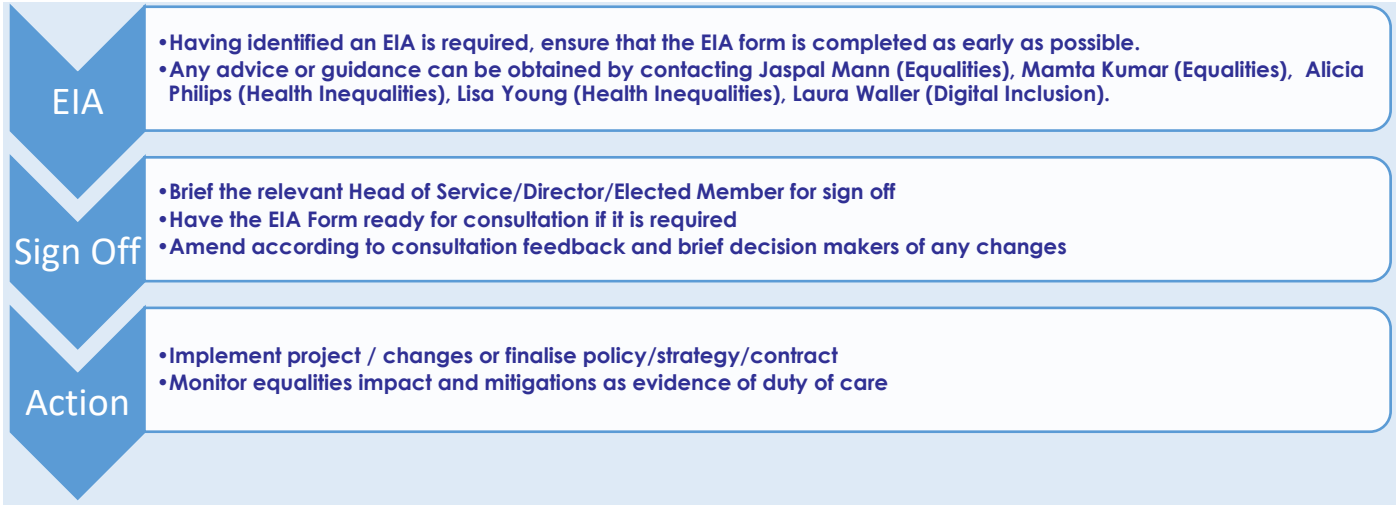
EQUALITY IMPACT ASSESSMENT (EIA)

Appendix 1

Coventry City Council

Title of EIA		**Short Term Home Support**
EIA Author	Name	**Jason Bejai**
	Position	**Commissioning Manager**
	Date of completion	**010/03/2023**
Head of Service	Name	**Jon Reading**
	Position	**Head of Service – Commissioning and Quality (Adult Social Care)**
Cabinet Member	Name	**Cllr Mal Mutton**
	Portfolio	**Adult Services**



PLEASE REFER TO EIA GUIDANCE FOR ADVICE ON COMPLETING THIS FORM

SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

☐New policy / strategy
☐New service
☐Review of policy / strategy
☐Review of service
☒Commissioning

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☐Other project *(please give details)*

1.2 In summary, what is the background to this EIA?

This EIA is submitted with regards to recommissioning of short term home support (STHS)

Short Term Home Support (STHS) is a key feature in the delivery of good Health and Social Care Services The service supports adults to acquire or reacquire living skills to remain residing independently in their own homes, a key policy objective for Health and Social Care . The service is integral to reducing delayed discharges from acute hospitals, including over the difficult winter period and was an important feature during the Covid-19 Pandemic.

1.3 Who are the main stakeholders involved? Who will be affected?

- Coventry City Council
- Integrated Care Board (ICB)
- Coventry and Warwickshire Partnership Trust (CWPT)
- Providers of adult social care STHS
- Individuals in receipt of STHS

1.4 Who will be responsible for implementing the findings of this EIA?

Jason Bejai – Commissioning Manager

SECTION 2 – Consideration of Impact

Refer to guidance note for more detailed advice on completing this section.

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not

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2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to https://www.coventry.gov.uk/factsaboutcoventry)

Short Term Home Support (STHS) is a key feature in the delivery of good Health and Social Care Services. The service supports adults to acquire or reacquire living skills to remain residing independently in their own homes following illness, injury or hospital discharge.

Effective STHS impacts across the health and social care economy through increased independence, (a key policy objective for Health and Social Care), reducing demand for services and managing whole life cost of care.

There are approximately one-hundred service users receiving support any one time. The service is time limited to six-weeks during which there is no charge for service users .

The current contracts were awarded in February 2017 and expire in October 2023.

The service was originally commissioned at 1995 hours per week but has risen to an approximately 2600 hours per week during the last three years mainly during the pandemic and because of increasing winter pressures. The services are for adults 18+ with a large percentage used by adults that are 65+

General Data: Coventry City Population and Workforce

Age

The number of older people within the City is increasing, with this group expected to accelerate and outpace other groups. Coventry City Council population and demographics data indicates there are 55,846 people aged 65+ in Coventry, around 16% of Coventry's population and a 9% increase since 2011. By 2029, the city should expect to have an additional 8900 people aged over 65 and an additional 2000 aged over 85.

The population of adults aged 18-65, alongside the general population of Coventry, also continues to increase; Census 2021 data notes an increase of 8.7% for the 15-64 age range.

Coventry also has an aging care workforce. Data from Skills for Care* indicates the average age of a worker in adult social care is 43 years; 66% are aged between 25-54, 24% above 55 and only 11% are under 25.

Diversity

33% of Coventry's population are BME, with the city expected to become even more diverse; half of Coventry pupils (52%) are from BME backgrounds. In respect of Coventry's* social care workforce, 26% of individuals are from a BME background. Only 15% of the workforce are male.

**Information is in respect of Coventry and Warwickshire ICS data via Skills for Care, February 2023*

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)

- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

Any impact on the Council workforce should be included under question 2.6 – **not below*

Protected Characteristic	**Impact type** P, N, PN, NI	**Nature of impact and any mitigations required**
Age 0-18	**NI**	STHS does not cover this age group
Age 19-64		This group could be positively impacted. Developing a revised and updated STHS service offer from the local authority will benefit service users and enable people to remain healthy and well in their own homes. The recommissioned and updated service will be better able to meet the varied needs of individuals in receipt of care. It will also support recruitment and retention of provider staff amongst this age range, which has struggled since the beginning of the pandemic in 2020. At times provider staff turnover was over 29%, which is one in every three new staff members leaves within twelve weeks. With increased recruitment and retention, we expect to improve both the quality and the continuity of care recieved. •
Age 65+	**P**	This group could be positively impacted. The majority of individuals in receipt of STHS in Coventry are over 65. This demographic will therefore be the user group most commonly affected by anticipated improvements to the stability and quality of STHS in the city and experience improved care outcomes.
Disability	**P**	This group could be positively impacted. The updated STHS service should positively benefit individuals with a disability supported by adult social care STHS providers. The revised service specification will specifically outlines plans to better support people with disabilities to remain in their own homes. Key elements of the new service will focus on reablement and enablement for people to reaquire or develop new skills following injury, ilneesss or condition specific disabilities.

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		For some individuals with a disability, e.g. a learning disability, the potential impact of this on staff retention and continuity of care and support may be significant; it can be particularly distressing for individuals when their support offer or individual staff members change. We therefore hope to keep continuity of this care by retaining staff who have supported individuals for prolonged periods of time and learnt an individual's communication methods and preferences, and therefore increase the health and wellbeing of people in receipt of support. The 2021 census survey indicated 1 in 5 of the working age population are classed as disabled and a national disability employment rate of 52.7% (compared to 81% for non-disabled people). In Coventry, 8.4% of residents identified as being disabled and were limited a lot; 10% identified as disabled and limited a little.
Gender reassignment	**NI**	
Marriage and Civil Partnership	**NI**	
Pregnancy and maternity	**NI**	
Race (Including: colour, nationality, citizenship ethnic or national origins)	**P**	The recommissioning of STHS is expected to impact this group positively. There is some evidence that some BAME groups may be more likely than others to have care needs. For example, disability-free life expectancy is lowest for Pakistani and Bangladeshi groups (source Gov.uk) and health-related quality of life score for older adults are lower amongst many ethnic minority groups relative to the White British group, according to the 2017 GP patient survey (source Gov.uk). By recommissioning STHS it may have particular benefits for some BAME groups and thereby encourage equality of opportunity for those who share a protected characteristic and those who do not. People from BAME communities form 31.4% of the social care workforce (source WM ADASS). The Council will work to ensure that at least a proportion of any newly contracted service is representsative of Coventry's community snd people in receipt of services.
Religion and belief	**P**	This group could be impacted positively.

		Some people with different religions or beliefs may have different social care needs. For example, some people may face language or cultural barriers to accessing services, while other people may have special dietary requirements or needs to mark religious days. Likewise, people of different backgrounds or faiths may not believe a career in care is open to them or be aware of the career paths available. Through the council's current recruitment initiatives for the contracted provider workforce, we hope to attract a range of individuals from different cultural backgrounds and beliefs into the adult social care workforce. We envisage (alongside facilitating jobs and recruitment) that this will bring different perspectives into the care workforce and assist in providers delivering support in line with an individual's religious preferences and beliefs by carers with shared faiths and experience.
Sex	**NI**	STHS does not treat people differently based on their sex or gender. There are however various factors which may mean that women are more likely to benefit from STHS. Women are more likely than men to be disabled. In the 2019 to 2020 Family Resources Survey, 24% of females reported having a disability compared to 19% of males.
Sexual orientation	**NI**	The new service is aimed at specific types of reabling and enabling. It is provided irrespective of sexual orientation.

HEALTH INEQUALITIES

2.3	Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long people live and how many years they live in good health. Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity A wide range of services can make a difference to reducing health inequalities. Regardless of where people work. Effective home support whether STHS or long term home support (LTHS) and effecetive strategies can help to reduce health inequalities.

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	Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative. **If you need assistance in completing this section please contact: Alicia Philips or Lisa Young in Public Health for more information. More details and worked examples can be found at** https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx

Question	Issues to consider
2.3a What HIs exist in relation to your work / plan / strategy	• Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* • Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation
	Response: Not all people who access STHS are known to Adult Social Care. The service is free and usually lasts for up to six weeks. People who finish on STHS and require an on-going sequential service that is council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. STHS are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. Inequalities may also be faced by provider staff, or potential staff, in accessing care roles; language barriers, accessibility issues and cost of transport to interviews or work ,for example, may prevent individuals accessing careers in the care sector.
2.3b How might your work affect HI (positively or negatively). How might your work address the needs of different groups that share protected characteristics	**Consider and answer below:** • Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income • Consider what the unintended consequences of your work might be
	Response:

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The service works to achieve outcomes including impact based on keeping people health and well in their own homes.
Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community. **Service Users:** The health of people in receipt of the services may benefit in a positive way through improved quality of life, resulting in better outcomes. **Provider staff:** There may be positive impact on the health of provider staff. The Council has and will continue to work with providers to ensure best use of funding within the financial envelope available. Any effect of this on provider staff will likely be positive in relation to: ➢ Increased job security ➢ Fair recruitment practices (supported by CCC) ➢ Payment of the NLW or above ➢ Good working conditions The council will work with the home support market to understand the benefits of access to green travel / electric vehicles and investigate options to facilitate this, in turn reducing both fuel costs and the carbon footprint of this method of care delivery. The Council will also be supporting on recruitment events to assist in diversifying the workforce; Skills for Care data states only 15% of the workforce are male and 26% of the general workforce are BAME. Such statistics are not reflective of the city's demographics and by assisting in recruitment in this area we hope providers will be in a stronger position to meet the cultural needs of the service users they support. Examples of events which have taken place so far have included job fayres specifically supporting refugee and migrant workers into adult social care employment. Future events are planned to be held in a range of wards / areas across the city to eliminate barriers in respect of transport, enable ease of access by different communities and create links between local people and local businesses; likewise, events aimed specifically to support unpaid carers and individuals with a disability are also planned.

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2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

The new services will be tendered (following Cabinet approval) in the new financial year (April 2023). Specific provider and service user engagement activites will also be continued by the Council the impact of these will be used to ensure that new services are fit for purpose and designed to meet needs of people as outlined in this EIA.

DIGITAL INCLUSION

2.5

The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across health and social care. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, people with disabilitiesor people who's first language is not English (NHS Digital.)

Some of the barriers to digital inclusion can include lack of:

- **Access** to a device and/or data
- **Digital skills**
- **Motivation** to get online
- **Trust** of online safety

Digital exclusion is not a fixed thing and may look different to different people at different times.

It is important that the council and it's partnerts in health consider how we can reduce digital inequalities across STHS services. One possible way ids the development of virtual wards across the life of STHS services. This would support efficient hospital discharge and encourage digital take up.

Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.

If you need assistance in completing this section please contact: Laura Waller (*Digital Services & Inclusion Lead, CCC*). More details and worked examples can be found at https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx

Question	Issues to consider
2.5 What digital inequalities exist in relation to your work / plan / strategy?	• Does your work assume service users have digital access and skills? • Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access?

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	• Consider what the unintended consequences of your work might be.
	Response: Our Market Sustainability Plan includes reference to the following areas which may require mitigations to reduce the potential for digital inequalities: - **Digital switchover**: individuals in receipt of the support of assistive technology may experience a possible disturbance when switched over from analogue to digital. This is a national programme and control over this by the Council is minimal. - **Knowledge of digital technologies and systems to support a move towards a more digitalised care offer**: We are aware provider staff may not necessarily have the skills to support a move to a more digital based care offer and its associated systems. - **Advertisement of recruitment fayres:** Digital advertisement of our recruitment initiatives e.g. advertising job fayres / recruitment days, job descriptions and advertisements, are publicised online.
2.5b How will you mitigate against digital inequalities?	• If any digital inequalities are identified how can you reduce these? For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online.
	Response: - **Digital switchover**: We will work with providers and relevant stakeholders to ensure, as much as possible, both individuals and providers effected by the switch are informed and able to remain safe should an issue arise. - **Digital technologies / digital support offer**: Support and 'digital champion' training will be offered to providers via the Coventry Connects digital training scheme to ensure staff are appropriately skilled in an effective, sensitive manner. - **Advertisement of recruitment fayres:** To supplement digital advertisement, posters / paper advertisement and conversations will be utilised to ensure as many people are aware of up coming events. Paper information will also be available during events, including the ability to complete paper job applications (online application options also available) at job fayres the day.

2.6 How will you monitor and evaluate the effect of this work?

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The Council will be required to produce an updated winter Market Sustainability Plan where we will reflect on the impact of our recommissioning and outline plans for future development, especially across the winter period where pressures and risk to the market and individuals are most prevalent due to heightened hospital discharge demand.

2.7 Will there be any potential impacts on Council staff from protected groups?

No

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

3.0 Completion Statement

As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:

No impact has been identified for one or more protected groups ☐

Positive impact has been identified for one or more protected groups ☒

Negative impact has been identified for one or more protected groups ☐

Both positive and negative impact has been identified for one or more protected groups ☐

4.0 Approval

Signed: Head of Service:	**Date: 20.03.2023**
Name of Director: **Pete Fahy**	**Date sent to Director: 20.03.23**
Name of Lead Elected Member: **Cllr Mal Mutton**	**Date sent to Councillor : 20.03.23**

Email completed EIA to equality@coventry.gov.uk