

Assessment No	1015	Owner	rickeera.kaur
Resource	HSCP	Service	Joint
	FirstName	Surname	Job Title
Head Officer	Rickeera	Kaur	Contracts & Commissioning Officer
Members	Neil McKechnie - West Dunbartonshire HSCP - Contracts, Commissioning and Quality Manager Jacqueline Carson - West Dunbartonshire Care at Home Service - Integrated Operations Manager Service Providers		
	<i>(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)</i>		
Policy Title	Care at Home - Framework for Commissioning Provider's of Care at Home Services		
	The aim, objective, purpose and intended out come of policy		
	<p>Care at home services work in partnership with the Providers, who are responsible for referred packages of care for individuals receiving care at home support.</p> <p>A new commissioning framework is being developed, that will serve as the contract for Provider's working in partnership with the HSCP service.</p> <p>Intended outcomes are:</p> <ul style="list-style-type: none"> -Increased capacity for the provision of care to people in need, thus increasing the number of people accessing support currently and reducing demand on WD in-house Care at Home services (CAH) -Creating choice and consistency in care services for people who use CAH services in WD -More efficient ways of working within the CAH service, and improved joint working relationships with the Providers -Compliance with WD HSCP financial process and procedure, and national guidance in the commissioning of social care services -Cost saving, as this will replace the use of agency staff cover -Anticipated improved outcomes for people who use the service who will receive more consistent staff support, lesser number of services involved, regular care assessment, risk assessment and review of care and support, when their Care at Home support is managed by one service only -Benefits to social care market locally and alignment with ethical commissioning best practice. 		
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.		
	HSCP Care at Home services HSCP Commissioning and Procurement services Service Providers.		
Does the proposals involve the procurement of any goods or services?			Yes

If yes please confirm that you have contacted our procurement services to discuss your requirements.	Yes
SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
People who use Care at Home services in WD Workforce of the Providers	
Who will be/has been involved in the consultation process?	
Care at home service Commissioning and contracts team	

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

Specific group to consider	Needs	Evidence	Impact
Age	A high percentage of Care at home packages of care are delivered to older people. Therefore older people in WD are more likely to be affected by changes of service provider. Older people are more likely to need a support for longer durations due to enduring vulnerabilities in relation to long term illness, disability, or frailty.	The Adult Strategic Needs assessment http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	Positive - the proposed use of Provider's will increase consistency and quality of care for people using the service - by reducing the likelihood of them having a number of different staff from different services visiting to deliver their care. Use of the Providers also allows people choice in the care they receive.
Disability	The majority of people utilising Care at Home services are affected by disability or illness.	The Adult Strategic Needs assessment http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	Positive - there should be improved consistency of care by allocating support to one Provider to assess, monitor and review. Therefore there should be more personalised, person centered care in place. Additionally, an open framework will allow the HSCP to build more structured processes with current providers, and hopefully attract new providers to the area, widening the skillset and ability to provide person centred care.
Gender Reassign	There are no current statistics regarding delivery of care at home services to people who have changed gender, however this is likely to be reflective of the wider population in WD as the service delivers to any person needing support with personal care due to ill health or infirmity.	The 2021 census for England and Wales found 0.5% of respondents had changed their gender from that which was assigned at birth, which could be used to give a tentative indication of local need.	Positive - as above. A wider range of staff, experience, and more personalised care is available by utilising a Framework with Provider's to manage packages of care and support.
Marriage & Civil Partnership	NA	NA	NA
Pregnancy & Maternity	The Provider's have existing policies and practice in relation to their duties in supporting maternity and parenting needs in the workplace.	There is limited data or research regarding the prevalence or impact of pregnancy of the social care workforce.	Neutral, there should be no impact from this contract.

Race	<p>People who use Care at Home services come from a diverse population reflective of WD's wider demographics. However those from minority ethnic groups are likely to be over represented in poor health outcome indicators and in challenges accessing health and care services.</p> <p>People from minority ethnic groups are also over represented in the social care workforce (Skills for Care research estimates that to be 1 in 5 of the social care workforce in England).</p>	<p>The Providers and HSCP have in place suitable referral criteria that accounts for a needs led assessment.</p> <p>There are fair work and recruitment policies in place to reduce the risk of discrimination.</p>	<p>Neutral - there should be no change for people accessing the service and people working in the service.</p> <p>Positive - widening opportunities for other providers to be commissioned within WD allows for more employment opportunities within the local area.</p>
Religion and Belief	<p>People of various faiths and religions utilise, and work in, Care at Home services.</p>	<p>There should be no impact, as access and allocation of the service is needs led, with consideration to cultural and religious needs accounted.</p>	<p>Neutral/ positive. There should be no change, as the processes and allocation of service packages are already in place, however the Framework may allow more flexibility - e.g. if individual needs are identified that cannot be met within the CAH service's own provisions.</p>
Sex	<p>8 out of 10 social care staff are female (Scot Gov National Care Service Evidence, 2022). Therefore any changes within the Care at Home service will disproportionately affect women.</p>	<p>The Framework will not affect the current workforce in CAH service. However it may lead to increased recruitment by the Providers, which is of positive benefit.</p>	<p>Positive.</p>
Sexual Orientation	<p>LGBTI+ people are more likely to experience challenges in accessing health and social care services.</p>	<p>There are appropriate referral and service criteria processes in place at CAH Services that mitigate against discrimination as they are based on an individualised assessment of health and care needs</p>	<p>Positive - use of Providers allows a wider and more diverse workforce across Care at Home services and commissioned services. Therefore CAH are more likely to be able to meet any identified individual needs or preferences in relation to personal care support provision.</p>
Human Rights	<p>There are numerous rights based issues relevant to the service, such as the right to health and social care supports and rights in relation to protected characteristics.</p>	<p>There should be no change within the service in this regard.</p>	<p>Neutral- the Framework will take account of human rights issues and considerations, including right to choice and right to quality of care.</p>

Health	<p>People who access CAH services are likely to have short or long term health needs that cause a need for support with personal care. They may have further complex health or care needs.</p> <p>There are particular health considerations for the workforce in relation to providing a care at home service.</p>	<p>A holistic assessment of health and support needs is carried out within the service and interventions are led by this. The Provider will undertake further assessment and review to understand this further and respond accordingly.</p> <p>The Provider has suitable training and provisions to appropriately promote the wellbeing of their workforce in the work environment.</p>	<p>Positive - consistency of care should help promote better health outcomes and reduction of risk for people using the service. Providing opportunity for further Providers to work in the area allows WD CAH service to be able to offer a wider choice to individuals in terms of CAH support. Additional resourcing from Providers allows for more robust assessments of CAH support needs.</p>
Social & Economic Impact	<p>Overall, substantially higher proportions of people in the most deprived areas in Scotland receive home care support; 26% of people receiving home care lived in the most deprived areas, compared to 13.9% in the least deprived. However, this varies by age; 36.2% of those aged 16-64 receiving home care lived in the most deprived areas, compared to 7.5% in the least deprived, while there was little difference in the age 85 and over age group</p>	<p>The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf</p>	<p>Positive - delivery of consistent, person centered care should be have positive impact, and having choice around who provides the care can be empowering for people using the service.</p>
Cross Cutting	<p>As Care at Home provides support for personal care, it does impact all people in the local communities and wider society. Therefore there are several cross cutting considerations.</p>	<p>These should be accounted for through individualised care planning. Care planning should be more consistent and therefore of better quality when packages of support are assigned to one care provider only.</p>	<p>Positive.</p>

Actions

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

Will the impact of the policy be monitored and reported on an ongoing basis?

Contract monitoring will be encompassed within the framework.

Q7 What is your recommendation for this policy?

Introduce

Please provide a meaningful summary of how you have reached the recommendation

The creation of a Framework for Providers of Care at Home services will bring current practices into compliance with procedures and processes. It allows for ethical commissioning practices to be embedded and for stability of services to be managed, thus improving Providers and their workforces experiences of working in WD. This should also encourage outcomes led commissioning and reduce competitiveness in the social care market, by ensuring that Providers have consistency in their contracts and contract monitoring. By co-producing the framework with input from providers and people with lived experience, it is likely to be more reflective of the needs of individual's who use the service.