the right time and that a strength-based approach is employed in sourcing provision. - To ensure that all individuals, who require a domiciliary care provision through Hampshire County Council, are offered an appropriate to need and best value placement. - That Hampshire residents are supported with individualised, person-centred care, that is provided through recognising the individual's strength but also where the individual needs support to thrive. - To work with a proportionate and sufficient group of Providers who we have positive and consistent relationships with. - To secure competitive costings within the market and to support the market in a constructive and positive way. - To offer a standardised, fair, supportive and transparent offer to the market.</p>
New/changed service/policy/project	<p>There is currently in place an existing framework, through which the provision of Older Adult and Physical Disabilities domiciliary care is procured. The current framework works well and allows HCC to make relevant referrals to providers of Domiciliary Care. However, the renewal presents an opportunity for a review and to make amendments and improvements. To ensure a smooth transition between contractual arrangements, and to minimise any disruption to either delivery partners or individuals, arrangements will be put in place to ensure providers that meet specific, quality related, criteria can be passported onto the new framework. A review of processes involved with onboarding, provider quality monitoring and management, due diligence, uplifts and rate increases, as well as strengthening of KPIs (improved contract management) will form part of the project delivery. The new arrangements will also include the ability to source care for a wider range of needs, including adults with a Learning Disability, Physical Disability or Mental Health concern, alongside a wider range of types of service, including domiciliary care, Extra Care, Live-In care and short term respite and reablement services. Requirements identified within the wider SP25 programme will form part of the project to allow the framework to act as an enabler for any changes. The aim of the improvement work being undertaken is to: - Strengthen/enhance the Council's ability to continuously manage quality, both at the application stage and during the life of the Framework. - Ensure the new Framework is future proof and has the right mechanisms to respond to changing market conditions. - Improve internal processes and flow of information between teams. - Allow additional care types to be called off. Live-in-Care, Learning Disabilities and Mental Health to be included from launch. Scope will be added for ICB work to be included in the future if agreement is reached.</p>

<b>Engagement</b>
Engagement with Hampshire Care Association (HCA), existing providers, HQ teams, operational teams, Integrated Care Board (ICB) commissioners/procurement, and other Local Authority commissioners is ongoing. A series of events and workshops have taken place to engage with all key stakeholders to seek their input into the design of the replacement framework and call-off contracts.

## Equalities considerations - Impact Assessment

### Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	

	<p>The replacement framework will not disproportionately impact those who are older and will have a neutral impact on both staff and individuals. However, the call-off for contracts for Domiciliary Care and Live in Care will positively impact those individuals predominantly aged 65 or over who require care and support in their own home. According to the 2018 Office for National statistics forecasts, the population of those aged 65 or over is due to increase by approximately 10% by 2028, meaning that should we continue to commission services at the same level, the number of individuals likely to receive services commissioned by Hampshire will increase to just over 5000 per annum by 2028. The contract stipulates that providers are expected to deliver services that are strengths-based (consideration of an individual's own strengths and capabilities, and what support might be available from their wider support network or within the community to help meet and support their care needs) and outcomes focused (working towards an individual's goals and aspirations). Providers will be working to ensure individuals living within their own homes, reach their full potential and maximum personal level of independence. In addition, providers will be expected as part of their contractual obligations to ensure that people in receipt of care are involved with their local community through supporting access to the local area. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed.</p>
Mitigation	

## Disability

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The replacement framework and call-off contracts will continue to purchase care for adults with a physical disability, it will also include the possibility to purchase care for those with a learning disability or mental health concern. The framework will not disproportionately impact those individuals who have a disability and will have a neutral impact. However, the call-off contracts for Domiciliary Care and Live in Care provisions for adults will positively impact those individuals with a disability who require care and support in their own home. Through the contracts providers will be expected to ensure that services delivered are person centred and outcomes focused, working to ensure individuals reach their full potential and maximum personal level of independence. In addition, providers will be expected as part of their contractual obligations to ensure that individuals are involved with their local community through supporting access to the local area. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed.</p> <p>Improvements to the Pen Picture (an anonymised Care Needs summary that assists with sourcing provisions), will help to ensure equality of access to quality providers for individuals with a disability. The 2021 Census data shows that the likelihood of someone declaring a disability increases with age, with over 50% of the Hampshire population aged 65 or over declaring a disability. Therefore, as a large part of these services are aimed at those over 65, and those under 65 must have a disability to be eligible, it is likely that many individuals receiving a service will have a disability. The framework and associated call-off contracts will ensure equality of access to quality</p>

	providers for individuals, therefore having a positive impact on those with a disability.
Mitigation	

## Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	No anticipated changes to current position expected through programme delivery.
Mitigation	

## Pregnancy and Maternity

Impact on public	Neutral
Impact on staff	Neutral
Rationale	No anticipated changes to current position expected through programme delivery.
Mitigation	

## Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	The Hampshire population is less diverse than England as a whole, with 92.6% of residents describing themselves as belonging to White ethnic groups compared to the national average of 81%. However, the diversity of the area's population is increasing, 7.4% of the population described themselves as of an ethnic background other than White in 2021, up from 5% in the previous census conducted in 2011. The replacement framework will not disproportionately impact individuals due to their race. However, the call-off contracts for domiciliary and live in care will continue to have a positive impact, as contractually providers will need to ensure that services delivered are person centred and outcomes focused, working to ensure individuals living within their own home reach their full potential and maximum personal level of independence. In addition, providers will be expected as part of their contractual obligations to ensure individuals are involved with their local community through supporting access to the local area. This may include but is not limited to ensuring individuals have access to local cultural events or gatherings as required. Providers of these services should also ensure they are delivering culturally appropriate care for individuals through person centred approaches. This may include consideration of food and drink, including in its preparation, handling and eating, their clothes and personal presentation, their religious or spiritual practices or the activities they participate in. This also applies to information about the service and what it offers, being made available in such a way that promotes equality of access. There will be close monitoring of providers through contract management, helping to ensure Hampshire are

	working with good quality providers and supporting their improvement where needed. Case studies will be requested to provide assurances as to the person-centred care being delivered and outcomes being achieved for individuals.
Mitigation	

## Religion or Belief

Impact on public	Positive
Impact on staff	Neutral
Rationale	The 2021 Census data shows that 51.5% of the Hampshire population considers themselves to have a religion. There is high religious diversity in some areas, in Rushmoor for example 5.7% identify as Hindu and 4.7% as Buddhist. The replacement framework will not disproportionately impact individuals due to their Religion. However, the call-off contracts for domiciliary and live in care will have a positive impact. Contractually providers will need to ensure that services delivered are person centred and outcomes focused, working to ensure individuals living in their own home reach their full potential and maximum personal level of independence. Providers will be expected as part of their contractual obligations to ensure their individuals are involved with their local community through supporting access to the local area. This may include but is not limited to ensuring individuals have access to be able to worship in a way of their choosing as appropriate. Or facilitating access to religious events/ occasions in line with an individual's wishes. There may need to be considerations in relation to someone's nutritional intake or clothes/ presentation, due to their beliefs. This also includes access to information about the service and what it offers, being made available in such a way that promotes equality of access. There will be close monitoring of providers through contract management, helping to ensure Hampshire are working with good quality providers and supporting their improvement where needed. Case studies will be requested to provide assurances as to the person-centred care being delivered and outcomes being achieved for individuals.
Mitigation	

## Sex

Impact on public	Neutral
Impact on staff	Neutral
Rationale	No anticipated changes to current position expected through programme delivery.
Mitigation	

## Sexual Orientation

Impact on public	Neutral
Impact on staff	Neutral
Rationale	No anticipated changes to current position expected through programme delivery.
Mitigation	

## Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	No anticipated changes to current position expected through programme delivery.
Mitigation	

## Poverty

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The replacement framework will not disproportionately impact individuals due to Poverty. Domiciliary and live in care and support services will be available to self-funders as well as those who require Local Authority financial support. The Joint Strategic Needs Assessment Demography data shows 9% of residents aged 60 or over experience income deprivation. The Income Deprivation Affecting Older People Index (IDAOP) ranks 14 areas in Hampshire in the most deprived decile nationally, 12 of these are in Rushmoor where over 23% of the population are from non-white British ethnic groups. However, due to access to services being through business-as-usual routes following a care act assessment and subsequent financial assessment, the recording of such impact and data related to how many individuals accessing services are living in poverty is not specifically part of the framework programme.
Mitigation	

## Rurality

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The replacement framework will not disproportionately impact individuals due to living rurally. The framework has a large number of providers signed up, who cover the whole of the county. Enhanced rates are available to providers to make it financially viable for them to bid on packages in hard-to-reach areas. This means that those living rurally will have equal access to care and support at home in both rural and urban areas based on their assessed needs.
Mitigation	

Geographical Impact: All Hampshire

## Equality Statement

Additional information:

None

## Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 00568

Date of production of EIA for publication: 14/06/2024